



Effective October 1, 2020

Group # 602375	Kaiser HMO	Kaiser HSA		
Plan	\$20 Plan	\$1,500 DHMO Plan		
Deductible Single	None	\$1,500		
Deductible Family	None	\$3,000 (\$2,800)		
Physician's Office Care				
Office Visit Copay	\$20	20% after ded		
Routine Physicals	No Charge	No Charge		
Well Baby Care	No Charge	No Charge		
Labs and X-rays	\$10	20% after ded		
Chiro/Acupuncture	\$15 Copay	Not Available		
Prescription Drugs				
Generic	\$10 (30 day)	\$10 (\$20) after ded		
Brand Name	\$30 (30 day)	\$20 (\$40) after ded		
Mail Order (100 Days)	2 times copay	2 times copay		
Hospital Care				
Urgent Care	\$20	20% after ded		
In-Patient Hospital	\$500 / admit	20% after ded		
Out-Patient Services	\$250 / procedure	20% after ded		
Hospital Emergency	\$150 / visit	20% after ded		
Maximum Out-of-Pocket				
Individual	\$3,000	\$3,000		
Family	\$6,000	\$6,000		
Max. Lifetime Benefit	Unlimited	Unlimited		
	Premium	Emp Cost	Premium	Emp Cost
Employee	\$739.34	\$120	\$574.91	\$40
Employee + Spouse	\$1,626.55	\$250	\$1,264.80	\$80
Employee + Child(ren)	\$1,478.68	\$240	\$1,149.82	\$80
Family	\$2,218.02	\$350	\$1,724.73	\$120

Premium and Emp cost shown is monthly



Dental PPO	Guardian Dental, Group # 441291	
Benefits	Contracted Provider	Non-Contract Provider
Calendar Year Max. Benefit	\$1,500	\$1,000
Calendar Year Deductible	\$50 Per Member, 3 Per Family	
Preventive Services:	100%	80% (Subject to UCR)
Exam, X-rays, Cleaning	Deductible Waived	
General/Basic Services:	80%	70% (Subject to UCR)
Fillings, Endodontic, Perio.		
Major Services:	50%	40% (Subject to UCR)
Crowns, Bridges, Dentures		
Orthodontic Services:	50%	50% (Subject to UCR)
Child and Adult		
Orthodontics Lifetime Maximum	\$1,000	
Maximum Rollover	Threshold \$500, In network \$350 (\$250 Out), limit \$1,000	
	Premium	Monthly Emp Cost
Employee	\$69.57	\$35
Employee + Spouse	\$131.82	\$66
Employee + Child(ren)	\$167.09	\$84
Family	\$229.34	\$115



Dental DHMO	Guardian Dental, Group # 441291	
Calendar Year Max. Benefit	(Unlimited) See The Guardian Employee Kit Page 3 & 15	
Calendar Year Deductible	\$0, Select a Primary Care Dentist	
	Premium	Monthly Emp Cost
Employee	\$18.83	\$5
Employee + Spouse	\$36.63	\$10
Employee + Child(ren)	\$32.73	\$10
Family	\$53.78	\$15

Information provided in this handout is for comparison purposes only and is provided without any coverage guarantees. Refer to the insurance carrier plan summary to verify any specific procedures.

(888) 995-3343



Health Savings Acct	Annual TKA Contribution
Employee	\$500
Employee + Dependents	\$1,000

HSA Deposit Limits Per IRS Code		
2020-2021 Plan Year	2020	2021
Single	\$3,550	\$3,600
Family (2 or more)	\$7,100	\$7,200
Catch-UP (55 or older)	\$1,000	

Voluntary Vision Plan - VSP Guardian	
Exams (Every 12 months)	\$10
Materials (Every 24 months)	\$25
Lenses	Contracted Provider
Single, Bifocal	Covered in Full
Trifocal	Covered in Full
Frames	\$120 + 20%
Contacts	\$120.00
	Monthly Emp Cost
Employee	\$13.81
Employee + Spouse	\$23.24
Employee + Child(ren)	\$23.70
Family	\$37.50

