

Schedule of Benefits¹

Effective 8/1/2012

Accident Insurance Provides Non-Occupational Coverage

Benefit	Amount
Initial Care	
Hospital Benefits	
Admission Benefit (per admission)	\$3,200
Confinement Benefit (per day up to 365 days)	\$500
ICU Benefit (per day up to 15 days)	\$1,000
Emergency Room Treatment	\$150
Ambulance	
Ground	\$600
Air	\$2,500
Initial Doctor's Office Visit	\$200
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	\$150
Crown	\$450
Follow-Up Care	
Accident Follow-Up Treatment	\$200
Physical Therapy	
Up to six visits per person per accident	\$100
Appliance	\$250
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 burn benefit
Accidental Death	
Employee	\$100,000
Spouse ⁴	\$50,000
Child	\$25,000
Accidental Death – Common Carrier	
Employee	\$200,000
Spouse ⁴	\$100,000
Child	\$50,000

Benefit	Amount
Injuries	
Fractures	
Open reduction	up to \$15,000
Closed reduction	up to \$6,000
Chips	25% of closed amount
Dislocations	
Open reduction	up to \$12,000
Closed reduction	up to \$7,500
Laceration	\$50-\$1,000
Burns	
Flat amount for:	
Third-degree 35 or more sq. in.	\$25,000
Third-degree 9-34 sq. in.	\$4,000
Second-degree for 36% or more of body	\$2,000
Concussion	\$200
Eye Injury	
Requires surgery or removal of foreign body	\$400
Ruptured 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	\$1,500
Repair of one	\$1,000
Exploratory surgery without repair	\$200
Torn Knee Cartilage	
Exploratory surgery	\$200
Wellness Benefit	
Two per person annually	\$100
Routine physicals, immunizations and health screening tests. 60-day waiting period applies.	
Catastrophic Accident	
Employee	\$150,000
Spouse	\$75,000
Child	\$75,000

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. ⁴In some states, spouse, domestic partner or civil union partner.