

Plan 4 Schedule of Benefits¹

Accident Insurance Provides 24-Hour Coverage

Benefit	Amount
Initial Care	
Hospital Benefits	
Admission Benefit (per admission)	\$1,500
Confinement Benefit (per day up to 365 days)	\$200
ICU Benefit (per day up to 15 days)	\$400
Emergency Room Treatment	\$200
Ambulance	
Ground	\$200
Air	\$1,000
Initial Doctor's Office Visit	\$100
Lodging (per night up to 30 days per accident)	\$100
Surgery Benefit	
Open, abdominal, thoracic	\$1,250
Exploratory	\$125
Blood, Plasma and Platelets	\$300
Emergency Dental Benefit	
Extraction	\$50
Crown	\$150
Follow-Up Care	
Accident Follow-Up Treatment	\$100
Physical Therapy	
Up to six visits per person per accident	\$50
Appliance	\$150
Transportation	
100+ miles, up to three trips	\$375
Prosthetic Device or Artificial Limb	
More than one	\$1,000
One	\$500
Skin Grafts	25% of applicable burn benefit
Accidental Death	
Employee	\$25,000
Spouse ³	\$10,000
Child	\$5,000
Accidental Death – Common Carrier	
Employee	\$50,000
Spouse ³	\$20,000
Child	\$10,000

Benefit	Amount
Injuries	
Fractures	
Open reduction	Up to \$7,500
Closed reduction	Up to \$3,750
Chips	25% of applicable closed reduction
Dislocations	
Open reduction	Up to \$4,000
Closed reduction	Up to \$2,000
Laceration	Up to \$800
Burns	
Flat amount for:	
Third-degree 35 or more sq. in.	\$10,000
Third-degree 9-34 sq. in.	\$1,500
Second-degree for 36% or more of body	\$750
Concussion	\$100
Eye Injury	
Requires surgery or removal of foreign body	\$200
Herniated Disc	\$600
Loss of Finger, Toe, Hand, Foot or Sight	
Loss of both hands, feet, sight of both eyes or any combination of two or more losses	\$15,000
Loss of one hand, foot or sight of one eye	\$7,500
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	
Repair of more than one	\$1,200
Repair of one	\$800
Exploratory surgery without repair	\$200
Torn Knee Cartilage	
Exploratory surgery	\$500
Health Screening Benefit	
One Per Person Per Year	
Routine health screening tests	\$50

¹Benefits 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. ³In some states, spouse, domestic partner or civil union partner.

Plan 6 Schedule of Benefits¹

Accident Insurance Provides 24-Hour Coverage

Benefit	Amount
Initial Care	
Hospital Benefits	
Admission Benefit (per admission)	\$2,250
Confinement Benefit (per day up to 365 days)	\$500
ICU Benefit (per day up to 15 days)	\$600
Emergency Room Treatment	\$250
Ambulance	
Ground	\$600
Air	\$2,500
Initial Doctor's Office Visit	\$150
Lodging (per night up to 30 days per accident)	\$200
Surgery Benefit	
Open, abdominal, thoracic	\$2,500
Exploratory	\$250
Blood, Plasma and Platelets	\$600
Emergency Dental Benefit	
Extraction	\$150
Crown	\$450
Follow-Up Care	
Accident Follow-Up Treatment	\$150
Physical Therapy	
Up to six visits per person per accident	\$75
Appliance	\$225
Transportation	
100+ miles, up to three trips	\$600
Prosthetic Device or Artificial Limb	
More than one	\$2,000
One	\$1,000
Skin Grafts	25% of applicable burn benefit
Accidental Death	
Employee	\$100,000
Spouse ³	\$40,000
Child	\$20,000
Accidental Death – Common Carrier	
Employee	\$200,000
Spouse ³	\$80,000
Child	\$40,000

Benefit	Amount
Injuries	
Fractures	
Open reduction	Up to \$12,500
Closed reduction	Up to \$6,250
Chips	25% of applicable closed reduction
Dislocations	
Open reduction	Up to \$8,000
Closed reduction	Up to \$4,000
Laceration	Up to \$1,200
Burns	
Flat amount for:	
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	\$1,125
Concussion	\$200
Eye Injury	
Requires surgery or removal of foreign body	\$400
Herniated Disc	\$1,000
Loss of Finger, Toe, Hand, Foot or Sight	
Loss of both hands, feet, sight of both eyes or any combination of two or more losses	\$30,000
Loss of one hand, foot or sight of one eye	\$15,000
Loss of two or more fingers, toes or any combination of two or more losses	\$3,000
Loss of one finger or one toe	\$1,500
Tendon/Ligament/Rotator Cuff Injury	
Repair of more than one	\$1,800
Repair of one	\$1,200
Exploratory surgery without repair	\$300
Torn Knee Cartilage	
Exploratory surgery	\$1,000
Health Screening Benefit	
One Per Person Per Year	\$50
Routine health screening tests	

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