

# Group Accident Insurance



| <b>Summary of Benefits</b>                                                                                                                                                                                                                                                  |                                                                                                                                     |
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|                                                                                                                                                                                                                                                                             | <b>Plan 1<br/>Insured Benefit</b>                                                                                                   |
| <b>Type of Coverage</b>                                                                                                                                                                                                                                                     | 24-Hour Coverage                                                                                                                    |
| <b>Funding</b>                                                                                                                                                                                                                                                              | Voluntary                                                                                                                           |
| <b>Spouse or Partner Coverage</b>                                                                                                                                                                                                                                           | Included, Spouse or Partner benefit amounts are 100% of the insured's benefit amount, unless otherwise stated.                      |
| <b>Dependent Child(ren) Coverage</b>                                                                                                                                                                                                                                        | Included, dependent child(ren) benefit amounts are 100% of the insured's benefit amount, unless otherwise stated.                   |
| <b>Continuation Coverage</b>                                                                                                                                                                                                                                                | Included, coverage will be continued for 12 months following the date the insured ceased active employment.                         |
| <b>Portability Coverage</b>                                                                                                                                                                                                                                                 | Included, age 79 or younger                                                                                                         |
| <b>Post-Accident Time Frame Requirement</b><br>Unless otherwise defined, confinement, stay, treatment, therapy, diagnosis, surgery, paralysis, dismemberment, death or prescription of covered items must occur within the defined number of days after a covered accident. | 90 day(s)                                                                                                                           |
| <b>Hospital Benefits</b>                                                                                                                                                                                                                                                    |                                                                                                                                     |
| Hospital Admission                                                                                                                                                                                                                                                          | \$1,250/1 day(s) Payable only once per day, even if the confinement or observation long stay is the result of more than one injury. |
| Hospital Confinement                                                                                                                                                                                                                                                        | \$250/365 day(s)                                                                                                                    |
| ICU Admission                                                                                                                                                                                                                                                               | \$2,500/1 day(s) Payable only once per day, even if the confinement is the result of more than one injury.                          |
| ICU Confinement                                                                                                                                                                                                                                                             | \$500/30 day(s)                                                                                                                     |
| <b>Initial Treatment Benefits</b>                                                                                                                                                                                                                                           |                                                                                                                                     |
| Emergency Room Treatment                                                                                                                                                                                                                                                    | \$300/3 day(s)                                                                                                                      |
| Urgent Care Treatment                                                                                                                                                                                                                                                       | \$150/2 day(s)                                                                                                                      |
| Physician's Office Treatment                                                                                                                                                                                                                                                | \$100/3 day(s)                                                                                                                      |
| Telemedicine                                                                                                                                                                                                                                                                | \$35/10 day(s)                                                                                                                      |
| <b>Diagnostic Benefits</b>                                                                                                                                                                                                                                                  |                                                                                                                                     |
| X-ray                                                                                                                                                                                                                                                                       | \$300/1 day(s)                                                                                                                      |
| Major Diagnostic Exam                                                                                                                                                                                                                                                       | \$250/1 day(s)                                                                                                                      |
| <b>Therapy Benefits</b>                                                                                                                                                                                                                                                     |                                                                                                                                     |
| Inpatient Rehabilitation                                                                                                                                                                                                                                                    | \$150/30 day(s)                                                                                                                     |
| Physical Therapy                                                                                                                                                                                                                                                            | \$50/10 day(s)                                                                                                                      |
| Extended Treatment                                                                                                                                                                                                                                                          | \$50/5day(s) Benefits includes Chiropractic Therapy, Acupuncture Therapy, Mental Health Services                                    |
| <b>Coma and Paralysis Benefits</b>                                                                                                                                                                                                                                          |                                                                                                                                     |
| Coma                                                                                                                                                                                                                                                                        | \$12,500 Coma must continue for at least 7 day(s) before a benefit is payable                                                       |
| Quadriplegia                                                                                                                                                                                                                                                                | \$60,000 Paralysis must continue for at least 60 day(s) before a benefit is payable                                                 |

