

HOSPITAL & MEDICAL BENEFITS

BLOOD, PLASMA, PLATELETS

Maximum Benefit Amount per Treatment	\$300
Maximum Benefit Paid per Covered Accident	1

BURNS

2nd degree burn, 36% of body	\$1,000
3rd degree burn, 9 - 34 square inches	\$2,000
3rd degree burn, 35+ square inches	\$12,500
Skin Grafts	25% of Burn Benefit
Maximum Benefit Paid per Covered Accident	1

LACERATIONS

Laceration up to 2", stitches	\$75
Laceration 2" to 6", stitches	\$250
Laceration over 6", stitches	\$500
Laceration no stitches	\$50
Maximum Benefit Paid per Covered Accident	1 (total of inches)

CONCUSSION

Maximum Benefit Amount per Injury	\$150
Maximum Benefit Paid per Covered Accident	1

EYE INJURY

Maximum Benefit Amount per Removal of Foreign Body or Surgery	\$250
Maximum Benefit Paid per Covered Accident	1

EMERGENCY DENTAL WORK

Maximum Benefit Amount per Extraction	\$200
Maximum Benefit Amount per Repair/Crown	\$250
Maximum Benefit Paid per Covered Accident	1

TENDONS / LIGAMENTS / ROTATOR CUFF

Maximum Benefit Amount per Repair of One	\$500
Maximum Benefit Amount per Repair of More than One	\$700
Maximum Benefit Paid per Covered Accident	1

RUPTURED DISC

Maximum Benefit Amount 1st year of coverage	\$250
Maximum Benefit Amount after 1st year of coverage	\$500
Maximum Benefit Paid per Covered Accident	1

TORN KNEE CARTILAGE

Maximum Benefit Amount 1st year of coverage	\$300
Maximum Benefit Amount after 1st year of coverage	\$600
Maximum Benefit Amount per Exploratory Arthroscopic Surgery	\$150
Maximum Benefit Paid per Covered Accident	1

PHYSICAL THERAPY

Maximum Benefit Amount per Visit	\$25
Maximum Number of Treatments per Covered Accident	6

ACCIDENT FOLLOW-UP TREATMENT

Maximum Benefit Amount per Treatment	\$75
Maximum Benefit Paid per Covered Accident	1

APPLIANCES

Maximum Benefit Amount per Appliance	\$150
Maximum Benefit Paid per Covered Accident	1

PROSTHETIC DEVICE / ARTIFICIAL LIMB

Maximum Benefit Amount for One Prosthetic Device/Artificial Limb	\$600
Maximum Benefit Amount for More than One Prosthetic Device/Artificial Limb	\$1,250
Maximum Benefit Paid per Covered Accident	1

WELLNESS

Maximum Benefit Amount per Screening Test	\$50
Maximum Benefit Paid per Plan Year	1

TRANSPORTATION (More than 100 Miles from the Insured's Primary Residence)

Maximum Benefit Amount per Transport (not Ambulance)	\$400
Maximum Benefit Paid per Covered Accident	1

LODGING (More than 100 Miles from the Insured's Primary Residence)

Maximum Benefit Amount for Lodging for Immediate Family Member	\$150
Maximum Benefit Paid per Covered Accident	1