

Group Accident Insurance Plan Provisions – [Policy Form: AMGACCP-19] Schedule of Benefits – West Coast – Off the Job Coverage Group Accident Insurance

Weekly Rates: Insured - \$3.66; Insured/Spouse - \$5.85; Insured/Child(ren) - \$7.77; Family - \$11.73

Benefit	Amount	Benefit	Amount
Primary Insured			
Non-Common Carrier Accident 90 days to report	\$100,000	Hospital ICU Confinement Per Day Within 90 days	\$200
Common Carrier Accident 90 days to report	\$100,000	(Maximum 10 days per covered accident)	
Catastrophic Accident* 90 days to report	\$100,000	Initial Office Visit Within 90 days	\$75
Loss of one hand, or one foot, or one arm, or one leg, or sight of one eye	\$10,000	Knee Cartilage (Torn) Within 90 days	
Loss of One Finger or One Toe	\$2,000	With Surgical Repair	\$500
Spouse		Exploratory Surgery or Debridement	\$150
Non-Common Carrier Accident 90 days to report	\$25,000	Laceration Within 90 days	
Common Carrier Accident 90 days to report	\$25,000	Without stitches, staples, or glue	\$25
Catastrophic Accident* 90 days to report	\$25,000	3 Inches or Less	\$50
Loss of one hand, or one foot, or one arm, or one leg, or sight of one eye	\$5,000	Between 3 and 5 (including 5) Inches	\$200
Loss of One Finger or One Toe	\$1,000	Over 5 Inches	\$400
Children		Lodging Per Day (Maximum of 30 days covered)	\$100
Non-Common Carrier Accident 90 days to report	\$5,000	Major Diagnostic Exam Within 90 days	\$150
Common Carrier Accident 90 days to report	\$10,000	Medical Appliances Within 90 days	\$50
Catastrophic Accident 90 days to report	\$10,000	Organized Athletic Activity Benefit	
Loss of one hand, or one foot, or one arm, or one leg, or sight of one eye	\$5,000	Percent of Covered Accident Benefit	100%
Loss of One Finger or One Toe	\$1,000	Outpatient Physician's Treatment Benefit Within 90 days (Maximum of 3 visits)	\$50
*Benefit for Catastrophic Accident decreases by 50% at ag	je 70		
Accident Follow-Up Within 90 days; 3 follow-up covered	\$75	Paralysis Benefit Within 90 days	
Air Ambulance within 72 hours	\$500	Hemiplegia	\$4,000
Ambulance Within 90 days	\$150	Paraplegia	\$5,000
Blood, Plasma, Platelets Within 90 days	\$100	Quadriplegia	\$10,000
Burns within 72 hours	7.55	Physical Therapy Per Day Within 90 days	\$25
2nd degree for 36% or more of body surface	\$500	Maximum number of visits covered	10
3rd degree 9-34 sq. in. of body surface	\$1,000	Prosthetic Device/Artificial Limb Within 90 days	
3 rd degree 35in+ of body surface	\$5,000	One prosthetic device or artificial limb	\$500
Coma Within 90 days	\$5,000	More than one device or artificial limb	\$750
(Minimum comatose period is 7 days).		Rehabilitation Unit Per Day Within 90 days	\$100
Concussion Within 72 hours	\$50	Maximum number of days covered	30
Dislocation (based on joint involved) Within 90 days		Ruptured Disc with Surgical Repair Within 90 days	\$500
Open Reduction	\$100 to \$5,000	Skin Graft	50% Burn Benef
Closed Reduction	\$50 to \$2,500	Surgery Within 90 days	
Emergency Dental Work Within 90 days		Cranial	\$100
Broken teeth repaired with crown(s)	\$150	Hernia with Surgical Repair	\$1,000
Broken teeth resulting in extraction(s)	\$50	Abdominal/Thoracic with Surgical Repair	\$1,000
Emergency Room Observation Treatment within 72 hours	\$500	Abdominal/Thoracic Exploratory Surgery	\$150
Emergency Room Treatment within 72 hours	\$250	Miscellaneous Surgery with General Anesthesia	\$250
Eye Injury Within 90 days		Miscellaneous Surgery with Conscious Sedation	\$100
Surgical Repair \$300		Tendon / Ligament / Rotator Cuff Within 90 days	
Removal of Foreign Object	\$50	Surgical repair	\$500
Fracture (based on bone involved) Within 90 days		Exploratory Surgery	\$150
Open Reduction	\$200 to \$5,000	Transportation Within 90 days	\$350
Closed Reduction	\$100 to \$4,000	Maximum number of days payable	3
Gun Shot Wound within 72 hours	\$1,000	Wellness Benefit	\$50
Hospital Admission Within 90 days	\$4,000	Maximum number of day payable	1
Hospital Confinement Per Day Within 90 days	\$750	X-Ray Within 90 days	\$75
(maximum of 30 days covered)			
	\$1,500		