Guardian Life Insurance
\$30,000 Basic Life and AD&D

Optional FSA Plan Available (800) 473-9595
Pre-Tax Contributions may be made to your FSA up to \$2,750 Medical, \$5000 Dependent Care, Transit



Group # 222304	Sutter Health HMO	Sutter Health HSA		
Plan	HMO 20	HSA 1500		
Deductible Single	\$500	\$1,500		
Deductible Family	\$1,000	\$3,000 (Single person \$2,800)		
Physician's Office Care				
Office Visit Copay	\$20	\$20 after deductible		
Routine Physicals	No Charge	No Charge		
Well Baby Care	No Charge	No Charge		
Labs and X-rays	\$10 - \$50	\$10 - \$50 after deductible		
Chiro/Acupuncture	\$10 (30 visits)	Not Available		
Prescription Drugs- (Mail Order -90 Days)				
Generic	\$10 (\$20)	\$10 (\$20) after deductible		
Brand Name	\$30 (\$60)	\$30 (\$60) after deductible		
Non-Formulary	\$60 (\$120)	\$60 (\$120) after deductible		
Hospital Care				
Urgent Care	\$20	\$20 after deductible		
In-Patient Hospital	10% after deductible	\$250 per day (5 max) after deductible		
Out-Patient Services	10% after deductible	\$20 copay after deductible		
Hospital Emergency	10% after deductible	\$100 copay after deductible		
Maximum Out-of-Pocket				
Individual	\$3,000	\$3,000		
Family	\$6,000	\$6,000		
Max. Lifetime Benefit	Unlimited	Unlimited		
	Premium	Monthly Emp Cost	Premium	Monthly Emp Cost
Employee	\$860.00	\$120	\$731.20	\$40
Employee + Spouse	\$1,891.80	\$250	\$1,608.60	\$80
Employee + Child(ren)	\$1,719.80	\$240	\$1,462.40	\$80
Family	\$2,580.00	\$350	\$2,193.60	\$120

ded = deductible

Premium and Emp cost shown is monthly

Premium and Emp cost shown is monthly

*If the eligible employee elects not to receive the medical insurance benefit, a \$500 unreimbursed medical allotment is available upon request.



Voluntary Life	Guardian, Group # 441291
Employee Benefit	Additional life insurance up to \$500,000
Spouse & Child	Spouse 50% of emp amount, Child 10% of Emp amount
Guarantee Issue	\$200,000 Employee, \$50,000 Spouse, \$10,000 Child
Voluntary Life Insurance is Voluntary, See BeneTrac for rates	



Accident - Monthly Cost	Guardian Accident Insurance
Employee Only - \$18.27	Hospital Admission - \$1,000
Employee+Spouse - \$30.85	Knee Cartilage, Tendon/Ligament \$500
Employee+Child(ren) - \$31.80	Physical Therapy \$25
Employee+Family - \$44.38	Urgent Care \$75
Accident Insurance is Voluntary, See Plan Summary for Coverage	



Cancer - Monthly Cost	Guardian Cancer Insurance
Employee Only - \$18.54	Initial Diagnosis \$2,500
Employee+Spouse - \$37.34	Chemotherapy, up to \$4,000
Employee+Child(ren) - \$21.48	Surgery \$500-\$2,000
Employee+Family - \$40.28	Hospital Confinement \$300 per day
Cancer Insurance is Voluntary, See Plan Summary for Coverage	

Retirement Plan - The Standard

In July of 2005, The King's Academy initiated a retirement plan for all full-time employees. This program is being administered through The Standard. During the 2020-2021 school year TKA will contribute 3% of each eligible individual's base salary or hourly compensation to a 403(b) account in that employee's name. A matching 3% is also available when the employee contributes 3% or more to this fund. Eligibility for this plan begins immediately upon employment. Additional voluntary contributions may be made by the employee to their 403(b) account administered by The Standard. Please visit: www.standard.com/retirement or (800) 858-5420



Life Benefit Summary

Group Number: 00441291

A Life insurance plan through Guardian provides:

- The foundation of a smart financial plan that helps protect you and those who depend on you
- Affordable group rates
- Flexibility to update your coverage as your life changes or take it with you if you change jobs or retire

About Your Benefits:

