Accident Protector benefits visual

Determining the right solutions for you and your family

All benefits shown are "per accident" unless otherwise noted.

Available benefits include:	INSURED CHOICE PLAN (Plan II)	SPOUSE/CHILD CHOICE PLAN (Plan II)
Accident Hospital Benefits	•	
Hospital Confinement (within 90 days of injury)	\$ 150/day	\$ 150/day
ntensive Care Confinement	\$5,000	\$5,000
	per accident	per accident
Ambulance (within 72 hours of injury)		12.0.000
Ground Ambulance	\$ 100	\$ 100
Air Ambulance	\$ 500	\$ 500
Accident Outpatient Benefits		
Appliance(s) (crutches, walkers, etc.)	\$ 100	\$ 100
Concussion	\$ 100	\$ 100
Emergency Room (within 72 hours of injury)	\$ 100	\$ 100/\$50
Emergency Follow-up Treatment	\$ 25 per visit	\$ 25 per visit
(Maximum 4 visits per accident)	\$ 20 per viole	\$ 25 per visit
Fractures	* 1 0 0 0	0.1.000/0=00
Major Fracture	\$ 1,000	\$ 1,000/\$500
Minor Fracture	\$ 250	\$ 250/\$125
Outpatient Surgery		
Major Surgery	\$ 1,000	\$ 1,000/\$500
Minor Surgery	\$ 250	\$ 250/\$125
Physical Therapy	\$ 25 per session	\$ 25 per session
(Maximum 10 sessions per accident)		
Additional Benefits		
Blood and Blood Plasma	\$ 150	\$ 150
Family Lodging	\$ 100/day	\$ 100/day
(Lifetime Maximum 30 days)		
Health Screening (payable once per policy year,		
per covered person)	\$ 50	\$ 50
Fransportation (maximum 3 trips per accident)	\$ 300/trip	\$ 300/trip
(For travel of 100 miles+ for necessary treatment)		
Accident Recovery Benefit		
Recovery Following Hospital Confinement	\$ 100/day	\$ 100/day
(For Total Disability - up to the number of days hospitalized)		
Accidental Death and Dismemberment		
Accidental Death - Common Carrier	\$ 100,000	\$ 100,000/\$50,000
Accidental Death and Dismemberment - Any Accident		
Loss of Life or Multiple Limbs or Sight in Both Eyes	\$ 25,000	\$ 10,000/\$5,000
Loss of One Limb or Sight in One Eye	\$ 10,000	\$ 5,000/\$2,500



IMPORTANT: This worksheet is for illustration purposes only; it is not part of the policy (Form No. 44028-315). Please see the policy for any information concerning the policy benefits you selected (if any) as well as policy exclusions and limitations.