

## Accident Plan Benefits

Each benefit is payable once per accident, unless stated otherwise. Details are in the Policy.

### Initial Care

Covered Benefit	Plan 3
Ambulance	
Ground ambulance	\$600
Air ambulance	\$3,000
<i>Maximum trips per accident, air and ground combined</i>	1
Initial Treatment	
Emergency room/Hospital	\$400
Physician's office/Urgent care facility	\$150
Walk-in clinic/Telemedicine	\$150
<i>Maximum visits per accident, combined for all places of service</i>	1
<i>Maximum visits per plan year, combined for all places of service</i>	5
X-ray/Lab	\$100 / \$75
Medical imaging	\$300

### Follow-up Care

Covered Benefit	Plan 3
Accident follow-up	
Emergency room/Hospital	\$150
Physician's office/Urgent care facility	\$150
Walk-in clinic/Telemedicine	\$50
<i>Maximum visits per accident, combined for all places of service</i>	3
<i>Maximum visits per plan year, combined for all places of service</i>	9
Appliances	
Major: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	\$300
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	\$300
Chiropractic treatment and alternative therapy	\$70
<i>Maximum visits per accident</i>	10
<i>Maximum visits per plan year</i>	30
Pain management (epidural anesthesia)	\$75
Prosthetic device/Artificial limb	
One limb	\$1,000
Multiple limbs	\$2,000
<i>Maximum benefit per accident</i>	1
Repair or replace	25%
<i>Maximum benefit per plan year</i>	1
Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation	\$35
<i>Maximum visits per accident</i>	5

## Hospital Care

Covered Benefit	Plan 3
Hospital stay – admission (initial day)	
Non-ICU admission	\$3,000
ICU admission	\$6,000
Hospital stay – daily*	
Non-ICU daily	\$750
ICU daily	\$1,500
Step down intensive care unit daily	\$750
<i>Maximum days per accident (combined for all stays due to the same accident)</i>	365
Rehabilitation unit stay – daily	\$225
<i>Maximum days per accident</i>	30
Observation unit	\$100

**\* Important Note:** All Hospital stay – daily benefits begin on day two.

## Surgical Care

Covered Benefit	Plan 3
Blood/Plasma/Platelets	\$600
Eye Injury	
Surgical repair	\$500
Removal of foreign object	\$500
Surgery (without repair)	
Arthroscopic or exploratory	\$400
Surgery (with repair)	
Cranial, open abdominal or thoracic	\$3,000
Hernia	\$300
Ruptured disc	\$1,500
Tendon/Ligament/Rotator cuff	
Single repair	\$1,200
Multiple repairs	\$1,800
Torn knee cartilage	\$1,500
Non-Specified	
Inpatient	\$500
Outpatient	\$500
<i>Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits</i>	2

## Transportation/Lodging Assistance

Covered Benefit	Plan 3
Lodging	\$300
<i>Maximum days per accident</i>	30
Transportation	\$900

# Fractures and Dislocations

Covered Benefit	Plan 3
Dislocations – Closed Reduction*	
Hip	\$6,000
Knee	\$3,000
Ankle – bone or bones of the foot (other than toes)	\$2,400
Collarbone (sternoclavicular)	\$1,500
Lower jaw	\$1,000
Shoulder (glenohumeral)	\$1,000
Elbow	\$1,000
Wrist	\$1,000
Bone or bones of the hand (other than fingers)	\$1,000
Collarbone (acromioclavicular and separation)	\$500
Rib	\$300
One toe or one finger	\$300
Partial dislocation	25%
<i>Maximum dislocations per accident</i>	3
*Open reduction pays 2.0 times the closed reduction benefit value	
Fractures - Closed Reduction*	
Skull (except bones of the face or nose), depressed	\$8,250
Skull (except bones of the face or nose), non-depressed	\$8,250
Hip, thigh (femur)	\$5,000
Vertebrae, body of (excluding vertebral processes)	\$3,000
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	\$2,500
Leg (tibia and/or fibula malleolus)	\$3,000
Bones of the face or nose (except mandible or maxilla)	\$1,000
Upper jaw, maxilla (except alveolar process)	\$1,000
Upper arm between elbow and shoulder (humerus)	\$1,000
Lower jaw, mandible (except alveolar process)	\$1,000
Collarbone (clavicle, sternum)	\$1,000
Shoulder blade (scapula)	\$1,000
Vertebral process	\$1,200
Forearm (radius and/or ulna)	\$1,000
Kneecap (patella)	\$1,000
Hand/foot (except fingers/toes)	\$1,000
Ankle/wrist	\$1,000
Rib	\$800
Coccyx	\$1,000
Finger, toe	\$500
Chip fracture	25%
<i>Maximum fractures per accident</i>	3
*Open reduction pays 2.0 times the closed reduction benefit value	

