

MEMBER BENEFITS SCHEDULE

Off Job – Non Occupational Accident Policy

<i>FRACTURES</i>	Primary, Spouse & Dependent Child
Hip / thigh	\$4,000
Vertebrae	3,600
Pelvis	3,200
Skull (depressed)	3,000
Skull (simple)	1,400
Leg	2,400
Foot/ankle/knee cap	2,000
Forearm/hand	2,000
Lower jaw	1,6000
Shoulder blade / collar bone	1,6000
Upper arm / upper jaw	1,400
Facial Bones -Except Teeth	1,200
Vertebral Processes	800
Coccyx / rib / finger/toe	320

<i>DISLOCATIONS</i>	Primary, Spouse & Dependent Child
Hip	\$2,700
Knee (not knee cap)	1,950
Shoulder	1,500
Foot / ankle	1,200
Hand	1,050
Lower jaw	900
Wrist	750
Elbow	600
Finger/toe	240

<i>LACERATIONS</i>	Primary, Spouse & Dependent Child
Over 6"	\$400
2" to 6"	200
Under 2"	50
Lacerations not requiring stitches	25
CONCUSSIONS	200
COMA	10,000
<i>EMERGENCY DENTAL WORK</i>	
Repair with crown	\$150
Extraction	50
<i>INJURIES REQUIRING SURGERY</i>	
<i>EYE INJURIES</i>	
Requiring surgical repair	\$250
Removal of foreign body	50

<i>TENDONS / LIGAMENTS</i>	Primary, Spouse & Dependent Child
Single	\$400
Multiple	600
<i>RUPTURED DISK</i>	
Date of injury occurs during first certificate year	100
Date of injury occurs after first certificate year	400
<i>TORN KNEE CARTILAGE</i>	
Date of injury occurs during first certificate year	\$100
Date of injury occurs after first certificate year	400
Internal Injuries	1,000
Exploratory Surgery (without repair)	250
<i>PARALYSIS</i>	
Four limbs (quadriplegia)	\$10,000
Two limbs (paraplegia)	5,000

BURNS	Primary, Spouse & Dependent Child
Second Degree Less The 10%	\$100
At least 10% but less than 25%	200
At least 25% but less than 35%	500
35% or more	1,000
Third Degree Less than 10%	500
At least 10% but less than 25%	3,000
At least 25% but less than 35%	7,000
35% or more	10,000
FAMILY MEMBER LODGING - Max Benefit – 30 days	100 / per night
Medical fees – Max per accident	125
PROSTHESIS	500
Appliances	100
Accident Follow-up Treatment -Max of 6 treatments per covered accident	25
Physician Therapy - Max of 6 treatments per covered accident	25

	Primary, Spouse & Dependent Child	
Wellness Once per 12-month period	\$60	
HOSPITAL ADMISSION - Payable once per calendar year	1,000	
HOSPITAL CONFINEMENT - Max Benefit –365 days – 0 Day elimination Period	200 / per day	
HOSPITAL INTENSIVE CARE Max Benefit - 30 Days 0 Day elimination Period	400 / per day	
ACCIDENTAL DISMEMBERMENT <i>Loss of hand, foot, or sight</i>	Primary & Spouse	Dependent Child (Adjustment)
Single loss	\$6,250	\$1,250
Double loss	25,000	\$5,000
Loss of one or more finger or toe	1,250	\$500
Partial Amputation of finger or toe	100	
ACCIDENTAL DEATH	25,000	\$5,000
ACCIDENTAL COMMON CARRIER DEATH	100,000	\$15,000