

SCHEDULE OF BENEFITS

| | Full-Time Employees - Injuries | |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Burns | 2 nd Degree - At least 5% but less than 20% of skin surface 2 nd Degree - 20% or greater of skin surface 3 rd Degree - Less than 5% of skin surface 3 rd Degree - At least 5%, but less than 20% of skin surface 3 rd Degree - 20% or greater of skin surface | \$7,500 |
| Concussion | Concussion | \$200 |
| Connective Tissue | One Connective Tissue Two or more Connective Tissues | \$90 \$150 |
| Dislocations (If surgery is required, Surgery benefit is paid in addition to Injury benefit) | Ankle bone or bones of the foot (other than toes) Collarbone (acromioclavicular and separation) Collarbone (sternoclavicular). Finger or Toe (Digit). Hand (other than Fingers) or Elbow joint. Wrist joint or Shoulder. Hip joint. Knee joint (other than patella). Kneecap (patella). Lower Jaw. Incomplete Dislocation (payable as a % of the applicable Dislocations benefit). | \$400 \$1,000 \$200 \$600 \$600 \$4,125 |
| Eye | Eye Injury | \$200 |
| Fractures (If surgery is required, Surgery benefit is paid in addition to Injury benefit) | Ankle (lower tibia or fibula) Foot or Heel (other than Toes) Bones of the Face or Nose (other than Lower Jaw, Mandible, or Upper Jaw, Maxilla) Collarbone (clavicle, sternum) or Shoulder Blade (scapula) Finger or Toe (Digit) Forearm (olecranon, radius, or ulna), Hand, Wrist (other than Fingers) Hip or Thigh (femur) Kneecap (patella) Leg (mid to upper tibia or fibula) Lower Jaw, Mandible (other than alveolar process) Pelvis Rib; Tailbone (coccyx), Sacrum; Vertebral Processes Skull (except bones of Face or Nose), Depressed Skull (except bones of Face or Nose), Non-depressed Upper Arm between Elbow and Shoulder (humerus) Upper Jaw, Maxilla (other than alveolar process) Vertebrae, body of (other than Vertebral Processes) Chip Fracture - Payable as a % of the applicable Fractures benefit Fractures - Same bone maximum incurred per accident Fractures - maximum payable multiplier for multiple bones | \$550 \$275 \$550 \$4,125 \$550 \$1,650 \$550 \$1,650 \$5,500 \$2,750 \$825 \$825 \$1,650 |
| Internal Injuries | Internal Injuries | \$200 |
| Knee Cartilage | Knee Cartilage (Meniscus Injury) | \$200 |
| Lacerations | No Repair | \$65 \$200 \$400 \$800 |
| Loss of a Digit | One Digit (other than a Thumb or Big Toe) One Digit (a Thumb or Big Toe) Two or more Digits. | \$1,000 \$1,500 \$2,000 |



SCHEDULE OF BENEFITS

| Full-Time Employees - Injuries | | |
|------------------------------------|---------------------------------|----------------|
| Ruptured or Herniated Disc | One Disc | \$180 \$300 |
| Injury Felony or Sexual Assault | Injury Felony or Sexual Assault | \$200 |

| Full-Time Employees - Treatment | | |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Ambulance | Air | \$2,500 \$600 |
| Durable Medical Equipment | Tier 1 (arm sling, cane, medical ring cushion) Tier 2 (bedside commode, cold therapy system, crutches) Tier 3 (back brace, body jacket, continuous passive movement, electric scooter) | \$65 \$125 \$250 |
| Emergency Dental Repair | Dental Crowns Dental Extraction Filling or Chip Repair | \$450 \$150 \$115 |
| Medical Imaging | Tier 1 (X-rays or Ultrasound) Tier 2 (Bone Scan, CAT, CT, EEG, MR, MRA, or MRI) Medical Imaging Incidence allowance covered accident per Tier | \$100 \$400 1 Per Insured Per Tier |
| Lodging | Lodging (per night) | \$200 |
| Prosthetic Device | One Device or Limb Two Devices or Limbs | \$1,000 \$2,000 |
| Skin Grafts | For Burns - Payable as a % of the applicable Burn benefit. Not Burns - Less than 20% of skin surface. Not Burns - 20% or greater of skin surface. | 50% \$375 \$750 |
| Treatment | Emergency Room Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin) Pain Management Injections (epidural, cortisone, steroid) Transfusions Transportation (per one-way trip) Treatment in a Physician's office or Urgent Care Facility | \$150 \$50 \$150 \$500 \$150 \$100 |

| Full-Time Employees - Surgery | | |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Dislocations | Dislocation, Surgical Repair- Payable as a % of the applicable injury benefit | 100% |
| Anesthesia | Epidural or Regional Anesthesia. General Anesthesia | \$120 \$300 |
| Connective Tissue | Exploratory without Repair Repair for One Connective Tissue Repair for Two or more Connective Tissues. | \$125 \$1,000 \$1,500 |
| Eye | Eye Surgery requiring Anesthesia | \$400 |
| Fractures | Fractures, Surgical Repair - Payable as a % of the applicable injury benefit. Surgical Repair same bone maximum incurred per accident. Surgical repair maximum payable multiplier for multiple bones. | 100% 1 Fracture 2 times |
| General Surgery | Abdominal, Thoracic, or Cranial | \$2,000 \$200 1 Per Insured |



SCHEDULE OF BENEFITS

| Full-Time Employees - Surgery | | | |
|---------------------------------------|-----------------------------------------------------------|---------------------------|--|
| Hernia Surgery | Hernia Surgery | \$200 | |
| Knee Cartilage | Knee Cartilage (Meniscus) Exploratory without Repair | \$200 \$1,000 | |
| Outpatient Surgical Facility | Outpatient Surgical Facility | \$500 | |
| Ruptured or Herniated Disc Surgery | Exploratory without Repair. One Disc. Two or more Discs | \$150 \$800 \$1,200 | |

| Full-Time Employees - Recovery | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| At-Home Care Physician Follow-Up Visits Physician Follow-Up Maximum Visits Prescription Drug Prescription Benefit Incidence per cor Rehabilitation or Subacute Rehabilita Therapy Services (chiropractic, speechalternative) Recovery Care Acupuncture Inclusion Therapy Services Maximum Days Behavior Health Therapy | \$100 \$100 2 VISITS \$5 2 Vered Accident 1 Per Insured \$100 5100 7, physical therapy, occupational, Acupuncture, \$35 Yes 10 Days \$20 15 Days | |

| Full-Time Employees - Hospital | | |
|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Hospital (Payable on day one) | Admission Admission - Hospital ICU (additive to Admission) Daily Stay (per day up to 365 days for a covered Accident) Daily Stay - Hospital ICU (per day up to 15 days for a covered Accident) (additive to Daily Stay) Short Stay | \$1,500 \$800 \$400 \$200 \$100 |