

OCCUPATIONAL ACCIDENT BENEFITS - PLAN COMPARISON

	BRONZE	SILVER	GOLD
ACCIDENTAL DEATH BENEFIT			
Principal Sum	\$125,000	\$150,000	\$250,000
SURVIVOR'S BENEFIT			
Principal Sum	\$125,000	\$150,000	\$250,000
Monthly Benefit Percentage	1%	1%	1%
Monthly Benefit Amount	\$1,000	\$1,250	\$2,000
Lump Sum Amount if Elected	\$100,000	\$125,000	\$200,000
ACCIDENTAL DISMEMBERMENT BENEFIT			
Principal Sum	\$125,000	\$150,000	\$250,000
PARALYSIS BENEFIT			
Principal Sum	\$125,000	\$150,000	\$250,000
TEMPORARY TOTAL DISABILITY BENEFIT			
Disability Commencement Period	90 Days	90 Days	90 Days
Waiting Period	7 Days	7 Days	7 Days
Benefit Percentage	70% of AWE*	70% of AWE*	70% of AWE*
Maximum Weekly Benefit Amount	\$450	\$600	\$700
Maximum Benefit Period	104 Weeks	104 Weeks	104 Weeks
CONTINUOUS TOTAL DISABILITY BENEFIT			
Waiting Period	7 Days	7 Days	7 Days
Maximum Benefit Period for Temporary Total Disability Percentage	70% of AWE*	70% of AWE*	70% of AWE*
Maximum Weekly Benefit Amount	\$450	\$600	\$700
Maximum Benefit Period	To Age 70	To Age 70	To Age 70
ACCIDENT MEDICAL EXPENSE BENEFIT			
Medical Commencement Period	90 Days	90 Days	90 Days
Deductible Amount	\$0	\$0	\$0
Maximum Benefit Period	104 Weeks	104 Weeks	104 Weeks
Dental Maximum	\$1,000 per Accident	\$1,000 per Accident	\$1,000 per Accident
Maximum Benefit Amount per Accident	\$300,000	\$500,000	\$1,000,000
Lifetime Maximum Benefit	\$300,000	\$500,000	\$1,000,000

*AWE — Average Weekly Compensation

PASSENGER ACCIDENT BENEFITS - PLAN COMPARISON

	BRONZE	SILVER	GOLD
ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT			
Principal Sum & Maximum Any One Loss	\$100,000	\$200,000	\$300,000
Installment Option: Monthly Benefit Percentage	1%	1%	1%
Monthly Benefit Amount	\$750	\$1,750	\$2,500
Initial Accidental Death Benefit	\$25,000	\$25,000	\$50,000
Remainig Balance Payable at 1% Monthly	\$75,000	\$175,000	\$250,000
ACCIDENT MEDICAL EXPENSE BENEFIT			
Medical Commencement Period	90 Days	90 Days	90 Days
Maximum Benefit Period	52 Weeks	52 Weeks	52 Weeks
Accident Dental Maximum	\$1,000 per Accident	\$1,000 per Accident	\$1,000 per Accident
Maximum Benefit Amount per Accident	\$100,000	\$200,000	\$300,000
Lifetime Maximum Benefit	\$100,000	\$200,000	\$300,000

Passenger Definition: Guest passengers over 10 years of age who are on file with the Participating Motor Carrier and noted on the monthly driver census. Guest Passengers do not include hitchhikers, co-drivers, or employees of the Participating Motor Carrier who are receiving settlements or compensation of any kind for the Covered Activity.

PASSENGER ACCIDENT INJURY: To report an Injury: Phone 888.799.6642; Fax 888.799.5628. **Must be reported immediately or within 72 hours.**

Important: Requires Membership of SILO Association and additional membership to SILO Purchasing Group. Each Membership \$5 Monthly or \$50 Annual.