

Schedule of Benefits¹

Accident Insurance Provides Non-Occupational Coverage²

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
Catastrophic Accident	
Employee	\$100,000
Spouse ³	\$50,000
Child	\$50,000

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	\$500
Exploratory surgery	\$100
Health Screening Benefit	
One Per Person Per Year	\$50
Routine health screening tests	

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. ²Injuries related to the insured's job and covered by worker's compensation do not qualify for this coverage. ³In some states, spouse, domestic partner or civil union partner.