

Accident Insurance Summary of Benefits

VOLUNTARY ACCIDENT INSURANCE TRIPLE OPTION PLAN

ELIGIBILITY

- Employees:** Each Active Full-Time Employee working 20 hours or more per week, except any person working on a temporary or seasonal basis. Employee must be under age 70 to enroll.
- Spouse:** An eligible employee's legal spouse. Spouse must be under age 70 to enroll.
Civil union partner coverage is automatically included on the plan where required by state law.
- Dependent Children:** An eligible employee's unmarried child(ren) under 26 years, including adoptive, foster and stepchildren who are financially dependent on the eligible employee for support, or age 30 if an Illinois resident, served as a member of the active or reserve components of any of the branches of the Armed Forces of the US and has received a release or discharge other than a dishonorable discharge; and
an eligible employee's unmarried child(ren) who is both incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.

Employee must be insured under the policy for dependent spouse and/or children to be insured. A person may not have coverage as both an employee and a dependent.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you'd like us to consider them in the eligibility.

BENEFIT SCHEDULE

All Employees Eligible to elect Option 1, Option 2, or Option 3

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
Emergency Care Benefits:			
Ambulance Transportation	\$100 Ground, \$500 Air	\$150 Ground, \$750 Air	\$200 Ground, \$1000 Air
Emergency Treatment	\$150	\$200	\$250
Diagnostic Examination	\$100 per CT/MRI scan	\$200 per CT/MRI scan	\$400 per CT/MRI scan
Initial Physician Office Visit	\$50	\$75	\$100
General Treatment Benefits:			
Initial Hospital Admission	\$500	\$1,000	\$1,500
Initial ICU Hospital Admission	\$1,000	\$1,500	\$2,250
Hospital Confinement	\$200 per day, 365 days maximum	\$250 per day, 365 days maximum	\$350 per day, 365 days maximum
ICU Confinement	\$400 per day, 30 days maximum	\$500 per day, 30 days maximum	\$700 per day, 30 days maximum
Rehabilitation Facility Confinement	\$50 per day, 30 days maximum	\$100 per day, 30 days maximum	\$150 per day, 30 days maximum
Follow-up Physician Office Visit	\$50	\$75	\$100

VOLUNTARY ACCIDENT INSURANCE TRIPLE OPTION PLAN CONTINUED

	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
Transportation	\$300, if more than 100 miles from residence	\$450, if more than 100 miles from residence	\$600, if more than 100 miles from residence
Lodging	\$100 per day up to 30 days if more than 100 miles from residence	\$150 per day up to 30 days if more than 100 miles from residence	\$200 per day up to 30 days if more than 100 miles from residence
Specified Covered Injury & Treatment Benefits:			
Fractures	To \$2,500 for Non-surgical; To \$5,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture	To \$3,750 for Non-surgical; To \$7,500 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture	To \$5,000 for Non-surgical; To \$10,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture
Dislocations	To \$1,600 for Non-surgical; To \$3,200 for Surgical; Partial - 25% of full dislocation Multiple - 100% of highest dislocation benefit	To \$2,400 for Non-surgical; To \$4,800 for Surgical; Partial - 25% of full dislocation Multiple - 100% of highest dislocation benefit	To \$3,200 for Non-surgical; To \$6,400 for Surgical; Partial - 25% of full dislocation Multiple - 100% of highest dislocation benefit
Blood/Plasma/Platelets	\$200	\$300	\$400
Burns	To \$800 for 2nd degree burns; To \$6,400 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns	To \$1,600 for 2nd degree burns; To \$12,800 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns	To \$3,200 for 2nd degree burns; To \$25,600 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns
Coma	\$5,000	\$7,500	\$10,000
Concussion	\$100	\$150	\$200
Dental Injury	\$150 for Crown; \$50 for Extraction	\$300 for Crown; \$75 for Extraction	\$400 for Crown; \$100 for Extraction
Eye Injury	\$100 for removal of foreign object, \$200 for surgical repair	\$150 for removal of foreign object, \$300 for surgical repair	\$200 for removal of foreign object, \$400 for surgical repair
Lacerations	To \$400	To \$600	To \$800
Paralysis Benefits	\$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia	\$15,000 quadriplegia; \$7,500 paraplegia/hemiplegia	\$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia
Surgery Benefits	\$100 for Exploratory \$300 for Knee Cartilage \$1,000 for Abdominal or Thoracic \$500 for Ruptured Disc To \$600 Tendon, Ligament, or Rotator cuff	\$150 for Exploratory \$450 for Knee Cartilage \$1,500 for Abdominal or Thoracic \$750 for Ruptured Disc \$900 Tendon, Ligament, or Rotator cuff	\$200 for Exploratory \$800 for Knee Cartilage \$2,000 for Abdominal or Thoracic \$1,000 for Ruptured Disc \$1,500 Tendon, Ligament, or Rotator cuff
Transitional Benefit:			
Medical Appliances	\$100	\$150	\$200
Prosthesis	\$1,000 for two or more, \$500 for one	\$1,500 for two or more, \$750 for one	\$2,000 for two or more, \$1,000 for one
Physical Therapy	\$25 per session, 6 sessions maximum	\$35 per session, 6 sessions maximum	\$50 per session, 6 sessions maximum

This summary is intended to highlight your benefits and should not be relied on to fully determine coverage.

Please refer to your certificate of coverage for a complete outline of covered services, limitations, and exclusions.

Benefits are subject to change based on local and state mandated laws.

Benefit information listed in your carrier certificate always supersedes any information provided in this benefit summary.