

COVERED CHARGES

Policy Maximum \$25,000.00 for any one covered accident or sickness for expense incurred within 52 weeks of the accident or the date of first treatment of sickness. Treatment must begin within 30 days of the date of the accident. The Company will pay for reasonable and customary expense incurred.

Benefits are payable up to the dollar amounts specified below.

	ACCIDENT AND SICKNESS OPTION	LOW OPTION	HIGH OPTION
Hospital Expense	Room & Board Per Day	\$150	\$300
	Miscellaneous Expense for expense incurred while hospital confined or for outpatient/day surgery	\$1,000	\$2,000
	Emergency Room	Up to Policy Maximum	
Surgery (Includes suturing, cutting and reduction of fractures)	Doctor's Fees, per unit, determined by Surgical Schedule	\$80	\$160
	Anesthetist, percent of Surgical Expense	20%	20%
	Assistant Surgeon, percent of Surgical Expense	25%	25%
Doctor Visits Non-surgical	Per visit	\$25	\$50
	Physical Therapy/Physiotherapy, Per Visit Maximum per Injury	\$25 \$75	\$50 \$150
Outpatient Imaging Procedures		Up to Policy Maximum	
Ambulance Expense		\$100	\$200
Dental Expense	For injury to sound, natural teeth, per tooth. These benefits are available ONLY for accidental bodily injury	\$200	\$400

Ohio mandates coverage for the following benefits: Emergency Services expense; Treatment of alcoholism on an inpatient, intermediate and outpatient basis; cytologic screening; and mammograms; serious mental disorders; routine patient care costs for cancer clinical trials. Please see policy on file with the policyholder for complete details.

	ACCIDENT ONLY OPTIONS	LOW OPTION	HIGH OPTION
Hospital Expense	Room & Board, per day	\$150	\$300
	Miscellaneous Expense for expense incurred while hospital confined or for outpatient/day surgery	\$1,000	\$2,000
	Emergency Care	\$150	\$300
Surgery (includes suturing, cutting and reduction of fractures)	Doctor's Fees, per unit, determined by Surgical Schedule	\$80	\$160
	Fractures not requiring reduction will be paid at	50% of the Surgical Schedule	50% of the Surgical Schedule
	Anesthesia, percent of surgical expense	20%	20%
Doctor Visits Non-surgical	Per visit	\$25	\$50
	Physical Therapy/Physiotherapy, per visit Maximum number of visits per injury	\$25 3 visits	\$50 3 visits
Outpatient Imaging Procedures	Including x-rays & interpretation	\$100	\$200
	Imaging procedures, other than x-rays	\$125	\$250
Ambulance Expense		\$100	\$200
Dental Expense These benefits are available ONLY for accidental bodily injury	For injury to sound, natural teeth, per tooth	\$200	\$400
	Deferred Dental Expense The need for future dental treatment must be certified by a dentist within 52 weeks of the accident. The company will pay the difference between the amount already paid and the estimated future cost.	\$100	\$200
Covered Motor Vehicle Injury Expense	Injuries sustained in a motor vehicle accident are limited to, per injury	\$750	\$750

OTHER BENEFITS	Accident Only Options and Accident and Sickness Option	
Accidental Death and Dismemberment	If injury causes DEATH or DISMEMBERMENT within 100 days of the accident, the plan pays as follows:	
	Loss of Life	\$2,000
	Loss of One Hand or One Foot	\$1,000
	Loss of the Entire Sight of One Eye	\$1,000
	Loss of Both Hands or Feet.....	\$10,000