

SCOPE OF COVERAGE APPLICABLE TO ACCIDENT MEDICAL BENEFITS

Any benefit limits and benefit percentages apply, unless otherwise specified, on a per Covered Person - per Covered Loss basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

Full Excess Coverage is provided for loss due to a covered injury up to a maximum per injury benefit amount of \$25,000 (\$5,000 maximum per incident for Motor Vehicle injuries). Treatment of covered injuries must be **Scope of Coverage Applicable to Accident Medical Benefits** begin within 30 days of the accident date. Only eligible expenses incurred within 52 weeks from the date of the accident are covered. The maximum benefit amount per service/treatment is as shown below. Benefits will be paid only for such expense which is not recoverable from any other insurance plan, service contract or workers' compensation.

FULL EXCESS MEDICAL EXPENSE	
Other Health Care Plan Reduction	0%
Total Maximum for all Accident Medical Benefits	\$25,000
First Covered Expenses must be incurred within	90 Days after the Covered Accident
Benefit Period	52 Weeks from the Date of the Covered Accident
Deductible	\$0
Deductible applies to	Each Covered Accident
Deductible must be satisfied within	52 Weeks from the Date of the Covered Accident
Accidental Death and Dismemberment	\$10,000
Heart and Circulatory Benefit (This Benefit is not payable in addition to the Accidental Death Benefit.)	\$10,000
INPATIENT HOSPITAL SERVICES	
	Usual, Customary, & Reasonable Charges Allowable Expenses Mandatory Plan:
Daily Room & Board, Semi-Private Room while hospital confined	70% of U, C, & R Allowable Expenses/Semi-Private Room Rate
Intensive Care Room & Board	70% of U, C, & R Allowable Expenses
Hospital Miscellaneous during hospital confinement or when surgery is performed	70% of U, C, & R Allowable Expenses (up to a maximum of \$3,500)
Physician's Nonsurgical Visits	70% of U, C, & R Allowable Expenses
(Benefits are limited to one visit per day and do not apply when related to surgery.)	
EMERGENCY ROOM OUTPATIENT	
	Usual, Customary, & Reasonable Charges Allowable Expenses Mandatory Plan:
Hospital Outpatient Surgery – Facility Charge when hospital confinement is not required	70% of U, C, & R Allowable Expenses
Physician's Nonsurgical Visits/Walk-In Clinics	70% of U, C, & R Allowable Expenses
Ambulatory Medical Center and Outpatient Operating Room	70% of U, C, & R Allowable Expenses up to a maximum of \$2,500 (Limited to the primary procedure per surgery.)
Emergency Room Physician	70% of U, C, & R Allowable Expenses
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy.)	

**SCOPE OF COVERAGE APPLICABLE TO
 ACCIDENT MEDICAL BENEFITS** continued

DOCTORS SERVICES:	Usual, Customary, & Reasonable Charges Allowable Expenses Mandatory Plan:
Surgery including pre- and post operative care	70% of U, C, & R Allowable Expenses
Anesthetist (including administration) and Assistant Surgeon	70% of U, C, & R Allowable Expenses
Doctors visit other than for Physiotherapy or similar treatment when no surgery benefit is paid	70% of U, C, & R Allowable Expenses
Consultant and second opinions when required by attending physician for confirming or determining a diagnosis, but not for treatment	70% of U, C, & R Allowable Expenses
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)	
X-RAY, MRI, AND LABORATORY SERVICES	Usual, Customary, & Reasonable Charges Allowable Expenses Mandatory Plan:
X-Ray Services (Per X-Ray including fee for interpretation and/or reading of x-rays, Dental x-rays are payable under dental services benefits)	70% of U, C, & R Allowable Expenses
Laboratory Services	70% of U, C, & R Allowable Expenses
Cat Scan/MRI Services	70% of U, C, & R Allowable Expenses
Injections	70% of U, C, & R Allowable Expenses
ADDITIONAL SERVICES	Usual, Customary, & Reasonable Charges Allowable Expenses Mandatory Plan:
Physiotherapy	Up to \$60/first visit, \$40 per visit thereafter up to 25 visits per injury if surgery is required. If no surgery involved, 10 visit max
Prescription Drugs	70% of U, C, & R Allowable Expenses
Registered Nurse	70% of U, C, & R Allowable Expenses
Orthopedic Braces and Appliances	70% of U, C, & R Allowable Expenses (When prescribed by a physician for healing; in Hospital/Out of Hospital)
Durable Medical Equipment (Post Surgical Only)	70% of U, C, & R Allowable Expenses
Ambulance, Ground or Air	70% of U, C, & R Allowable Expenses
Replacement of Eyeglasses, Contact Lenses & Hearing Aids	70% of U, C, & R Allowable Expenses (When broken as a result of a covered injury)
Treatment of Heat Exhaustion/Heat Stroke	70% of U, C, & R Allowable Expenses
Post Injury Concussion Management Testing	Up to \$60 per test; not to exceed three tests
DENTAL SERVICES	Usual, Customary, & Reasonable Charges Allowable Expenses Mandatory Plan:
Treatment repair or replacement of each injured natural tooth	70% of U, C, & R Allowable Expenses up to \$500 maximum per tooth (Benefits are paid on sound natural teeth only)
Extended Dental Services (When a dentist certifies that treatment will continue beyond the expenses incurred period, an additional amount will be paid	70% of U, C, & R Up to a maximum of \$800 total