	BASIC LIFE	VOLUNTARY TERM LIFE
Employee Benefit	Your employer provides \$30,000 Basic Term Life coverage for all full time employees.	\$10,000 increments to a maximum of \$500,000. See Cost Illustration page for details.
Accidental Death and Dismemberment	Your Basic Life coverage includes Enhanced Accidental Death and Dismemberment coverage.	Enhanced employee, spouse, and child(ren) coverage. Maximum 1 times life amount.
Spouse/Domestic Partner Benefit	N/A	\$10,000 increments to a maximum of \$250,000. See Cost Illustration page for details.†
Child Benefit	N/A	Your dependent children age birth† to 26 years. You may elect one of the following benefit options: \$5,000, \$10,000. Subject to state limits. See Cost Illustration page for details.
Guarantee Issue: The 'guarantee' means you are not required to answer health questions to qualify for coverage up to and including the specified amount, when you sign up for coverage during the initial enrollment period.	Guarantee Issue coverage up to \$30,000 per employee	We Guarantee Issue coverage up to: Employee \$200,000. Spouse \$50,000. Dependent children \$10,000.
Premiums	Covered by your company if you meet eligibility requirements	Increase on plan anniversary after you enter next five-year age group
Portability: Allows you to take coverage with you if you terminate employment.	Yes, with age and other restrictions, including evidence of insurability	Yes, with age and other restrictions
Conversion: Allows you to continue your coverage after your group plan has terminated.	Yes, with restrictions; see certificate of benefits	Yes, with restrictions; see certificate of benefits
Waiver of Premiums: Premium will not need to be paid if you are totally disabled.	For employees disabled prior to age 60, with premiums waived until age 65, if conditions are met	No
Benefit Reductions: Benefits are reduced by a certain percentage as an employee ages.	35% at age 65, 50% at age 70	35% at age 65, 50% at age 70

Semi-Monthly premiums displayed. Cost of AD&D is included.

Employee	Policy Election Cost Per Age Bracket								
Volume	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$0.54	\$0.61	\$0.78	\$1.05	\$1.56	\$2.60	\$4.02	\$6.48	\$16.81
\$40,000	\$2.16	\$2.42	\$3.12	\$4.20	\$6.24	\$10.38	\$16.08	\$25.92	\$67.24
\$50,000	\$2.70	\$3.03	\$3.90	\$5.25	\$7.80	\$12.98	\$20.10	\$32.40	\$84.05
\$100,000	\$5.10	\$5.75	\$7.35	\$9.30	\$13.80	\$22.65	\$33.55	\$50.10	\$113.65
\$110,000	\$5.61	\$6.33	\$8.09	\$10.23	\$15.18	\$24.92	\$36.91	\$55.11	\$125.02
\$120,000	\$6.12	\$6.90	\$8.82	\$11.16	\$16.56	\$27.18	\$40.26	\$60.12	\$136.38
\$130,000	\$6.63	\$7.48	\$9.56	\$12.09	\$17.94	\$29.45	\$43.62	\$65.13	\$147.75
\$140,000	\$7.14	\$8.05	\$10.29	\$13.02	\$19.32	\$31.71	\$46.97	\$70.14	\$159.11
\$150,000	\$7.65	\$8.63	\$11.03	\$13.95	\$20.70	\$33.98	\$50.33	\$75.15	\$170.48
\$160,000	\$8.16	\$9.20	\$11.76	\$14.88	\$22.08	\$36.24	\$53.68	\$80.16	\$181.84
\$200,000	\$1.80	\$12.10	\$15.60	\$21.00	\$31.20	\$51.90	\$80.40	\$129.60	\$336.20
\$250,000	\$12.75	\$14.38	\$18.38	\$23.25	\$34.50	\$56.63	\$83.88	\$125.25	\$284.13
\$300,000	\$15.30	\$17.25	\$22.05	\$27.90	\$41.40	\$67.95	\$100.65	\$150.30	\$340.95
\$350,000	\$17.85	\$20.13	\$25.73	\$32.55	\$48.30	\$79.28	\$117.43	\$175.35	\$397.78
\$400,000	\$20.40	\$23.00	\$29.40	\$37.20	\$55.20	\$90.60	\$134.20	\$200.40	\$454.60
\$450,000	\$22.95	\$25.88	\$33.08	\$41.85	\$62.10	\$101.93	\$150.98	\$225.45	\$511.43
\$500,000	\$25.50	\$28.75	\$36.75	\$46.50	\$69.00	\$113.25	\$167.75	\$250.50	\$568.25
Guarantee Issue									