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|                                                            | <b>Plan 1<br/>Insured Benefit</b>                                                   |
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| Paraplegia                                                 | \$30,000 Paralysis must continue for at least 60 day(s) before a benefit is payable |
| Uniplegia                                                  | \$15,000 Paralysis must continue for at least 60 day(s) before a benefit is payable |
| <b>Accidental Death Benefits</b>                           |                                                                                     |
| Accidental Death - Insured                                 | \$60,000                                                                            |
| Accidental Death - Spouse or Partner                       | \$30,000                                                                            |
| Accidental Death - Dependent Child(ren)                    | \$15,000                                                                            |
| Common Carrier Accidental Death - Insured                  | \$120,000                                                                           |
| Common Carrier Accidental Death -Spouse or Partner         | \$60,000                                                                            |
| Common Carrier Accidental Death -Dependent Child(ren)      | \$30,000                                                                            |
| Accidental Death Seatbelt - Insured                        | \$10,000                                                                            |
| Accidental Death Seatbelt - Spouse or Partner              | \$5,000                                                                             |
| Accidental Death Seatbelt - Dependent Child(ren)           | \$2,500                                                                             |
| Accidental Death Seatbelt and Airbag -Insured              | \$15,000                                                                            |
| Accidental Death Seatbelt and Airbag -Spouse or Partner    | \$7,500                                                                             |
| Accidental Death Seatbelt and Airbag -Dependent Child(ren) | \$3,750                                                                             |
| <b>Dismemberment Benefits</b>                              |                                                                                     |
| Double Dismemberment                                       | \$60,000                                                                            |
| Single Dismemberment                                       | \$30,000                                                                            |
| Finger/Toe Dismemberment                                   | \$15,000                                                                            |
| <b>Dislocation Benefits</b>                                |                                                                                     |
| Dislocation (open reduction)                               |                                                                                     |
| Hip                                                        | \$15,000                                                                            |
| Knee (except Patella)                                      | \$9,000                                                                             |
| Ankle/Bones of the foot (excluding toes)                   | \$7,500                                                                             |
| Collarbone (Clavicle, Sternum)                             | \$3,000                                                                             |
| Elbow                                                      | \$3,000                                                                             |
| Lower jaw                                                  | \$3,000                                                                             |
| Bones of the hand (excluding fingers)                      | \$2,250                                                                             |
| Shoulder (Glenohumeral)                                    | \$2,250                                                                             |
| Wrist                                                      | \$2,250                                                                             |
| Collarbone (Acromioclavicular and Separation)              | \$1,500                                                                             |
| Rib                                                        | \$1,125                                                                             |
| One finger or toe                                          | \$1,125                                                                             |

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|                                                                                                                                                                       | <b>Plan 1<br/>Insured Benefit</b>    |
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| All Other                                                                                                                                                             | \$1,125                              |
| Dislocation (closed reduction) percentage<br><i>Spouse or Partner and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i> | 50% of open reduction benefit amount |
| Partial dislocation percentage<br><i>Spouse or Partner and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i>            | 25% of open reduction benefit amount |
| <b>Fracture Benefits</b>                                                                                                                                              |                                      |
| Fracture (open reduction)                                                                                                                                             |                                      |
| Skull, except bones of the face or nose (depressed)                                                                                                                   | \$15,000                             |
| Hip, thigh (Femur)                                                                                                                                                    | \$15,000                             |
| Skull, except bones of the face or nose (non-depressed)                                                                                                               | \$9,000                              |
| Vertebrae (excluding vertebral processes)                                                                                                                             | \$7,500                              |
| Pelvis, except Coccyx                                                                                                                                                 | \$7,500                              |
| Leg (fibula or tibia)                                                                                                                                                 | \$7,500                              |
| Ankle or wrist                                                                                                                                                        | \$6,000                              |
| Bones of the face or nose (except mandible or maxilla)                                                                                                                | \$3,000                              |
| Upper jaw (maxilla), except Alveolar Process                                                                                                                          | \$3,000                              |
| Lower jaw (mandible), except Alveolar Process                                                                                                                         | \$3,000                              |
| Upper arm between elbow and shoulder (humerus)                                                                                                                        | \$3,000                              |
| Collarbone (clavicle or sternum)                                                                                                                                      | \$3,000                              |
| Shoulder blade (scapula)                                                                                                                                              | \$2,250                              |
| Vertebral processes/sacrum                                                                                                                                            | \$2,250                              |
| Forearm (radius and/or ulna)                                                                                                                                          | \$2,250                              |
| Kneecap (patella)                                                                                                                                                     | \$2,250                              |
| Hand/foot, except fingers/toes                                                                                                                                        | \$2,250                              |
| Rib                                                                                                                                                                   | \$1,500                              |
| Coccyx                                                                                                                                                                | \$1,125                              |
| One finger or toe                                                                                                                                                     | \$1,125                              |
| All Other                                                                                                                                                             | \$1,125                              |
| Fracture (closed reduction) percentage<br><i>Spouse or Partner and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i>    | 50% of open reduction benefit amount |
| Chip fracture percentage<br><i>Spouse or Partner and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i>                  | 25% of open reduction benefit amount |
| <b>Laceration Benefits</b>                                                                                                                                            |                                      |
| Less than 2 inches in length                                                                                                                                          | \$125/3 day(s)                       |

