

Schedule of Benefits – 24-Hour Coverage

Initial Care

Ambulance	
<i>Ground</i>	\$300
<i>Air</i>	\$2,000
Emergency Room	\$200
Initial Doctor's Office Visit	\$75
Telemedicine Services Benefit	\$75
Urgent Care	\$150
Emergency Dental	
<i>Crown</i>	\$400
<i>Extraction</i>	\$100
<i>Dentures</i>	\$400
<i>Implants</i>	\$400

Hospital and Rehabilitation

Hospital Admission	\$1,250
ICU Admission	\$2,500
Rehabilitation Admission	\$1,250
Hospital Confinement	\$300
<i>Per day, up to 365 days</i>	
ICU Confinement	\$600
<i>Per day, up to 30 days</i>	
Rehabilitation Confinement	\$180
<i>Per day, up to 30 days</i>	
Recovery	\$75
<i>Per day, up to 7 days</i>	

Follow-up Care & Treatment

Appliances	\$200
Blood, Plasma, Platelets	\$300
Chiropractic Care	\$50
<i>Per visit, up to 3 visits per accident; 6 visits per year</i>	
Follow-up Treatment	\$75
<i>Per visit, up to 3 visits</i>	
Herniated Disc Surgery	\$750
Knee Cartilage (Torn) Surgery	\$750
Knee Cartilage Torn - Exploratory	
Surgery Benefit	\$200
Lodging	\$150
<i>For treatment 100 miles or more away;</i>	
<i>per night, up to 30 nights</i>	
Major Diagnostic Exam (CT, MRI, etc.)	\$250
Medical Supplies	\$20
Medicine	\$20
Organ Loss	\$1,500
Outpatient Surgery Facility	\$25
Physical, Occupational, or Speech	
Therapy	\$50
<i>Per visit, up to 10 visits</i>	
Post Traumatic Stress Disorder	\$50
<i>Per visit, up to 6 visits</i>	
Prosthetics	
<i>One prosthetic device or artificial limb</i>	\$1,500
<i>More than one device or artificial limb</i>	\$3,000
Surgery	
<i>Abdominal, Cranial & Thoracic</i>	\$1,500
<i>Hernia</i>	\$200
Tendon, Ligament or Rotator	
Cuff Repair	
<i>One</i>	\$750
<i>Two or more</i>	\$1,250
<i>Exploratory Arthroscopic Surgery</i>	
<i>without Repair</i>	\$200
Transportation	\$600
<i>For treatment and Confinement in a</i>	
<i>Hospital 100 miles or more away;</i>	
<i>per trip, up to 3 trips</i>	
X-ray	\$40

Injuries

Burns	
<i>2nd/3rd Degree, up to</i>	\$12,000
Skin Graft (% of burn benefit)	25%
Coma	\$12,500
Dislocations, <i>up to</i>	\$4,800
Ear Injury	\$300
Eye Injury	\$300
Fractures, <i>up to</i>	\$7,000
Lacerations	\$30-\$600
Loss of Hands, Feet or Sight, <i>up to</i>	\$20,000
Loss of Fingers or Toes, <i>up to</i>	\$2,000
Paralysis	
<i>Two limbs</i>	\$10,000
<i>Four limbs</i>	\$15,000
Puncture Wound	\$30
Traumatic Brain Injury	\$300

Additional Benefits

First Accident (Once per policy)	\$100
Family Care	\$30
<i>For each child in a child care center:</i>	
<i>Per day, up to 30 days</i>	
Joint Replacement	
<i>Elbow</i>	\$750
<i>Hip</i>	\$1,500
<i>Knee</i>	\$1,000
<i>Shoulder</i>	\$900
Residence/Vehicle Modification	\$1,000
Sports Package Benefit	
<i>Increases total benefit by 25% when</i>	
<i>accident is due to participation in</i>	
<i>organized sports.</i>	
<i>Up to \$1,000 per person per year.</i>	

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