

**PCA Local 2-0248 WI**
**Group Accident Insurance Plan Provisions – [Policy Form: AMGACCP-19]**
**Schedule of Benefits – Wisconsin Group Accident Insurance - Provides 24-hour coverage**

Benefit	Amount	Benefit	Amount
<b>Primary Insured</b>			
<b>Non-Common Carrier Accident</b> <i>90 days to report</i>	\$40,000	<b>Hospital ICU Confinement Per Day</b>	\$400
<b>Common Carrier Accident</b>	\$100,000	<i>(Maximum 30 days per covered accident) Within 30 days</i>	
<b>Catastrophic Accident</b>	\$40,000	<b>Initial Office Visit</b> <i>Within 90 days</i>	\$50
Loss of one hand, one foot, one arm, one leg, sight of one eye	\$20,000	<b>Knee Cartilage (Torn)</b> <i>Within 180 days</i>	
Loss of one finger or one toe	\$4,000	With Surgical Repair	\$500
<b>Spouse</b>		Exploratory Surgery or Debridement	\$150
<b>Non-Common Carrier Accident</b>	\$25,000	<b>Laceration</b> <i>Within 30 days</i>	
<b>Common Carrier Accident</b>	\$100,000	3 inches or less	\$50
<b>Catastrophic Accident</b>	\$20,000	Between 3 and 5 (including 5) inches	\$200
Loss of one hand, one foot, one arm, one leg, sight of one eye	\$10,000	Over 5 inches	\$400
Loss of one finger or one toe	\$2,000		
<b>Children</b>			
<b>Non-Common Carrier Accident</b>	\$10,000	<b>Lodging Per Day</b> <i>(Maximum of 30 days covered)</i>	\$150
<b>Common Carrier Accident</b>	\$20,000	<b>Major Diagnostic Exam</b> <i>Within 180 days</i>	\$300
<b>Catastrophic Accident</b>	\$10,000	<b>Medical Appliances</b> <i>Within 90 days</i>	\$200
Loss of one hand, one foot, one arm, one leg, sight of one eye	\$5,000		
Loss of one finger or one toe	\$1,000	<b>Outpatient Physician's Treatment</b> <i>Within 90 days; max 2 visits</i>	\$100
<b>*Benefit for Catastrophic Accident decreases by 50% at age 70.</b>		<b>Pain Management/Epidural</b> <i>Within 90 days</i>	\$75
		<b>Paralysis Benefit</b> <i>Within 30 days</i>	
<b>Accident Follow-Up</b> <i>2 follow-up covered; within 180 days</i>	\$50	Paraplegia	\$7,500
<b>Air Ambulance</b> <i>within 72 hours</i>	\$600	Quadriplegia	\$15,000
<b>Ambulance</b> <i>Within 90 days</i>	\$300		
<b>Blood, Plasma, Platelets</b> <i>Within 30 days</i>	\$400	<b>Physical Therapy Per Day</b> <i>Within 90 days</i>	\$50
<b>Burns</b> <i>within 72 hours</i>		<i>(Maximum of 5 visits covered)</i>	
2nd degree for 36% or more of body surface	\$500	<b>Prosthetic Device/Artificial Limb</b> <i>Within 180 days</i>	
3rd degree 9-35 sq. in. of body surface	\$1,000	One prosthetic device or artificial limb	\$500
3 <sup>rd</sup> degree more than 35 in of body surface	\$10,000	More than one device or artificial limb	\$1,000
<b>Coma</b> <i>Within 30 days</i>	\$10,000	<b>Rehabilitation Unit Per Day</b> <i>Within 90 days</i>	\$100
<i>(Minimum comatose period is 7 days).</i>		<i>(Maximum of 30 days covered)</i>	
<b>Concussion</b> <i>Within 72 hours</i>	\$50	<b>Ruptured Disc with Surgical Repair</b> <i>Within 180 days</i>	\$1,000
<b>Dislocation (based on joint involved)</b> <i>Within 90 days</i>		<b>Skin Graft</b>	50% Burn Benefit
Open Reduction	\$200 to \$4,000	<b>Surgery</b> <i>Within 30 days</i>	
Closed Reduction	\$100 to \$2,000	Abdominal/Thoracic with Surgical Repair	\$1,000
<b>Emergency Dental Work Benefit</b> <i>Within 90 days</i>		Abdominal/Thoracic Exploratory Surgery	\$150
Broken Teeth Repaired with Crown(s)	\$300	Miscellaneous Surgery with General Anesthesia	\$250
Broken Teeth Repaired with Extraction(s)	\$100	Cranial	\$1,000
<b>Emergency Room Treatment</b> <i>within 72 hours</i>	\$300	Hernia with Surgical Repair	\$1,000
<b>Eye Injury</b> <i>Within 90 days</i>			
Surgical Repair	\$200	<b>Tendon / Ligament / Rotator Cuff</b> <i>Within 180 days</i>	
		Surgical repair	\$500
<b>Fracture (based on bone involved)</b> <i>Within 90 days</i>		Exploratory Surgery	\$300
Open Reduction	\$400 to \$4,400		
Closed Reduction	\$200 to \$3,000		
<b>Hospital Admission</b> <i>Within 30 days</i>	\$1,500	<b>Transportation</b> <i>Within 90 days</i>	\$400
<b>Hospital Confinement Per Day</b> <i>Within 90 days</i>	\$200	<i>(Maximum of 3 round trips)</i>	
<i>(maximum of 30 days covered)</i>		<b>X-Ray</b> <i>Within 30 days</i>	\$100

