

## Schedule of Benefits - Select Plan

### Benefit Amount Per Covered Person

Accident Emergency Treatment	\$ 100.00	Appliances	\$ 50.00
Accident Hospital Income Benefit	125.00	Physical Therapy	25.00
Ambulance	45.00	Prosthesis	250.00
Family Lodging	30.00	Accident Follow-Up Treatment	25.00
Transportation	90.00	Initial Hospitalization for Injury	1000.00

### Accident Specific Sum Injuries Benefit

Dislocations	Open Reduction	Closed Reduction
Hip	\$ 2,400.00	\$ 800.00
Knee or Shoulder	800.00	320.00
Collar Bone	1,280.00	240.00
Ankle or Foot (excl. toes)	800.00	240.00
Lower Jaw	800.00	400.00
Wrist or Elbow	640.00	320.00
Toe or Finger	160.00	80.00

Tendons / Ligaments	Benefit
One	\$ 400.00
Two or More	800.00

Burns	Benefit
2nd Degree, 25%-35% of body	\$ 320.00
2nd Degree, > 35% of body	800.00
3rd Degree, 6-10 square inches of body	640.00
3rd Degree, 10-25 square inches of body	1,600.00
3rd Degree, > 25 square inches	3,200.00

Ruptured Disc / Torn Knee Cartilage	Benefit
During 1st year of coverage	\$ 160.00
After 1st year of coverage	480.00

Fractures	Open Reduction	Closed Reduction
Hip	\$ 2,400.00	\$ 800.00
Leg	1,000.00	800.00
Hand/Foot/Wrist, etc.	800.00	400.00
Upper Jaw & Arm/Face	960.00	400.00
Rib(s)	1,600.00	160.00
Nose/Heel/Fingers	800.00	160.00
Coccyx	320.00	160.00
Toe(s)	320.00	160.00
Vertebral Processes	1,600.00	240.00
Vertebrae (body of)/Pelvis	400.00	N/A
Skull (depressed)	1,280.00	N/A
Skull (simple)	480.00	N/A

Lacerations	Benefit
Less than 2 inches	\$ 40.00
2-6 inches	160.00
> 6 inches total	320.00

Eye, Internal, and Blood/Plasma	Benefit
Eye Injury w/ Surgery	\$ 160.00
Internal Injuries	1,600.00
Blood/Plasma	80.00

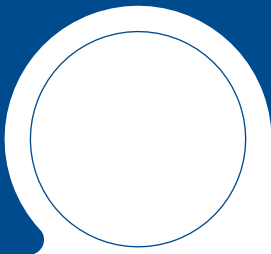
### Benefit Type

Accidental Death Benefit	Insured	Spouse	Child
Common Carrier	\$ 35,000.00	\$ 17,500.00	\$ 3,500.00
Motor Vehicle	25,000.00	12,500.00	2,500.00
Other Accidents	15,000.00	7,500.00	1,500.00

### Benefit Amount (% of "Other Accidents")

Accidental Dismemberment Benefit	Insured	Spouse	Child
One or more fingers and/or one or more toes* (5%)	\$ 750.00	\$ 375.00	\$ 75.00
One eye, hand, foot, arm or leg* (20%)	3,000.00	1,500.00	300.00
Two eyes, hands or feet (50%)	7,500.00	3,750.00	750.00
Two arms or two legs (50%)	7,500.00	3,750.00	750.00
Both arms and both legs (100%)	15,000.00	7,500.00	1,500.00

\* 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.



# Rates - Select Plan

### Industry Classification A

Plan Participants	Weekly	Monthly
Individual	\$ 1.45	\$ 6.27
Single Parent	3.22	13.96
Two Adults	2.60	11.25
Family Coverage	4.37	18.94

### Industry Classification B

Plan Participants	Weekly	Monthly
Individual	\$ 2.02	\$ 8.76
Single Parent	3.80	16.45
Two Adults	3.17	13.74
Family Coverage	4.95	21.43

### Industry Classification C

Plan Participants	Weekly	Monthly
Individual	\$ 2.52	\$ 10.94
Single Parent	4.30	18.63
Two Adults	3.67	15.92
Family Coverage	5.45	23.61

### Industry Classification D

Plan Participants	Weekly	Monthly
Individual	\$ 3.06	\$ 13.24
Single Parent	4.83	20.93
Two Adults	4.21	18.22
Family Coverage	5.98	25.91

Optional Riders	Coverage Amount	Weekly	Monthly
Wellness Benefit	\$ 50.00 Per Year	\$ 0.51	\$ 2.20

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.