

## 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 (\$3,500 maximum per incident for Motor Vehicle injuries). Treatment of covered injuries must be **Scope of Coverage Applicable to Accident Medical Benefits** begin within 90 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.

<b>Full Excess Medical Expense</b>	
Other Health Care Plan Reduction	0%
Total Maximum for all Accident Medical Benefits	Class 1 - \$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	Class 1 - \$0
Deductible applies to	each Covered Accident
Deductible must be satisfied within	52 weeks from the date of the Covered Accident
<b>Covered Expenses</b>	<b>Benefit Percentage and Other Limits</b>
<b>Determination of the amount of each Covered Expense, and where applicable, each Usual and Customary Charge, will be made solely by the Company.</b>	
<b>Inpatient Hospital Services</b>	<b>Benefit Percentage and Other Limits</b>
Room and Board Expenses	80% of Usual and Customary Charges
Intensive Care Unit	80% of Usual and Customary Charges
Private/Semi-Private Room	80% of Usual and Customary Charges
Personal Services and Supplies	80% of Usual and Customary Charges
Inpatient X-ray, CT scan, MRI, Laboratory Tests	80% of Usual and Customary Charges
<b>Miscellaneous Expenses</b>	<b>Benefit Percentage and Other Limits</b>
In-Hospital Physiotherapy	80% of Usual and Customary Charges
Nurse Services	80% of Usual and Customary Charges
Orthopedic Appliances	80% of Usual and Customary Charges
Pre-Admission Tests	80% of Usual and Customary Charges
<b>Ambulatory Medical Center</b>	80% of Usual and Customary Charges
<b>Emergency Room Treatment</b>	80% of Usual and Customary Charges limited to treatment within 72 hours of a Covered Injury
<b>Physician Services</b>	<b>Benefit Percentage and Other Limits</b>
Surgery	80% of Usual and Customary Charges
Assistant Surgeon	80% of Usual and Customary Charges
Physician Assistant	80% of Usual and Customary Charges
Use of Physician's Surgical Facilities	80% of Usual and Customary Charges
Second Opinion or Consultation	80% of Usual and Customary Charges
Anesthesia and its Administration	80% of Usual and Customary Charges
In-Hospital Visits	80% of Usual and Customary Charges limited to one visit per day
Office Visits	80% of Usual and Customary Charges limited to one visit per day
<b>Outpatient X-ray, CT Scan, MRI and Laboratory Tests</b>	80% of Usual and Customary Charges
<b>Outpatient Physiotherapy</b> (Includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment)	80% of Usual and Customary Charges up to Maximum \$60 first visit and Maximum of \$40 visit thereafter. Limited to either 10 visits if nonsurgical, or 25 visits following surgery
<b>Outpatient Nursing Services</b>	80% of Usual and Customary Charges
<b>Ambulance Services (Air and Ground)</b>	80% of Usual and Customary Charges
<b>Medical Equipment Rental</b> (Includes Orthopedic devices)	80% of Usual and Customary Charges
<b>Medical Services and Supplies</b>	80% of Usual and Customary Charges
<b>Dental Services</b>	80% of Usual and Customary Charges up to \$500 per tooth
<b>Prescription Drugs</b>	80% of Usual and Customary Charges
<b>Replacement of Eyeglasses, Contact Lenses &amp; Hearing Aids</b>	80% of Usual and Customary Charges (When broken as a result of a covered injury)
<b>Post Injury Concussion Management Testing</b>	Up to \$60 per test; not to exceed three tests
<b>Treatment of Heat Exhaustion / Heat Stroke</b>	80% of Usual and Customary Charges