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**Group Accident Insurance Plan Provisions – Policy Form: AMGACCP-19**

**EXCLUSIONS AND LIMITATIONS**

1. Benefits will not be paid for services rendered by a member of the Immediate Family of the Insured Person.
2. Benefits will not be paid for treatment received outside the United States or its territories.
3. We will not pay benefits for an accident that is caused by or occurs as a result of an Insured Person(s):
  - a. being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician and taken according to the Physician's instructions (the term intoxicated refers to that condition as defined by the law of the jurisdiction in which the accident occurred);
  - b. alcoholism or substance abuse;
  - c. participating in an illegal activity that is defined as a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
  - d. intentionally self-inflicting a bodily injury or attempting suicide;
  - e. having cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part;
  - f. having dental treatment, except for such care or treatment due to accidental injury to sound natural teeth within 90 days of the accident;
  - g. being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary hereto;
  - h. participation in or practicing for any professional, intercollegiate, or club sports activity;
  - i. competing in motor sports races or competition;
  - j. competing in water sports races or competitions;
  - k. testing cars or trucks on any racetrack or speedway;
  - l. handling, storing or transporting explosives;
  - m. scaling up cliffs or mountain walls;
  - n. spelunking (exploring caves);
  - o. driving or riding on vehicles for off-road use, including but not limited to all-terrain vehicles (ATV's) in a competition or professional event;
  - p. handling or working with dangerous animals in a competition or professional event;
  - q. water skiing or surfboarding in a competition or professional event;
  - r. snow skiing or snowboarding in a competition or professional event;
  - s. rollerblading or skateboarding in a competition or professional event;
  - t. participating in a rodeo in a competition or professional event.

**PCA Local 2-0248 WI**  
**Group Accident Insurance Plan Provisions – Policy Form: AMGACCR-DIA-19 Schedule of Benefits – Disability Income Accident Rider**