Spouse	Policy Election Cost Per Age Bracket								
Volume	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$10,000	\$0.54	\$0.61	\$0.78	\$1.05	\$1.56	\$2.60	\$4.02	\$6.48	\$16.81
\$20,000	\$0.51	\$0.58	\$0.74	\$0.93	\$1.38	\$2.27	\$3.36	\$5.01	\$11.37
\$30,000	\$1.28	\$1.44	\$1.84	\$2.33	\$3.45	\$5.66	\$8.39	\$12.53	\$28.41
\$40,000	\$2.16	\$2.42	\$3.12	\$4.20	\$6.24	\$10.38	\$16.08	\$25.92	\$67.24
\$50,000	\$2.70	\$3.03	\$3.90	\$5.25	\$7.80	\$12.98	\$20.10	\$32.40	\$84.05
\$80,000	\$3.83	\$4.31	\$5.51	\$6.98	\$10.35	\$16.99	\$25.16	\$37.58	\$85.24
\$100,000	\$5.10	\$5.75	\$7.35	\$9.30	\$13.80	\$22.65	\$33.55	\$50.10	\$113.65
\$120,000	\$6.38	\$7.19	\$9.19	\$11.63	\$17.25	\$28.31	\$41.94	\$62.63	\$142.06
\$140,000	\$7.65	\$8.63	\$11.03	\$13.95	\$20.70	\$33.98	\$50.33	\$75.15	\$170.48
\$160,000	\$8.93	\$10.06	\$12.86	\$16.28	\$24.15	\$39.64	\$58.71	\$87.68	\$198.89
\$180,000	\$10.20	\$11.50	\$14.70	\$18.60	\$27.60	\$45.30	\$67.10	\$100.20	\$227.30
\$230,000	\$12.42	\$13.92	\$17.94	\$24.15	\$35.88	\$59.69	\$92.46	\$149.04	\$386.63
\$250,000	\$13.50	\$15.13	\$19.50	\$26.25	\$39.00	\$64.88	\$100.50	\$162.00	\$420.25
Guarantee Issue									

Child	Policy Election Cost Per Age Bracket								
Volume	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$5,000	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50	\$0.50
\$10,000	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00	\$1.00

Child voluntary life is guarantee issue

WillPrep Services

Special bonus for participants in voluntary life plan

Your employer has worked with Guardian to make WillPrep Services available to eligible members with Voluntary Life plans. Keeping an up-to-date will is essential to ensuring that your assets are distributed as you intended, no matter the size of your estate. You may be avoiding creating a will because you believe you can't afford the time or legal expense. Now you can with WillPrep Services.

WillPrep Services offer support and guidance to help you properly prepare the documents necessary to preserve your family's financial security. WillPrep has a range of services including online planning documents, a resource library and access to professionals* to help with issues related to:

- | | | |
|-----------------------------------|------------------------------------|--------------------------|
| ▪ Advanced Health Care Directives | ▪ Financial Power of Attorney | ▪ Wills and Living Wills |
| ▪ Estate Taxes | ▪ Guardianship and Conservatorship | ▪ Resource Library |
| ▪ Executors & Probate | ▪ Healthcare Power of Attorney | ▪ Trusts |

For more information about WillPrep Services, go to www.ibhwillprep.com; User name: WillPrep; Password: GLIC09 or call 1-877-433-6789

*The Option of an attorney prepared will is available for a small fee.

WillPrep Services are provided by Integrated Behavioral Health, Inc., and its contractors. The Guardian Life Insurance Company of America (Guardian) does not provide any part of WillPrep Services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WillPrep Services at any time without notice. Legal services will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer.

