

## Schedule of Benefits – 24-Hour Coverage

### Initial Care

Ambulance	
<i>Ground</i>	\$200
<i>Air</i>	\$1,500
Emergency Room	\$100
Initial Doctor's Office Visit	\$50
Telemedicine Services Benefit	\$50
Urgent Care	\$75
Emergency Dental	
<i>Crown</i>	\$300
<i>Extraction</i>	\$75
<i>Dentures</i>	\$300
<i>Implants</i>	\$300

### Hospital and Rehabilitation

Hospital Admission	\$1,000
ICU Admission	\$2,000
Rehabilitation Admission	\$1,000
Hospital Confinement	\$225
<i>Per day, up to 365 days</i>	
ICU Confinement	\$450
<i>Per day, up to 30 days</i>	
Rehabilitation Confinement	\$135
<i>Per day, up to 30 days</i>	
Recovery	\$50
<i>Per day, up to seven days</i>	

### Follow-up Care & Treatment

Abdominal, Cranial, & Thoracic Surgery	\$1,500
Hernia Surgery	\$200
Appliances	\$100
Blood, Plasma, Platelets	\$300
Chiropractic Care	\$25
<i>Per visit, up to three visits per accident; six per year</i>	
Follow-up Treatment	\$50
<i>Per visit, up to two visits</i>	
Lodging	\$125
<i>For treatment 100 miles or more away;</i>	
<i>per night, up to 30 nights</i>	
Major Diagnostic Exam (CT, MRI, etc.)	\$150
Medical Supplies	\$15
Medicine	\$15
Organ Loss	\$1,000
Outpatient Surgery Facility	\$25
Physical, Occupational, or Speech Therapy	\$50
<i>Per visit, up to 10 visits</i>	
Prosthetics	\$1,000
Tendon, Ligament or Rotator	
Cuff Surgery	\$500
Transportation	\$500
<i>For treatment 100 miles or more</i>	
<i>away; per trip, up to three trips</i>	
X-ray	\$30

### Injuries

Burns	
<i>2nd/3rd Degree, up to</i>	\$1,000-\$10,000
Skin Graft	25% of the burn benefit
Coma	\$10,000
Dislocations, <i>up to</i>	\$4,400
Ear Injury	\$250
Eye Injury	\$250
Fractures, <i>up to</i>	\$6,000
Herniated Disc	\$500
Knee Cartilage – Torn	\$500
Lacerations	\$30-\$400
Loss of Hands, Feet or Sight, <i>up to</i>	\$14,000
Loss of Fingers or Toes, <i>up to</i>	\$1,500
Paralysis	
<i>Two limbs</i>	\$7,500
<i>Four limbs</i>	\$10,000
Traumatic Brain Injury	\$200

### Additional Benefits

First Accident (Once per policy)	\$100
Family Care	\$25
<i>For each child in a child care center: Per day, up to 30 days</i>	
Post-Traumatic Stress Disorder	\$50
<i>Per visit, up to six visits</i>	
Residence/Vehicle Modification	\$750
Sports Package Benefit	
<i>Increases total benefit by 25% when accident is due to participation in</i>	
<i>organized sports. Up to \$1,000 per person per year.</i>	

### Monthly Premium

Employee	\$	6.24
Employee + Spouse	\$	11.96
Employee + Child(ren)	\$	13.52
Family	\$	19.24

Benefits may vary by state. Benefits are paid once per accident unless otherwise noted.