Group Accident	
<i>Disability Income Accident Rider</i>	
<b>Coverage:</b>	<ul style="list-style-type: none"> <li>• Monthly Benefit: \$2,000</li> <li>• Elimination Period: 14 days</li> <li>• Benefit Period: 12 Months</li> </ul>
<p>This rider pays a Monthly Benefit for Total Disability as a result of a Covered Accident as described below.</p> <p><b>Employed FT at the onset of Total Disability</b></p> <p>If the Primary Insured suffers continuous Total Disability as a result of a Covered Accident, we will pay the Monthly Benefit as shown on the Schedule of Benefits. Total Disability must occur within 90 days of the date of the Covered Accident. Regular Care and Attendance of a Physician is required. Benefits will commence on the first day of Total Disability following the Elimination Period and will continue while the Primary Insured is Totally Disabled for a period not to exceed the Benefit Period per Covered Accident.</p> <p><b>Not Employed at the onset of Total Disability</b></p> <p>If the Primary Insured suffers Total Disability as a result of a Covered Accident, we will pay the Monthly Benefit as shown on the Schedule of Benefits for each month the Primary Insured cannot perform 2 or more Activities of Daily Living. Regular Care and Attendance of a Physician is required. Total Disability must occur within 90 days of the date of the Covered Accident. Benefits will commence on the first day Direct Personal Assistance is required to perform such Activities of Daily Living following the Elimination Period and will continue while the Primary Insured is Totally Disabled for a period not to exceed the Benefit Period per Covered Accident.</p> <p>Disability Benefits will be paid for only one disability when more than one disability exists at the same time or a disability results from two or more causes.</p> <p>A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period. The Benefit Period per Accident is shown on the Schedule of Benefits.</p> <p>Benefits for a part of a month will be paid on a daily basis. The daily rate is 1/30<sup>th</sup> of the Monthly Benefits.</p>	

**PCA Local 2-0248 WI**  
**Group Accident Insurance Plan Provisions – Policy Form: AMGACCR-**  
**DIS-19 Schedule of Benefits Disability Income Sickness Rider**

Group Accident	
<i>Disability Income Sickness Rider</i>	
<b>Coverage:</b>	<ul style="list-style-type: none"> <li>• Monthly Benefit: \$2,000</li> <li>• Elimination Period: 14 days</li> <li>• Benefit Period: 12 Months</li> </ul>
<p>This rider pays a Monthly Benefit for Total Disability as a result of a Covered Sickness as described below.</p> <p><b>Employed FT at the onset of Total Disability</b></p> <p>If the Primary Insured suffers continuous Total Disability as a result of a Covered Sickness, we will pay the Monthly Benefit as shown on the Schedule of Benefits. Regular Care and Attendance of a Physician is required. Benefits will commence on the first day of Total Disability following the Elimination Period and will continue while the Primary Insured is Totally Disabled for a period not to exceed the Benefit Period per Covered Sickness.</p> <p><b>Not Employed at the onset of Total Disability</b></p> <p>If the Primary Insured suffers Total Disability as a result of a Covered Sickness, we will pay the Monthly Benefit as shown on the Schedule of Benefits for each month the Primary Insured cannot perform 2 or more Activities of Daily Living. Regular Care and Attendance of a Physician is required. Benefits will commence on the first day Direct Personal Assistance is required to perform such Activities of Daily Living following the Elimination Period and will continue while the Primary Insured is Totally Disabled for a period not to exceed the Benefit Period per Covered Sickness.</p> <p>Disability Benefits will be paid for only one disability when more than one disability exists at the same time or a disability results from two or more causes.</p> <p>A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period. The Benefit Period per Covered Sickness is shown on the Schedule of Benefits.</p> <p>Benefits for a part of a month will be paid on a daily basis. The daily rate is 1/30<sup>th</sup> of the Monthly Benefits.</p>	

## **IMPORTANT SICKNESS RIDER DEFINITIONS**

### **Pre-Existing Condition Limitation**

We will not pay benefits for any loss resulting from or affected by a Pre-existing Condition if the loss occurs within the 12 month period after the Rider's Effective Date.

**Pregnancy**— We will not pay benefits for the Primary Insured's disability that is caused by or occurs as a result of childbirth or normal pregnancy occurring within the first 10 months of the Rider's Effective Date. A disability that is caused by complications of pregnancy will be covered to the same extent as a Covered Sickness.

**Pre-existing condition** means a Sickness or physical condition that existed within the 12-month period before the Rider's Effective Date. For the condition to be considered pre-existing, it must have resulted in the Primary Insured receiving advice, diagnosis, or treatment from a medical professional during this preceding time period.