Group Number: 00441291

Cancer Benefit Summary

A Cancer insurance plan through Guardian provides:

- Lump-sum cash payments for certain procedures, screenings and treatments related to a covered cancer diagnosis, in addition to whatever your medical plan covers
- Payments are made directly to you and can be used for any purpose
- Ability to take the coverage with you if you change jobs or retire
- Affordable group rates

About Your Benefits:

CANCER	
COVERAGE - DETAILS	
Your Semi-monthly premium	\$9.27
You and Spouse	\$18.67
You and Child(ren)	\$10.74
You, Spouse and Child(ren)	\$20.14
INITIAL DIAGNOSIS BENEFIT - Benefit is paid when you are diagnosed with Internal cancer for the first time while insured under this Plan.	
Benefit Amount(s)	Employee \$2,500 Spouse \$2,500 Child \$2,500
Benefit Waiting Period - A specified period of time after your effective date during which the Initial Diagnosis benefits will not be payable.	30 Days
CANCER SCREENING	
Benefit Amount	\$50; \$50 for Follow-Up screening
RADIATION THERAPY OR CHEMOTHERAPY	
Benefit	Schedule amounts up to a \$5,000 benefit year maximum.
Conditional Issue - The "conditional" means the applicant (employee, spouse or child) can qualify for coverage if he/she responds "No" to the conditional medical question on the enrollment form.	You will be required to answer one medical question as a part of your enrollment form.
Pre-Existing Conditions Limitation: A pre-existing condition includes any condition for which you, in the specified time period prior to coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	12 month look back period, 12 month exclusion period.
Portability: Allows you to take your Cancer coverage with you if you terminate employment. Ported Cancer plan terminates at age 70.	Included
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Air Ambulance	\$1,500/trip, limit 2 trips per hospital confinement
Ambulance	\$200/trip, limit 2 trips per hospital confinement
Anesthesia	25% of surgery benefit
Anti-Nausea	\$50/day up to \$150 per month
Attending Physician	\$25/day while hospital confined. Limit 75 visits.
Blood/Plasma/Platelets	\$100/day up to \$5,000 per year
Bone Marrow/Stem Cell	Bone Marrow: \$7,500 Stem Cell: \$1,500 50% benefit for 2nd transplant. \$1,000 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month

Benefit information illustrated within this material reflects the plan covered by Guardian as of 09/12/2019

FEATURES (Cont.)

Extended Care Facility/Skilled Nursing care	\$100/day up to 90 days per year
Government or Charity Hospital	\$300 per day in lieu of all other benefits
Home Health Care	\$50/visit up to 30 visits per year
Hormone Therapy	\$25/treatment up to 12 treatments per year
Hospice	\$50/day up to 100 days/lifetime
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st day thereafter per confinement
ICU Confinement	\$400/day for first 30 days; \$600/day for 31st day thereafter per confinement
Immunotherapy	\$500 per month, \$2500 lifetime max
Inpatient Special Nursing	\$100/day up to 30 days per year
Medical Imaging	\$100/image up to 2 per year
Outpatient and family member lodging - Lodging must be more than 50 miles from your home.	\$75/day, up to 90 days per year
Outpatient or Ambulatory Surgical Center	\$250/day, 3 days per procedure
Physical or Speech Therapy	\$25/visit up to 4 visits per month, \$400 lifetime max
Prosthetic	Surgically Implanted: \$2,000/device, \$4,000 lifetime max Non-Surgically: \$200/device, \$400 lifetime max
Reconstructive Surgery	Breast TRAM Flap \$2,000 Breast reconstruction \$500 Breast Symmetry \$250 Facial reconstruction \$500
Second Surgical Opinion	\$200/surgery procedure
Skin Cancer	Biopsy Only: \$100 Reconstructive Surgery: \$250 Excision of a skin cancer: \$375 Excision of a skin cancer with flap or graft: \$600
Surgical Benefit	Schedule amount up to \$4,125
Transportation/Companion Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive treatment for internal cancer.	\$0.50/mile up to \$1,000 per round trip/equal benefit for companion
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, we will waive the premium due after such 90 days for as long as you remain disabled.	Included

UNDERSTANDING YOUR BENEFITS :

