## Schedule of Benefits<sup>1</sup>

## Accident Insurance Provides 24-Hour Coverage

Benefit	Amount
Initial Care	
Hospital Benefits	<b>*</b> 0.000
Admission Benefit (per admission)	\$2,000
Confinement Benefit (per day up to 365 days)	\$400 \$600
ICU Benefit (per day up to 15 days) Emergency Room Treatment	\$200
Ambulance	φ200
Ground	\$200
Air	\$1,000
Initial Doctor's Office Visit	\$100
Lodging (per night up to 30 days per accident)	\$200
Surgery Benefit	
Open, abdominal, thoracic	\$2,000
Exploratory	\$200
Blood, Plasma and Platelets	\$600
Emergency Dental Benefit Extraction	\$100
Crown	\$100
	\$500
Follow-Up Care	
Accident Follow-Up Treatment	\$100
Physical Therapy	
Up to six visits per person per accident	\$50
Appliance	\$200
Transportation	
100+ miles, up to three trips	\$475
Prosthetic Device or Artificial Limb	
More than one	\$2,000
One	\$1,000
	pplicable
	rn benefit
Accidental Death	
Employee	\$50,000
Spouse	\$20,000
Child	\$10,000
Accidental Death – Common Carrier	
Employee	\$100,000
Spouse	\$40,000
Child	\$20,000

Benefit	Amount	
Injuries		
Fractures		
Open reduction	Up to \$10,000	
Closed reduction	Up to \$5,000	
	5% of applicable	
	losed reduction	
Dislocations		
Open reduction	Up to \$8,000	
Closed reduction	Up to \$4,000	
Laceration	Up to \$800	
Burns		
Flat amount for:	<b>•</b> / <b>=</b> • • •	
Third-degree 35 or more sq. in.	\$15,000	
Third-degree 9-34 sq. in.	\$2,250	
Second-degree for 36% or more of body		
Concussion	\$200	
Eye Injury		
Requires surgery or removal of foreign b		
Herniated Disc	\$800	
Loss of Finger, Toe, Hand, Foot or Sight		
Loss of both hands, feet, sight of both e	•	
or any combination of two or more loss		
Loss of one hand, foot or sight of one ey		
Loss of two or more fingers, toes or any		
combination of two or more losses	\$1,500	
Loss of one finger or one toe	\$750	
Tendon/Ligament/Rotator Cuff Injury	¢4.000	
Repair of more than one	\$1,200	
Repair of one	\$800	
Exploratory surgery without repair	\$200	
Torn Knee Cartilage	\$1000 \$200	
Exploratory surgery	\$200	
Health Screening Benefit		
One Per Person Per Year	\$50	
Routine health screening tests		

<sup>1</sup>Benefits are payable only as the result of a covered accident. Benefits may vary by state and additional benefits may be available in some states. Most benefits are paid once per person per covered accident unless otherwise noted. <sup>3</sup>In some states, spouse, domestic partner or civil union partner.