

AccidentSelect®



## AccidentSelect® Plan Comparison

Accident Specific Sum Injuries Benefit Rider (Form Series TRA0300 or CR500300)

		Plan I	Plan II
<b>A. Dislocation</b>			
1. Hip	Open reduction	\$ 2,000	\$ 4,000
	Closed reduction	665	1,330
2. Knee or Shoulder	Open reduction	665	1,330
	Closed reduction	265	530
3. Collar bone	Open reduction	1,065	2,130
	Closed reduction	200	400
4. Ankle or foot (excluding toes)	Open reduction	665	1,330
	Closed reduction	200	400
5. Lower jaw	Open reduction	665	1,330
	Closed reduction	330	665
6. Wrist or elbow	Open reduction	530	1,065
	Closed reduction	265	530
7. Toe or finger	Open reduction	130	265
	Closed reduction	65	130

For the purposes of this policy:  
open reduction means surgical repair  
closed reduction means manipulative repair

		Plan I	Plan II
<b>B. Tendons and Ligaments</b>			
Repair of one		\$ 330	\$ 665
Repair of all if more than one		665	1,330

Tendons and ligaments must be torn, ruptured, or severed and must be treated by a physician within 72 hours after the covered accident and repaired through surgery within six months after the covered accident. If a covered person receives a fracture and/or a dislocation and also tears, ruptures, or severs a tendon/ligament in a covered accident, the insurer will pay only one benefit. The insurer will pay the largest of either this benefit, the Fractures Benefit or the Dislocation Benefit.

		Plan I	Plan II
<b>C. Burns</b>			
Second-degree burns at least 25%, but not more than 35% of body surface		\$ 265	\$ 530
Second-degree burns of more than 35% of body surface		665	1,330
Third-degree burns covering 6 through 9 square inches of body surface		530	1,065
Third-degree burns covering 10 through 25 square inches of body surface		1,330	2,665
Third degree burns covering more than 25 square inches of body surface		2,665	5,330

Burns must be treated by a physician within 72 hours after the accident.

		Plan I	Plan II
<b>D. Ruptured Disc or Torn Knee Cartilage</b>			
Accident during first year of coverage		\$ 130	\$ 265
Thereafter		400	800

Ruptured Disc or Torn Knee Cartilage must be treated by a physician within 72 hours after the accident and repaired through surgery within one year after the covered accident.

<b>E. Eye Injury</b>	<b>Plan I</b>	<b>Plan II</b>
With surgical repair	\$ 130	\$ 265
<b>F. Lacerations Requiring Suture</b>	<b>Plan I</b>	<b>Plan II</b>
1. Single laceration less than two inches	\$ 30	\$ 65
2. At least two inches but not more than six inches (total of all lacerations)	130	265
3. Over six inches (total of all lacerations)	265	530

Lacerations requiring suture must be repaired within 72 hours after the accident

<b>G. Internal Injuries</b>	<b>Plan I</b>	<b>Plan II</b>
Resulting in Open Abdominal or Thoracic Surgery	\$ 1,330	\$ 2,665

<b>H. Fractures</b>	<b>Plan I</b>	<b>Plan II</b>
<b>1. Hip</b>		
Open reduction	\$ 2,000	\$ 4,000
Closed reduction	665	1,330
<b>2. Leg</b>		
Open reduction	830	1,330
Closed reduction	665	1,665
<b>3. Skull</b>		
Depressed	1,065	2,130
Simple	400	800
<b>4. Hand (excluding fingers), foot (excluding toes/heel), wrist, shoulder blade, forearm, ankle, elbow, kneecap, sternum, or lower jaw</b>		
Open reduction	665	1,330
Closed reduction	330	665
<b>5. Vertebrae (body of), Pelvis (excluding coccyx)</b>		
Open reduction	800	1,600
Closed reduction	330	665
<b>6. Upper jaw, upper arm, or face (excluding nose)</b>		
Open reduction	1,330	2,665
Closed reduction	130	265
<b>7. Rib or ribs</b>		
Open reduction	665	1,330
Closed reduction	130	265
<b>8. Nose, heel or finger(s)</b>		
Open reduction	265	530
Closed reduction	130	265
<b>9. Coccyx</b>		
Open reduction	265	530
Closed reduction	130	265
<b>10. Toe(s)</b>		
Open reduction	265	530
Closed reduction	130	265
<b>11. Vertebral processes</b>		
Open reduction	1,330	2,665
Closed reduction	200	400

If a Covered Person fractures more than one bone in a Covered Accident and requires open or closed reduction, this benefit pays one and a half times the amount for the bone involved that has the highest benefit amount. No other amount will be paid under this benefit.

