

## Benefits

	Plan 1	Plan 2	Plan 3	Plan 4
Ambulance (Ground/Air)	\$200/\$1,000	\$250/\$1,250	\$300/\$1,500	\$400 Ground, \$2,000 Air
Blood, Plasma and Platelets	\$200	\$300	\$400	\$500
Burns (2nd Degree/3rd Degree)	To \$800/To \$6,400	To \$800/To \$6,400	To \$1,200/To \$9,600	To \$1,600/To \$12,800
Skin Graft	25% of burns benefit	25% of burns benefit	25% of burns benefit	25% of burns benefit
Chiropractic Services (per visit)	\$25/6 sessions max	\$50/6 sessions max	\$50/6 sessions max	\$100/6 sessions max
Coma	\$2,500	\$2,500	\$2,500	\$10,000
Concussion	\$100	\$100	\$200	\$250
Dental Injury (Crown/Extraction)	\$300/\$100	\$450/\$150	\$600/\$200	\$600/\$200
Diagnostic Exams (per CT/MRI)	\$100	\$100	\$200	\$250
Dislocation				
Non-Surgical	To \$1,600	To \$2,400	To \$3,200	To \$4,000
Surgical	To \$3,200	To \$4,800	To \$6,400	To \$8,000
Partial	25% of full dislocation	25% of full dislocation	25% of full dislocation	25% of full dislocation
Multiple	100% of highest benefit	100% of highest benefit	100% of highest benefit	100% of highest benefit
Emergency Treatment	\$75	\$150	\$225	\$300
Epidural Anesthesia Injection (per injection)	\$100/2 max	\$100/2 max	\$150/2 max	\$200/2 max
Eye Injury				
Removal of Foreign Object	\$100	\$200	\$200	\$250
Surgical Repair	\$200	\$400	\$400	\$500
Fractures				
Non-Surgical	To \$1,250	To \$2,500	To \$2,500	To \$3,750
Surgical Repair	To \$2,500	To \$5,000	To \$5,000	To \$7,500
Chip Fracture	25% of non-surg. benefit	25% of non-surg. benefit	25% of non-surg. benefit	25% of non-surg. benefit
Multiple Fractures	100% of highest sustained	100% of highest sustained	100% of highest sustained	100% of highest sustained
Initial Hospital Admission	\$1,000	\$1,250	\$1,500	\$2,000
Initial Intensive Care Unit (ICU) Hospital Admission	\$1,000	\$1,250	\$1,500	\$2,000
Hospital Confinement (per day)	\$200, 365 days max	\$300/365 days max	\$400/365 days max	\$500/365 days max
Intensive Care Unit (ICU) Confinement (per day)	\$400, 30 days max	\$500/30 days max	\$600/30 days max	\$600/30 days max
Lacerations	To \$400	To \$800	To \$800	To \$1,200
Lodging (if more than 100 miles from residence)	\$100 per day/30 days max	\$150 per day/30 days max	\$200 per day/30 days max	\$250 per day/30 days max
Medical Appliances	\$100	\$150	\$200	\$250
Organized Youth Sports Benefit	20% of the benefit amount	20% of the benefit amount	20% of the benefit amount	20% of the benefit amount
Paralysis				
Quadriplegia;	\$10,000	\$10,000	\$15,000	\$20,000
Paraplegia/Hemiplegia	\$5,000	\$5,000	\$7,500	\$10,000
Physical Therapy (per session 6 sessions max)	\$50	\$50	\$75	\$125
Physician Visit	\$50 Initial, \$50 Follow-up	\$50 Initial, \$50 Follow-up	\$100 Initial, \$100 Follow-up	\$125 Initial, \$125 Follow-up
Prosthesis	\$500/one; \$1,000/two or more	\$500/one; \$1,000/two or more	\$750/one; \$1,500/two or more	\$1,000/one, \$2,000/two or more
Rehabilitation Facility Confinement (per day, 30 max)	\$50	\$100	\$150	\$200
Surgery				
Exploratory	\$100	\$150	\$150	\$200
Knee Cartilage	\$300	\$450	\$450	\$600
Abdominal or Thoracic	\$1,000	\$1,500	\$1,500	\$2,000
Ruptured Disc	\$500	\$750	\$750	\$1,000
Tendon, Ligament, or Rotator Cuff	To \$600	To \$900	\$900	\$1,200
Transportation (more than 100 miles from residence)	\$300	\$450	\$600	\$600
X-Rays	\$50	\$50	\$75	\$100