ACCIDENT INSURANCE PLAN (Option 2)

Off the Job Accident Indemnity Insurance

Wellness Benefit	$100 once per policy, per Calendar Year (Annual physical exams, dental exams, mammograms, pap smears, eye exams, immunizations, flexible sigmoidoscopies, ultrasounds, PSAs and blood screenings) ***There is No Waiting Period for this Benefit, after the Effective Date***
Initial Hospitalization & ICU Building Benefit	$1,500 Y1, $2,000 Y2, $2,500 Y3, $3,000 Y4, $3,500 Y5+ when admitted for a hospital confinement (18+ hours) **or** $3,000 Y1, $4,000 Y2, $5,500 Y3, $6,000 Y4 or $7,000 Y5+when admitted directly to an intensive care unit. Once per covered accident, per covered person
Hospital Confinement Building	$300 Y1, $350 Y2, $400 Y3, $450 Y4, $500 Y5+250 per day, up to 365 days per acc, per person
Intensive Care Unit Building	$600 Y1, $700 Y2, $800 Y3, $900 Y4, $1,000 Y5+per day for up to 15 days, per acc, per person
Accident Treatment Benefit	$200 per accident, per person in Physicians Office, Urgent Care or Hospital Payable based on a calendar year. Number of visits limits by coverage type: Individual 10 visits One Parent Family 20 visits Individual/Spouse 15 visits Two Parent Family 25 visits
Ambulance	$300 ground ambulance transportation or $2,000 air/water ambulance transportation
Accident Follow-up includes Therapy	$35 for one treatment per day (up to a max of 30 treatments), per covered accident, per covered person
Prosthesis	$1,000 once per covered accident, per covered person
Prosthesis Repair/Replacement	$1,000 once per covered person, per lifetime
Rehabilitation Confinement	$200/day up to 30 days
Home/Auto Modification Benefit	$4,000 once per covered accident, per covered person
Specific-Sum Injuries	DISLOCATIONS.....$100–$3,000 FRACTURES..... $100–$3,000 EMERGENCY DENTAL TREATMENT Loss/Extraction....$150 Repair/Replace...$400 EMERGENCY VISION TREATMENT Surgical.....$400 Object Removal ..... $75 LACERATIONS Suture .....$100 Without Suture .....$50 BURNS..... $100–$15,000 ROAD RASH W/SKIN GRAFT...$100 - $2,000 BRAIN INJURY Concussion ..... $200 Coma .....$15,000 PARALYSIS One or Two Limbs ..... $10,000 Three or Four Limbs/Replace...$30,000 SURGICAL PROCEDURES.....$400–$2,000
Accidental Death	Common-Carrier Insured = $150,000 Spouse = $150,000 Child = $30,000 Other Accidents Insured = $40,000 Spouse = $40,000 Child = $15,000 Accidental Dismemberment = $300-$40,000
Organized Sporting Activity Benefit	$125/accident
Continuation of Coverage	Waives all monthly premiums for up to two months, if conditions are met
Waiver of Premium	Yes
Transportation	$500 per round Trip 50+ miles , up to 3 round trips per calendar year, per covered person

This outline is for illustrative purposes only. Refer to the policy for complete details, limitations and exclusions.

Updated May 2025