

****THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.****

FLORIDA EXTENDED PERSONAL INJURY PROTECTION COVERAGE

This endorsement changes certain parts of *your* Auto Policy. Every coverage, *exclusion*, definition and rule that isn't changed by this endorsement remains the same.

Your Auto policy is amended as follows:

Under the coverage provided by this endorsement, the provisions of the Personal Injury Protection Coverage endorsement apply unless changed by this endorsement.

EXTENDED PERSONAL INJURY PROTECTION COVERAGE

WHAT WE COVER

This section of the Personal Injury Protection Coverage endorsement is replaced by the following:

We'll pay, under the Florida Motor Vehicle No-Fault Law, personal injury protection benefits to or for an *insured person* who sustains *bodily injury*. The *bodily injury* must be caused by an *occurrence* arising out of the ownership, maintenance or use of a *motor vehicle*.

Subject to the *coverage limit* shown in the Schedule, extended personal injury protection benefits are the following:

Medical expenses. If an *insured person* receives initial services and care within 14 days after the *motor vehicle* accident, reasonable expenses for *medically necessary*:

- a. Medical, surgical, X-ray, dental, ambulance, hospital, professional nursing and rehabilitative services; and
- b. Prosthetic devices

However, *medical expenses* do not include massage or acupuncture regardless of the person, entity, or licensee providing the massage or acupuncture.

Medical expenses shall only be reimbursed for:

- a. Initial services and care that are:
 - (1) lawfully provided, supervised, ordered, or prescribed by a licensed physician, dentist, or chiropractic physician;
 - (2) Provided in a hospital or in a facility that owns, or is wholly owned by, a hospital; or
 - (3) Provided by a person or entity licensed to provide emergency transportation and treatment; as authorized by the Florida Motor Vehicle No-Fault Law.
- b. Follow-up services and care referred by a licensed health care provider described in Paragraphs **a.(1)**, **(2)** and **(3)** consistent with the underlying medical diagnosis rendered pursuant to **Medical expenses**, described above, if provided, supervised, ordered or prescribed by a licensed:
 - (1) Physician, osteopathic physician, chiropractic physician, or dentist; or
 - (2) Physician assistant or advanced registered nurse practitioner, under the supervision of such physician, osteopathic physician, chiropractic physician, or dentist; as authorized under the Florida Motor Vehicle No-Fault Law.

Follow-up services and care may also be provided by:

- (3) A licensed hospital or ambulatory surgical center;
- (4) An entity wholly owned by one or more licensed physicians, osteopathic physicians, chiropractic physicians, or dentists; or by such practitioners and the spouse, parent, child, or sibling of such practitioners;
- (5) An entity that owns or is wholly owned, directly or indirectly, by a hospital or hospitals;
- (6) A licensed physical therapist, based upon a referral by a provider described in Paragraph **B.1.**; or

(7) A health care clinic licensed under the Florida Health Care Clinic Act:

(a) Which is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association, the Commission on Accreditation of Rehabilitation Facilities, or the Accreditation Association for Ambulatory Health Care, Inc.; or

(b) Which:

(i) Has a licensed medical director;

(ii) Has been continuously licensed for more than 3 years or is a publicly traded corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange; and

(iii) Provides at least four of the following medical specialties:

i. General medicine;

ii. Radiography;

iii. Orthopedic medicine;

iv. Physical medicine;

v. Physical therapy;

vi. Physical rehabilitation;

vii. Prescribing or dispensing outpatient prescription medication; or

viii. Laboratory services;

as authorized under the Florida Motor Vehicle No-Fault Law.

We'll pay 100% of *medical expenses* incurred by *you* or any *family member* and 80% of *medical expenses* incurred by any other *insured person* due to *bodily injury*.

Work loss. For the period of disability of an *insured person*, any loss of income and earning capacity from that *insured person's* inability to work due to *bodily injury*. However, work loss does not include any loss after an *insured person's* death.

We'll pay 80% of work loss to or for *you* or any *family member* and 60 % of work loss to or for any other *insured person*.

Replacement services. For the period of disability of an *insured person*, all expenses reasonably incurred in obtaining ordinary and necessary services from others instead of those that the *insured person* would have performed, without income, for the benefit of his household had he not sustained *bodily injury*.

Accidental death. A death benefit.

Territory. This coverage applies to *occurrences* that happen in:

a. Florida.

b. The United States of America, its territories or possessions, or Canada, but only while:

(1) *You* or any *family member* is occupying a covered vehicle; or

(2) *You* are occupying a motor vehicle owned by any *family member* and for which security is maintained as required by the Florida Motor Vehicle No-Fault Law.

PART III: TERMS AND CONDITIONS

HOW MUCH WE'LL PAY

This section of the Personal Injury Protection Coverage endorsement is replaced by the following:

For benefits covered by *your* Extended Personal Injury Protection Coverage, we'll pay up to *your coverage limit* for that coverage. That is the most we'll pay to or for each *insured person* injured in any one *occurrence*, no matter how many people or vehicles were involved.

The most we'll pay for the total of all extended personal injury protection benefits shown in the Schedule is the total aggregate limit for extended personal injury protection benefits available to or for each *insured person* injured in any one *occurrence* from all sources combined, including this policy.

Subject to the above Paragraphs, with respect to the *coverage limit* for *medical expenses*, work loss and replacement services, we will pay:

- a. Up to \$10,000 for *medical expenses*, only if a licensed physician, dentist, physician assistant or advanced registered nurse practitioner authorized by the Florida Motor Vehicle No-Fault Law, has determined that the *insured person* had an *emergency medical condition*; or
- b. Up to \$2,500 for *medical expenses*, only if any licensed health care provider authorized by the Florida Motor Vehicle No-Fault Law described under **What We Cover**, has determined that the *insured person* did not have an *emergency medical condition*.

Any amounts payable under this coverage will be reduced by any amounts paid or payable for the same elements of loss under any workers' compensation law.

Any amounts payable under this coverage for *medical expenses* will be limited by the schedule of maximum charges for services, supplies and care as prescribed by the Florida Motor Vehicle No-Fault Law.

Under this Extended Personal Injury Protection Coverage:

- a. Any coverage provided under Medical Expenses or Uninsured Motorists Coverage by this policy will be excess over any extended personal injury protection benefits paid or payable.
- b. Regardless of whether the *coverage limit* for extended personal injury protection benefits has been used up, any coverage provided under Medical Expenses will pay the amount of any claim for *medical expenses* payable under this coverage which exceeds the 80% limitation for *medical expenses*.