- **Cancer** – Cancer means you have been diagnosed with a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells in any part of the body. This includes leukemia, Hodgkin's disease, lymphoma, sarcoma, malignant tumors and melanoma. Cancer includes carcinomas in-situ (in the natural or normal place, confined to the site of origin, without having invaded neighboring tissue). Pre-malignant conditions or conditions with malignant potential, such as myelodysplastic and myeloproliferative disorders, carcinoid, leukoplakia, hyperplasia, actinic keratosis, polycythemia, and nonmalignant melanoma, moles or similar diseases or lesions will not be considered cancer. Cancer must be diagnosed while insured under the Guardian cancer plan.
- **Experimental Treatment** – Benefits will be paid for experimental treatment prescribed by a doctor for the purpose of destroying or changing abnormal tissue. All treatment must be NCI listed as viable experimental treatment for Internal Cancer.

Manage Your Benefits:

Go to www.GuardianAnytime.com to access secure information about your Guardian benefits. Your on-line account will be set up within 30 days after your plan effective date.

Need Assistance?

Call the Guardian Helpline (888) 600-1600, weekdays, 8:00 AM to 8:30 PM, EST. Refer to your member ID (social security number) and your plan number: 00441291

Group Number: 00441291

Accident Benefit Summary

Accident insurance through Guardian provides you:

- A cash benefit for covered injuries, treatments and services, in addition to whatever your medical plan may cover
- Payments go directly to you, not the doctor
- Easy enrollment with no medical questions

About Your Benefits:

	ACCIDENT
COVERAGE - DETAILS	
Your Semi-monthly premium	\$9.14
You and Spouse	\$15.43
You and Child(ren)	\$15.91
You, Spouse and Child(ren)	\$22.20
Accident Coverage Type	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included
ACCIDENTAL DEATH AND DISMEMBERMENT	
Benefit Amount(s)	Employee \$25,000 Spouse \$12,500 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50
Child(ren) Age Limits	Children age birth to 26 years
FEATURES	
Accident Emergency Room Treatment	\$175
Accident Follow-Up Visit - Doctor	\$50 up to 6 treatments
Air Ambulance	\$1,000
Ambulance	\$150
Appliance - Wheelchair, leg or back brace, crutches, walker, walking boot that extends above the ankle or brace for the neck.	\$125
Blood/Plasma/Platelets	\$300
Burns (2nd Degree/3rd Degree)	9 sq inches to 18 sq inches: \$0/\$2,000 18 sq inches to 35 sq inches: \$1,000/\$4,000 Over 35 sq inches: \$3,000/\$12,000
Burn - Skin Graft	50% of burn benefit

FEATURES (Cont.)

Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child is participating in an organized sport that is governed by an organization and requires formal registration to participate.	20% increase to child benefits
Chiropractic Visits	\$25 per visit up to 6 visits
Coma	\$10,000
Concussions	\$75
Dislocations	Schedule up to \$4,400
Diagnostic Exam (Major)	\$150
Emergency Dental Work	\$300/Crown, \$75/Extraction
Epidural pain management	\$100, 2 times per accident
Eye Injury	\$300
Family Care	\$20/day up to 30 days
Fracture	Schedule up to \$5,500
Hospital Admission	\$1,000
Hospital Confinement	\$225/day - up to 1 year
Hospital ICU Admission	\$2,000
Hospital ICU Confinement	\$450/day - up to 15 days
Initial Physician's office/Urgent Care Facility Treatment	\$75
Joint Replacement (hip/knee/shoulder)	\$2,500/\$1,250/\$1,250
Knee Cartilage	\$500
Laceration	Schedule up to \$400
Lodging - The hospital must be more than 50 miles from the insured's residence.	\$125/day, up to 30 days for companion hotel stay
Occupational or Physical Therapy	\$25/day up to 10 days
Prosthetic Device/Artificial Limb	1: \$500 2 or more: \$1,000
Rehabilitation Unit Confinement	\$150/day up to 15 days
Ruptured Disc With Surgical Repair	\$500
Surgery	Schedule up to \$1,250 Hernia: \$150
Surgery - Exploratory or Arthroscopic	\$250
Tendon/Ligament/Rotator Cuff	1: \$500 2 or more: \$1,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$500, 3 times per accident
X - Ray	\$30

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Accident Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.