

	Boston Mutual	Transamerica
<b>Plan Description</b>		
Accident Coverage Type	24 Hour (On and Off-Job)	24 Hour (On and Off-Job)
Family Coverage Options	Employee, Spouse, Child	Employee, Spouse, Child
Portability	Included	Included
Issue ages	0-70	0-70
Participation Base	Guaranteed Issue	Guaranteed Issue
<b>Schedule of Benefits</b>		
<b>Emergency and Hospitalization Benefits</b>		
Ambulance	\$100	\$210
Air Ambulance	\$500	\$1,050
Appliance	\$100	\$160
Blood/Plasma/Platelets	\$300	\$320
Initial Treatment-Dr Office/Urgent Care	\$100	\$150
Emergency Room Treatment	\$300	\$150
Initial Hospital Admission	\$1,000	\$1,050
Initial ICU Admission	\$2,000	\$1,050
Confinement	\$250/day (365 days)	\$250/day (365 days)
ICU Confinement	\$500/day (30 days)	\$750/day (15 days)
Major Diagnostic (Medical Imaging Test )	\$150	\$240
<b>Treatment and other services</b>		
Follow-up Visit (Physician/Urgent Care Facility or Hospital)	\$100 (1 visit)	\$50 (3 visits)
Rehabilitation Unit Confinement	\$150/day (30 days)	N/A
Therapy Services	\$25 (6 visits)	\$50 (10 visits)
Family Lodging	\$100/day (30 days)	\$120/day (30 days)
Non-Local Transportation	\$300	\$480
<b>Covered injuries and Surgical Procedures</b>		
Burns	up to \$10,000	up to \$9,600
Skin Graft	25% of burn benefit	50% of burn benefit
Concussion	\$100	\$160
Emergency Dental	up to \$150	up to \$240
Eye Injury	\$200	up to \$320
Dislocated Joint	up to \$8,000	up to \$4,800
Fractured Bone	up to \$10,000	up to \$6,000
Knee Cartilage	up to \$750	up to \$800
Prosthetic device / Artificial Limb	up to \$1,000	up to \$1,200
Lacerations	up to \$400	up to \$480
Ruptured Disc	\$400	up to \$800
Surgery	up to \$1,000	up to \$1,200
Paralysis	N/A	up to \$12,000 if 30+ days
Coma	N/A	\$12,000 if 14+ days
Tendon, Ligament and Rotator Cuff	up to \$900	up to \$800

<b>Accidental death and other covered losses</b>		
Accidental Death (Employee / Spouse / Child)	<b>\$50,000/\$50,000/\$10,000</b>	\$5,000 - \$15,000
Common Carrier Accidental Death (Employee / Spouse / Child)	<b>\$100,000/\$100,000/\$20,000</b>	\$15,000/\$15,000/\$15,000
Dismemberment (Employee / Spouse / Child)	<b>up to \$100,000/\$100,000/\$50,000</b>	\$250 - \$5,000
Loss of Sight, Hearing or Speech (Employee / Spouse / Child)	<b>up to \$100,000/\$100,000/\$50,000</b>	\$250 - \$5,000
Transportation of remains	N/A	<b>\$200</b>
Surviving Child Education	N/A	<b>\$400</b>
Licensed Day Care	N/A	<b>\$150</b>
Career Enrichment	N/A	<b>\$400</b>
<b>Weekly Rates</b>	<b>Boston Mutual</b>	<b>Transamerica</b>
Employee	\$4.66	\$3.30
Employee+Spouse	\$7.58	\$5.14
Employee+Child	\$9.47	\$4.50
Employee+Family	\$12.36	\$6.45