



MY HR PROS Pro Benefits

ACCIDENT

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| COVERAGE - DETAILS | Option 1: Value | Option 2: Advantage |
|---|--|--|
| Accident Coverage Type | On and Off Job | On and Off Job |
| Portability - Allows you to take your Accident coverage with you if you terminate employment. | Included | Included |
| ACCIDENTAL DEATH AND DISMEMBERMENT | | |
| Benefit Amount(s) | Employee \$10,000 Spouse \$5,000 Child \$5,000 | Employee \$25,000 Spouse \$12,500 Child \$5,000 |
| Catastrophic Loss | Catastrophic Loss Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D | 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 | 200% of AD&D benefit |
| Common Disaster | 200% of Spouse AD&D benefit | 200% of Spouse AD&D benefit |
| Dismemberment - Hand, Foot, Sight | Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit | 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 | 25% of AD&D benefit |
| Seatbelts and Airbags | Seatbelts: \$10,000 & Airbags: \$15,000 | Seatbelts: \$10,000 & Airbags: \$15,000 |
| Reasonable Accommodation to Home or Vehicle | \$2,500 | \$2,500 |
| WELLNESS BENEFIT - Per Year Limit | | |
| Child(ren) Age Limits | Children age birth to 26 years | Children age birth to 26 years |
| FEATURES | | |
| Air Ambulance | \$750 | \$1,000 |
| Ambulance | \$150 | \$200 |
| Blood/Plasma/Platelets | \$300 | \$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 | 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 |
| Burns - Skin Graft | 50% of burn benefit | 50% of burn benefit |
| Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate. | 25% increase to child benefits | 25% increase to child benefits |
| Chiropractic Visits | \$25/visit, up to 6 visits | \$50/visit, up to 6 visits |
| Coma | \$7,500 | \$10,000 |



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| FEATURES (Cont.) | Option 1: Value | Option 2: Advantage |
|--|--|--|
| Concussion Baseline Study | \$25 | \$25 |
| Concussions | \$100 | \$200 |
| Diagnostic Exam (Major) | \$100 | \$200 |
| Dislocations | Schedule up to \$3,000 | Schedule up to \$5,000 |
| Doctor Follow-Up Visits | \$25, up to 6 treatments | \$50, up to 6 treatments |
| Emergency Dental Work | \$200/Crown, \$50/Extraction | \$300/Crown, \$75/Extraction |
| Emergency Room Treatment | \$150 | \$200 |
| Epidural Anesthesia Pain Management | \$100, 2 times per accident | \$100, 2 times per accident |
| Eye Injury \$200 \$300 | \$200 | \$300 |
| Family Care—Benefit is payable for each child attending a Child Care center while the insured is confined to a hospital, ICU or Alternate Care or Rehabilitative facility due to injuries sustained in a covered accident. | \$20/day, up to 30 days | \$20/day, up to 30 days |
| Fractures | Schedule up to \$4,000 | Schedule up to \$6,000 |
| Gun Shot Wound | \$500 | \$750 |
| Hospital Admission | \$750 | \$1,000 |
| Hospital Confinement | \$150/day - up to 1 year | \$250/day - up to 1 year |
| Hospital ICU Admission | \$1,500 | \$2,000 |
| Hospital ICU Confinement | \$300/day - up to 15 days | \$500/day - up to 15 days |
| Initial Dr. Office/Urgent Care Facility Treatment | \$75 | \$100 |
| Joint Replacement (Hip/Knee/Shoulder) | \$1,500/\$750/\$750 | \$2,500/\$1,250/\$1,250 |
| Knee Cartilage | \$250 | \$500 |
| Laceration | Schedule up to \$300 | Schedule up to \$400 |
| Lodging - The hospital stay must be more than 50 miles from the insured's residence. | \$100/day, up to 30 days for companion hotel stay | \$125/day, up to 30 days for companion hotel stay |
| Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck. | Schedule up to \$400 | Schedule up to \$500 |
| Outpatient Therapies | \$25/day, up to 10 days | \$35/day, up to 10 days |
| Post-Traumatic Stress Disorder | \$300 | \$400 |
| Prosthetic Device/Artificial Limb | 1: \$250 2 or more: \$500 | 1: \$500 2 or more: \$1,000 |
| Rehabilitation Unit Confinement | \$50/day, up to 15 days | \$100/day, up to 15 days |
| Ruptured Disc With Surgical Repair | \$250 | \$500 |
| Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max | Schedule up to \$1,000 Hernia: \$200 | Schedule up to \$1,250 Hernia: \$250 |
| Surgery (Exploratory or Arthroscopic) | \$300 | \$400 |
| Tendon/Ligament/Rotator Cuff | 1: \$250 2 or more: \$500 | 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. | \$0.50 per mile, limited to \$400/round trip, up to 3 times per accident | \$0.50 per mile, limited to \$500/round trip, up to 3 times per accident |



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| Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms. | \$3,000 | \$4,000 |
| X - Ray | \$30 | \$40 |

| Accident High Plan | Per Month |
|--------------------|-----------|
| Employee Only | 12.53 |
| Employee Spouse | 19.81 |
| Employee Child | 20.73 |
| Family | 28.01 |

| Accident Low Plan | Per Month |
|-------------------|-----------|
| Employee Only | 8.93 |
| Employee Spouse | 14.31 |
| Employee Child | 15.29 |
| Family | 20.67 |