## AD&D and Paralysis

Covered Benefit	Plan 3
Accidental death	
Employee	\$100,000
Covered dependent spouse	\$100,000
Covered dependent children	\$50,000
Accidental death common carrier	
Employee	\$100,000
Covered dependent spouse	\$100,000
Covered dependent children	\$50,000
Double Indemnity Rider	
If while you are actively at work, you sustain an accidental injury that causes your permanent death, the Accidental death or Accidental death common carrier benefit payable under the Schedule of benefits section of the certificate will be multiplied by 2.	
Accidental dismemberment	
Loss of arm	\$15,000
Loss of hand	\$15,000
Loss of leg	\$15,000
Loss of foot	\$15,000
Loss of sight	\$30,000
Loss of ability to speak	\$20,000
Loss of hearing	\$15,000
<i>Maximum dismemberments per accident (non-finger, toe)</i>	2
Loss of finger	\$2,000
Loss of toe	\$2,000
<i>Maximum dismemberments per accident (finger, toe)</i>	4
Home and vehicle alteration	\$1,500
Paralysis (Complete, Total and Permanent Loss)	
Quadriplegia	\$50,000
Triplegia	\$30,000
Paraplegia	\$30,000
Hemiplegia	\$30,000
Diplegia	\$10,000
Monoplegia	\$5,000

## Other Accidental Injuries

Covered Benefit	Plan 3
Animal bite treatment	
Tetanus shot	\$100
Anti-venom shot	\$200
Rabies shot	\$300
Brain injury	
Concussion/Mild traumatic brain injury	\$300
Moderate/Severe traumatic brain injury	\$300
Burn	
Second degree burn, greater than 5% of total body surface	\$1,500
Third degree burn, less than 5% of total body surface	\$3,000
Third degree burn, 5-10% of total body surface	\$10,000
Third degree burn, greater than 10% of total body surface	\$20,000
Burn skin graft	50% of Burn
Coma/Persistent vegetative state (PVS)	
Coma (non-induced)	\$10,000
PVS	\$10,000
Coma (induced)	\$500
<i>Maximum days per accident</i>	<i>10</i>
Dental treatment	
Extractions	\$150
Crown	\$350
Gunshot wound	\$2,000
Laceration	
Without stitches	\$50
With stitches, less than 7.5 centimeters	\$100
With stitches, 7.6 - 20.0 centimeters	\$400
With stitches, greater than 20.0 centimeters	\$800
Posttraumatic stress disorder (PTSD)	\$500
<i>Maximum diagnoses per lifetime</i>	<i>1</i>
Service dog	\$1,500
<i>Maximum service dogs per your lifetime</i>	<i>1</i>

## Waiver of Premium

Covered Benefit	Plan 3
If, as a result of an accidental injury, you miss 30 continuous days of work we will waive the premium beginning on the first premium due date that occurs after the 30 <sup>th</sup> day of your absence, through the next 6 months of coverage. During such absence, you must remain employed with the policyholder. The premium waiver does not apply to your covered dependents.	Included

## Organized Sports Rider

Covered Benefit	Plan 3
If while you are playing as a registered member of an organized sporting activity, you sustain an accidental injury, benefits payable under the certificate will be increased by the percentage shown, except for the excluded benefits below:	25%

### Excluded benefits for the Organized Sports Rider

- Accidental death
- Accidental death common carrier
- Animal bite
- Burn
- Burn skin graft
- Gunshot wound
- Service Dog

## Health Screening Rider

Covered Benefit	Plan 3
Health screening*	\$100

### \*Covered Health Screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemoccult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

**Note: COVID-19 testing is covered as an eligible health screening benefit**

## Inpatient Sickness Rider

Covered Benefit	Plan 3
Hospital stay – admission (initial day)	
Non-ICU admission	\$500
ICU admission	\$500
<i>Maximum admissions per plan year</i>	1
Hospital stay – daily*	
Non-ICU daily	\$300
ICU daily	\$300
<i>Maximum days per plan year (combined days for all stays)</i>	30

**\* Important Note:** All Hospital stay – daily benefits begin on day two.

If your stay in a hospital or rehabilitation unit for a sickness lasts for more than 30 continuous days, we will waive the premium beginning on the first premium due date that occurs after the 30<sup>th</sup> day of your stay, through the next 6 months of coverage. During such stay, you must remain employed with the policyholder. The premium waiver does not apply to your covered dependents.

Included