

Schedule of Benefits - Total Plan

Benefit Amount Per Covered Person

Accident Emergency Treatment	\$ 100.00	Appliances	\$ 80.00
Accident Hospital Income Benefit	200.00	Physical Therapy	40.00
Ambulance	90.00	Prosthesis	400.00
Family Lodging	60.00	Accident Follow-Up Treatment	50.00
Transportation	180.00	Initial Hospitalization for Injury	2000.00

Accident Specific Sum Injuries Benefit

Dislocations	Open Reduction	Closed Reduction
Hip	\$ 2,800.00	\$ 930.00
Knee or Shoulder	930.00	370.00
Collar Bone	1,490.00	280.00
Ankle or Foot (excl. toes)	930.00	280.00
Lower Jaw	930.00	465.00
Wrist or Elbow	745.00	370.00
Toe or Finger	185.00	90.00

Tendons / Ligaments	Benefit
One	\$ 465.00
Two or More	930.00

Burns	Benefit
2nd Degree, 25%-35% of body	\$ 370.00
2nd Degree, > 35% of body	930.00
3rd Degree, 6-10 square inches of body	745.00
3rd Degree, 10-25 square inches of body	1,865.00
3rd Degree, > 25 square inches	3,730.00

Ruptured Disc / Torn Knee Cartilage	Benefit
During 1st year of coverage	\$ 185.00
After 1st year of coverage	560.00

Fractures	Open Reduction	Closed Reduction
Hip	\$ 2,800.00	\$ 930.00
Leg	1,165.00	930.00
Hand/Foot/Wrist, etc.	930.00	465.00
Upper Jaw & Arm/Face	1,120.00	465.00
Rib(s)	1,865.00	185.00
Nose/Heel/Fingers	930.00	185.00
Coccyx	370.00	185.00
Toe(s)	370.00	185.00
Vertebral Processes	1,865.00	280.00
Vertebrae (body of)/Pelvis	465.00	N/A
Skull (depressed)	1,490.00	N/A
Skull (simple)	560.00	N/A

Lacerations	Benefit
Less than 2 inches	\$ 45.00
2-6 inches	185.00
> 6 inches total	370.00

Eye, Internal, and Blood/Plasma	Benefit
Eye Injury w/ Surgery	\$ 185.00
Internal Injuries	1,865.00
Blood/Plasma	90.00

Benefit Type

Accidental Death Benefit	Insured	Spouse	Child
Common Carrier	\$ 70,000.00	\$ 35,000.00	\$ 7,000.00
Motor Vehicle	50,000.00	25,000.00	5,000.00
Other Accidents	30,000.00	15,000.00	3,000.00

Benefit Amount (% of "Other Accidents")

Accidental Dismemberment Benefit	Insured	Spouse	Child
One or more fingers and/or one or more toes* (5%)	\$ 1,500.00	\$ 750.00	\$ 150.00
One eye, hand, foot, arm or leg* (20%)	6,000.00	3,000.00	600.00
Two eyes, hands or feet (50%)	15,000.00	7,500.00	1,500.00
Two arms or two legs (50%)	15,000.00	7,500.00	1,500.00
Both arms and both legs (100%)	30,000.00	15,000.00	3,000.00

* Definitions of loss, as follows: a finger or toe is considered lost when completely severed at the hand or foot; loss of a foot means complete severance at or above the ankle joint; loss of a hand is the entire loss of at least four fingers; loss of sight is defined as entire and irrevocable loss of vision.

TransAccident[®]

Off-the-Job Accident Insurance

Rates - Total Plan

Industry Classification A

Plan Participants	Weekly	Monthly
Individual	\$ 2.47	\$ 10.71
Single Parent	5.35	23.17
Two Adults	4.38	18.99
Family Coverage	7.26	31.45

Industry Classification B

Plan Participants	Weekly	Monthly
Individual	\$ 3.42	\$ 14.80
Single Parent	6.29	27.26
Two Adults	5.33	23.08
Family Coverage	8.20	35.54

Industry Classification C

Plan Participants	Weekly	Monthly
Individual	\$ 4.24	\$ 18.37
Single Parent	7.11	30.83
Two Adults	6.15	26.65
Family Coverage	9.03	39.11

Industry Classification D

Plan Participants	Weekly	Monthly
Individual	\$ 5.11	\$ 22.13
Single Parent	7.98	34.59
Two Adults	7.02	30.41
Family Coverage	9.89	42.87

Optional Riders	Coverage Amount	Weekly	Monthly
Wellness Benefit	\$ 100.00 Per Year	\$ 1.02	\$ 4.40

Off-the-Job Accident Disability Benefit*	Amount	Industry Class. A		Industry Class. B		Industry Class. C	
		Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
6 Month Coverage	\$ 500	\$ 0.74	\$ 3.20	\$ 1.04	\$ 4.50	\$ 1.34	\$ 5.80
12 Month Coverage	\$ 500	0.92	4.00	1.29	5.60	1.55	6.70
6 Month Coverage	\$1,000	1.48	6.40	2.08	9.00	2.68	11.60
12 Month Coverage	\$ 1,000	1.85	8.00	2.58	11.20	3.09	13.40

Sickness Disability Benefit*	\$500	Industry Class. A		Industry Class. B		Industry Class. C	
		Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
6 Month Coverage	Ages 18-49	\$ 2.54	\$ 11.00	\$ 2.54	\$ 11.00	\$ 2.68	\$ 11.60
6 Month Coverage	Ages 50-64	3.21	13.90	3.51	15.20	3.69	16.00
12 Month Coverage	Ages 18-49	2.84	12.30	3.02	13.10	3.18	13.80
12 Month Coverage	Ages 50-64	3.72	16.10	4.62	20.00	4.85	21.00

Sickness Disability Benefit*	\$1000	Industry Class. A		Industry Class. B		Industry Class. C	
		Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
6 Month Coverage	Ages 18-49	\$ 5.08	\$ 22.00	\$ 5.08	\$ 22.00	\$ 5.35	\$ 23.20
6 Month Coverage	Ages 50-64	6.42	27.80	7.02	30.40	7.38	32.00
12 Month Coverage	Ages 18-49	5.68	24.60	6.05	26.20	6.37	27.60
12 Month Coverage	Ages 50-64	7.43	32.20	9.23	40.00	9.69	42.00

*Industry Classification D is unacceptable for these benefits.