

**All Options**

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**SCHEDULE OF BENEFITS**

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**EMPLOYEE ACCIDENT COVERAGE**

This Schedule of Benefits is attached to the Certificate and is effective the later of: 1) the Policy Effective Date or; 2) the Effective Date of any amendment. This Schedule of Benefits replaces any previously issued Schedule of Benefits.

For more details regarding limitations and the number of benefit payments per Covered Accident please refer to the ACCIDENT BENEFITS section of the Certificate.

**All Options**

<u>Accident Benefit</u>	<u>Benefit Levels</u>
<b>Option A</b>	
Accidental Death	Yourself: \$10,000.00 Your Spouse: \$5,000.00 Your Children: \$5,000.00
<b>Option B</b>	
Accidental Death	Yourself: \$50,000.00 Your Spouse: \$25,000.00 Your Children: \$5,000.00
<b>All Options</b>	
Accidental Death Common Carrier	200% of the Accidental Death benefit amount
<b>All Options</b>	
Accidental Death Common Disaster	200% of the Spouse Accidental Death benefit amount

### **Option A**

Accidental Dismemberment

Loss of a hand, foot or sight: 50% of Accidental Death benefit.

#### **Multiple Losses of hand, foot or sight:**

For more than one covered loss due to the same Accident, We will pay 100% of the Accidental Death benefit.

Loss of thumb and index finger of same hand, or loss of four fingers of same hand: 25% of Accidental Death benefit.

Loss of all toes of same foot: 25% of Accidental Death benefit.

We will not pay more than \$10,000.00 for all losses due to the same Covered Accident.

### **Option B**

Accidental Dismemberment

Loss of a hand, foot or sight: 50% of Accidental Death benefit.

#### **Multiple Losses of hand, foot or sight:**

For more than one covered loss due to the same Accident, We will pay 100% of the Accidental Death benefit.

Loss of thumb and index finger of same hand, or loss of four fingers of same hand: 25% of Accidental Death benefit.

Loss of all toes of same foot: 25% of Accidental Death benefit.

We will not pay more than \$50,000.00 for all losses due to the same Covered Accident.

### **All Options**

Accidental Death Seatbelt and Airbag benefit

Seatbelt: \$10,000.00

Seatbelt and Airbag: \$15,000.00

### **Option A**

Air Ambulance

\$750.00

### **Option B**

Air Ambulance

\$1,500.00

**Option A**

Ambulance \$150.00

**Option B**

Ambulance \$300.00

**All Options**

Blood/Plasma/Platelets \$300.00

**All Options**

Burn

**2nd Degree**

From 18 sq inches up to 34 sq inches: \$1,000.00  
35 sq inches and over: \$3,000.00

**3rd Degree**

From 9 sq inches to 17 sq inches: \$2,000.00  
From 18 sq inches to 34 sq inches: \$4,000.00  
35 sq inches and over: \$12,000.00

**All Options**

Burn-Skin Graft 50% of burn benefit

**All Options**

Catastrophic Loss

Quadriplegia: 100% of Accidental Death benefit

Loss of speech and hearing (both ears): 100% of  
Accidental Death benefit

Loss of cognitive function: 100% of Accidental  
Death benefit

Hemiplegia: 50% of Accidental Death benefit

Paraplegia: 50% of Accidental Death benefit

**All Options**

Child Organized Sport  
(applies only to covered  
dependent children  
age 18 or younger)

Additional 25% of payable benefits

**Option A**

Chiropractic Visits \$25.00 per visit

**Option B**

Chiropractic Visits \$50.00 per visit

**Option A**

Coma \$7,500.00

**Option B**

Coma	\$12,500.00
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**Option A**

Concussions	\$100.00
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**Option B**

Concussions	\$300.00
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**All Options**

Concussion Baseline Study (applies only to covered dependent children age 18 or younger)	\$25.00
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**All Options****Dislocations****Closed/Open****Option A**

• Hip	\$2,000.00/\$4,000.00
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**Option B**

• Hip	\$3,500.00/\$7,000.00
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**Option A**

• Knee	\$1,300.00/\$2,600.00
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**Option B**

• Knee	\$2,275.00/\$4,550.00
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**Option A**

• Shoulder	\$1,000.00/\$2,000.00
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**Option B**

• Shoulder	\$1,750.00/\$3,500.00
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**Option A**

• Collar bone (sternoclavicular)	\$400.00/\$800.00
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**Option B**

• Collar bone (sternoclavicular)	\$700.00/\$1,400.00
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**Option A**