If a Covered Person receives a fracture and a dislocation in the same Covered Accident, this benefit pays one and a half times the amount for the Fracture or Dislocation involved that has the highest benefit amount. No other amount under this benefit or the Dislocation Benefit will be paid.

Chip fractures pay 10% of benefit amount shown.

<b>I. Blood and Plasma Received by a Covered Person</b>	<b>Plan I</b>	<b>Plan II</b>
This benefit is payable only one time per Covered Accident per Covered Person (no benefit is payable for immunoglobulins.)	\$ 65	\$ 130

NOTE: This rider will terminate if the policy to which it is attached terminates; or, if the premiums for this rider are not paid; or by written request to terminate this rider by the Insured.

		<b>Plan I</b>	<b>Plan II</b>
Accident Follow-Up Treatment Benefit (Form Series TRA0700 or CR500700)		\$ 25/visit	\$ 25/visit
Accident Emergency Treatment Benefit	Insured and Spouse	\$ 100	\$ 150
	Children	\$ 70	\$ 105
Initial Hospitalization for Injury Benefit (Form Series TRIH0200 or CR501100)		\$ 500	\$ 1,500
Accident Hospital Income Benefit (Form Series TRA0200 or CR500200)		\$ 100/day	\$ 200/day
Additional Intensive Care Unit Benefit (Form Series TRA0200 or CR500200)		\$ 300/day	\$ 600/day
Ambulance Benefit (Form Series TRA0400 or CR500400)	Ground Ambulance	\$ 150	\$ 150
	Air Ambulance	\$ 600	\$ 600
Appliances Benefit (Form Series TRA0500 or CR500500)		\$ 100	\$ 150
Physical Therapy Benefit (Form Series TRA0500 or CR500500)		\$ 50/day	\$ 75/day
Prosthesis Benefit (Form Series TRA0500 or CR500500)		\$ 500	\$ 750
Transportation Benefit (Form Series TRA0400 or CR500400)		\$ 300	\$ 300
Family Lodging Benefit (Form Series TRA0400 or CR500400)		\$ 100/day	\$ 100/day
Wellness Benefit (Form Series TRW0100 or CR501000)		\$ 60	\$ 60

**Accidental Death Benefit (Form Series TPA0100 or CP500100)**

	<b>Plan I</b>	<b>Plan II</b>
<b>Insured</b>		
Common-Carrier Accidents	\$ 35,000	\$ 70,000
Motorized-Vehicle or Pedestrian Accidents	25,000	50,000
Other Accidents	15,000	30,000
<b>Spouse</b>	<b>Plan I</b>	<b>Plan II</b>
Common-Carrier Accidents	\$ 17,500	\$ 35,000
Motorized-Vehicle or Pedestrian Accidents	12,500	25,000
Other Accidents	7,500	15,000
<b>Child</b>	<b>Plan I</b>	<b>Plan II</b>
Common-Carrier Accidents	\$ 3,500	\$ 7,000
Motorized-Vehicle or Pedestrian Accidents	2,500	5,000
Other Accidents	1,500	3,000

Death must occur as a result of a covered accident and must occur within 90 days of a covered accident. Only the highest single benefit will be paid and only paid once for any covered accident.

**Accidental Dismemberment Benefit (Form Series TPA0100 or CP500100)**

Pays a percentage of the Accidental Death Benefit selected.	<b>Plan I</b>	<b>Plan II</b>
Both arms and both legs	100%	100%
Two arms or two legs	50%	50%
Two eyes, hands, or feet	50%	50%
One eye, hand, foot, arm, or leg	20%	20%
One or more fingers and/or one or more toes	5%	5%