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|                                                                                                                                                | <b>Plan 1<br/>Insured Benefit</b>                                                                                                                                 |
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| 2-6 inches in length                                                                                                                           | \$250/3 day(s)                                                                                                                                                    |
| 6 inches or more in length                                                                                                                     | \$500/3 day(s)                                                                                                                                                    |
| <b>Inpatient Surgery Benefits</b>                                                                                                              |                                                                                                                                                                   |
| Open Abdominal or Thoracic                                                                                                                     | \$1,500                                                                                                                                                           |
| Other inpatient surgeries for repair                                                                                                           | \$300                                                                                                                                                             |
| General Anesthesia<br><i>Spouse or Partner and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i> | 25% of inpatient surgery benefit amount                                                                                                                           |
| <b>Outpatient Surgery Benefits</b>                                                                                                             |                                                                                                                                                                   |
| Repair of one tendon/ligament/rotator cuff                                                                                                     | \$750/1 day(s)                                                                                                                                                    |
| Repair of multiple tendon/ligament/rotator cuff                                                                                                | \$1,500/1 day(s)                                                                                                                                                  |
| Torn knee cartilage                                                                                                                            | \$750/1 day(s)                                                                                                                                                    |
| Other miscellaneous surgery for repair                                                                                                         | \$400/1 day(s)                                                                                                                                                    |
| Exploratory Surgery                                                                                                                            | \$350/1 day(s)                                                                                                                                                    |
| <b>Brain Injury Benefits</b>                                                                                                                   |                                                                                                                                                                   |
| Concussion                                                                                                                                     | \$100/1 day(s)                                                                                                                                                    |
| Severe Traumatic Brain Injury (TBI)                                                                                                            | \$5,000/1 day(s)                                                                                                                                                  |
| <b>Severe Burn Benefits</b>                                                                                                                    |                                                                                                                                                                   |
| 2nd degree, more than 35 sq. in.                                                                                                               | \$3,000                                                                                                                                                           |
| 3rd degree, 10-20 sq. in.                                                                                                                      | \$2,000                                                                                                                                                           |
| 3rd degree, 20-35 sq. in.                                                                                                                      | \$4,000                                                                                                                                                           |
| 3rd degree, more than 35 sq. in.                                                                                                               | \$12,000                                                                                                                                                          |
| Skin Graft<br><i>Spouse or Partner and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i>         | 50% of severe burn benefit amount                                                                                                                                 |
| <b>Lodging and Travel Benefits</b>                                                                                                             |                                                                                                                                                                   |
| Non-Local Transportation & Family Lodging miles                                                                                                | Transportation for treatment for the injured covered person by train, bus, coach or plane must be at least 100 miles from the covered person's primary residence. |
| Non-Local Transportation                                                                                                                       | \$600/up to 3 round trip(s)                                                                                                                                       |
| Family Lodging                                                                                                                                 | \$150/30 night(s)                                                                                                                                                 |
| <b>Ambulance Benefits</b>                                                                                                                      |                                                                                                                                                                   |
| Air Ambulance                                                                                                                                  | \$1,500/3 day(s)                                                                                                                                                  |
| Ground or Water Ambulance                                                                                                                      | \$200/3 day(s)                                                                                                                                                    |
| <b>Emergency Dental &amp; Vision Treatment Benefits</b>                                                                                        |                                                                                                                                                                   |
| Emergency dental extraction of a broken sound, natural tooth                                                                                   | \$100                                                                                                                                                             |
| Emergency repair of a broken sound, natural tooth with a crown                                                                                 | \$400                                                                                                                                                             |

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|                                                                                                                                                              | <b>Plan 1<br/>Insured Benefit</b>                                                  |
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| Eye surgery or removal of a foreign object                                                                                                                   | \$300                                                                              |
| <b>Appliance and Prosthesis Benefits</b>                                                                                                                     |                                                                                    |
| Wheelchair or motorized scooter                                                                                                                              | \$300/1 day(s)                                                                     |
| Walker or walking boot                                                                                                                                       | \$125/1 day(s)                                                                     |
| Any other medical device used for mobility, including a brace, cane and crutches                                                                             | \$125/1 day(s)                                                                     |
| Prosthesis - One device                                                                                                                                      | \$750                                                                              |
| Prosthesis - Multiple devices                                                                                                                                | \$1,500                                                                            |
| <b>Other Benefits</b>                                                                                                                                        |                                                                                    |
| Auto & Home Modification                                                                                                                                     | \$2,500/1 time(s)                                                                  |
| Blood/Plasma/Platelets                                                                                                                                       | \$300/1 day(s)                                                                     |
| Epidural/Pain Management                                                                                                                                     | \$100/2 day(s)                                                                     |
| Family Care - Dependent child(ren) are not eligible for this benefit.                                                                                        | \$60/10 day(s)                                                                     |
| Gunshot Wound                                                                                                                                                | \$1,000                                                                            |
| Injury-Free                                                                                                                                                  | \$150 Payable after the completion of a full claim period of 3 years.              |
| Organized Sports Benefit Booster<br><i>Spouse or Partner and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i> | 25%                                                                                |
| Post-Traumatic Stress Disorder (PTSD)                                                                                                                        | \$500                                                                              |
| <b>Accident Screening Benefit</b>                                                                                                                            |                                                                                    |
| Accident Screening<br><i>Spouse or Partner and/or dependent child(ren) benefit amount is the same as the insured's benefit amount shown.</i>                 | \$50/2 per covered person, up to 4 per family. Additional screening tests included |