- Collar bone (acromioclavicular and separation) \$80.00/\$160.00

**Option B**

- Collar bone (acromioclavicular and separation) \$140.00/\$280.00

**Option A**

- Ankle or Foot \$800.00/\$1,600.00

**Option B**

- Ankle or Foot \$1,400.00/\$2,800.00

**Option A**

- Lower jaw \$600.00/\$1,200.00

**Option B**

- Lower jaw \$1,050.00/\$2,100.00

**Option A**

- Wrist or elbow \$500.00/\$1,000.00

**Option B**

- Wrist or elbow \$875.00/\$1,750.00

**Option A**

- Toe or finger \$160.00/\$320.00

**Option B**

- Toe or finger \$280.00/\$560.00

**Option A**

- Bones of the hand \$700.00/\$1,400.00

**Option B**

- Bones of the hand \$1,225.00/\$2,450.00

**Option A**

Diagnostic Exam (Major) \$100.00

**Option B**

Diagnostic Exam (Major) \$300.00

**Option A**

Doctor Follow-Up Visit \$25.00

**Option B**

Doctor Follow-Up Visit \$75.00

**Option A**

Emergency Dental Work  
Crown: \$200.00  
Extraction: \$50.00

**Option B**

Emergency Dental Work  
Crown: \$400.00  
Extraction: \$100.00

**Option A**

Emergency Room  
Treatment \$150.00

**Option B**

Emergency Room  
Treatment \$250.00

**All Options**

Epidural Anesthesia Pain  
Management \$100.00

**Option A**

Eye Injury \$200.00

**Option B**

Eye Injury \$300.00

**Option A**

Family Care \$20.00 per day

**Option B**

Family Care \$30.00 per day

**All Options**

**Fractures** **Closed/Open**

**Option A**

● Skull (depressed) \$1,875.00/\$3,750.00

**Option B**

● Skull (depressed) \$3,000.00/\$6,000.00

**Option A**

- Skull (non-depressed) \$875.00/\$1,750.00

**Option B**

- Skull (non-depressed) \$1,400.00/\$2,800.00

**Option A**

- Hip, Thigh (femur) \$2,500.00/\$5,000.00

**Option B**

- Hip, Thigh (femur) \$4,000.00/\$8,000.00

**Option A**

- Vertebrae, body of  
(excluding  
vertebrae processes) \$2,250.00/\$4,500.00

**Option B**

- Vertebrae, body of  
(excluding  
vertebrae processes) \$3,600.00/\$7,200.00

**Option A**

- Pelvis \$2,000.00/\$4,000.00

**Option B**

- Pelvis \$3,200.00/\$6,400.00

**Option A**

- Leg \$1,500.00/\$3,000.00

**Option B**

- Leg \$2,400.00/\$4,800.00

**Option A**

- Bones of the face or  
nose \$750.00/\$1,500.00

**Option B**

- Bones of the face or  
nose \$1,200.00/\$2,400.00

**Option A**

- Upper jaw, maxilla \$875.00/\$1,750.00

**Option B**

- Upper jaw, maxilla \$1,400.00/\$2,800.00

<b>Option A</b>	
• Upper arm (humerus)	\$875.00/\$1,750.00
<b>Option B</b>	
• Upper arm (humerus)	\$1,400.00/\$2,800.00
<b>Option A</b>	
• Lower jaw, mandible	\$1,000.00/\$2,000.00
<b>Option B</b>	
• Lower jaw, mandible	\$1,600.00/\$3,200.00
<b>Option A</b>	
• Shoulder blade	\$1,000.00/\$2,000.00
<b>Option B</b>	
• Shoulder blade	\$1,600.00/\$3,200.00
<b>Option A</b>	
• Vertebral process	\$500.00/\$1,000.00
<b>Option B</b>	
• Vertebral process	\$800.00/\$1,600.00
<b>Option A</b>	
• Forearm	\$1,250.00/\$2,500.00
<b>Option B</b>	
• Forearm	\$2,000.00/\$4,000.00
<b>Option A</b>	
• Kneecap	\$1,000.00/\$2,000.00
<b>Option B</b>	
• Kneecap	\$1,600.00/\$3,200.00
<b>Option A</b>	
• Foot (except toes)	\$1,000.00/\$2,000.00
<b>Option B</b>	
• Foot (except toes)	\$1,600.00/\$3,200.00
<b>Option A</b>	
• Ankle	\$1,000.00/\$2,000.00
<b>Option B</b>	
• Ankle	\$1,600.00/\$3,200.00



<b>Option A</b>	
• Rib	\$200.00/\$400.00
• Rib	\$320.00/\$640.00
<b>Option A</b>	
• Coccyx	\$200.00/\$400.00
<b>Option B</b>	
• Coccyx	\$320.00/\$640.00
<b>Option A</b>	
• Finger, toe	\$200.00/\$400.00
<b>Option B</b>	
• Finger, toe	\$320.00/\$640.00
<b>Option A</b>	
Gunshot Wound	\$500.00
<b>Option B</b>	
Gunshot Wound	\$1,000.00
<b>Option A</b>	
Hospital Admission	\$750.00
<b>Option B</b>	
Hospital Admission	\$1,500.00
<b>Option A</b>	
Hospital Confinement	\$175.00 per day
<b>Option B</b>	
Hospital Confinement	\$300.00 per day
<b>Option A</b>	
Hospital ICU Admission	\$1,500.00
<b>Option B</b>	
Hospital ICU Admission	\$3,000.00
<b>Option A</b>	
Hospital ICU Confinement	\$350.00 per day
<b>Option B</b>	
Hospital ICU Confinement	\$600.00 per day

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**Option A**

Initial Doctor's  
Office/Urgent Care  
Facility Treatment \$75.00

**Option B**

Initial Doctor's  
Office/Urgent Care  
Facility Treatment \$125.00

**Option A**

Joint Replacement  
Hip: \$1,500.00  
Knee: \$750.00  
Shoulder: \$750.00

**Option B**

Joint Replacement  
Hip: \$3,500.00  
Knee: \$1,750.00  
Shoulder: \$1,750.00

**Option A**

Knee Cartilage \$250.00

**Option B**

Knee Cartilage \$750.00

**Option A**

Laceration  
No sutures required: \$30.00  
Lacerations 4cm or less: \$45.00  
Lacerations 5cm up to 14 cm: \$150.00  
Lacerations 15cm or more: \$300.00

**Option B**

Laceration  
No sutures required: \$50.00  
Lacerations 4cm or less: \$75.00  
Lacerations 5cm up to 14 cm: \$250.00  
Lacerations 15cm or more: \$500.00

**Option A**

Lodging \$100.00 per day

**Option B**

Lodging \$150.00 per day

## Option A

### Medical Appliance

Limit for all Medical Appliances combined,  
per Covered Person, per Covered Accident is  
**\$400.00**

## Option B

### Medical Appliance

Limit for all Medical Appliances combined,  
per Covered Person, per Covered Accident is  
**\$600.00**

#### All Options

- Brace for back, leg or neck \$100.00

#### All Options

- Cane \$50.00

#### All Options

- Crutches \$50.00

#### All Options

- Walker \$200.00

#### All Options

- Walking Boot \$100.00

#### All Options

- Wheel Chair or Motorized Scooter \$250.00

#### All Options

- Other medical device used for mobility \$50.00

## Option A

Outpatient Therapy \$25.00 per day

## Option B

Outpatient Therapy \$50.00 per day

## Option A

Post-Traumatic Stress Disorder \$300.00

**Option B**

Post-Traumatic Stress Disorder \$500.00

**Option A**

Prosthetic Device/Artificial Limb One: \$250.00  
Two or more: \$500.00

**Option B**

Prosthetic Device/Artificial Limb One: \$1,000.00  
Two or more: \$2,000.00

**All Options**

Reasonable Accommodation to Home or Vehicle \$2,500.00

**Option A**

Rehabilitation Facility Confinement \$50.00 per day

**Option B**

Rehabilitation Facility Confinement \$150.00 per day

**Option A**

Ruptured Disc With Surgical Repair \$250.00

**Option B**

Ruptured Disc With Surgical Repair \$750.00

**Option A**

Surgery - cranial, open abdominal, thoracic hernia Cranial, open abdominal, thoracic: \$1,000.00  
Hernia: \$200.00

**Option B**

Surgery - cranial, open abdominal, thoracic hernia Cranial, open abdominal, thoracic: \$1,500.00  
Hernia: \$300.00

**Option A**

Surgery - Exploratory or Arthroscopic \$300.00

**Option B**

Surgery - Exploratory or Arthroscopic \$500.00

**Option A**

Tendon/Ligament/Rotator  
Cuff

One: \$250.00  
Two or more: \$500.00

**Option B**

Tendon/Ligament/Rotator  
Cuff

One: \$750.00  
Two or more: \$1,500.00

**Option A**

Transportation

\$.50 per mile, limited to \$400.00  
per round trip

**Option B**

Transportation

\$.50 per mile, limited to \$600.00  
per round trip

**Option A**

Traumatic Brain Injury

\$3,000.00

**Option B**

Traumatic Brain Injury

\$5,000.00

**Option A**

X-ray

\$30.00

**Option B**

X-ray

\$50.00

## All Options

### Changes To Coverage

**Changes in Coverage Amounts** If You are not Actively At Work on a Full-Time basis, any change in Your amount of coverage or the amount of coverage on a covered dependent will not become effective prior to the date You return to Active Work on a Full-Time basis.

**Changes in Insurance Classification** If Your classification changes, coverage will not be changed to the new amount until the first day on which You are: (1) Actively At Work on a Full-Time basis; and (2) make a contribution, if required, for the new classification.

If a contribution is required for the new classification for which a larger amount of coverage is provided, You must make the required contribution for the new amount within 31 days of the change.

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