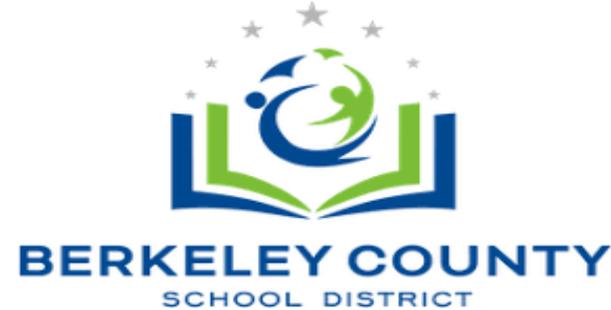


# Accident Indemnity Plus

SUMMARY OF BENEFITS



Each benefit feature pays an indemnity amount based on the type of accident treatment provided. (There are specific benefit limits-see below). Benefits start over with each accident, and are paid in addition to any other coverage the employee has.

**Please note: All treatment and services received under this plan must be for a Covered Person as a result of injuries from a Covered Accident.**

## Coverage Type

Accident Insurance that provides multiple indemnity amounts based on the treatment provided. It provides on or off-the-job benefits for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the insured, spouse, and children.

**\*\*There are a variety of benefits included in the policy - please see policy for complete benefit details.**

Benefits and Features	Enhanced	Premier
Accident Follow-up	\$25 per visit/max 4 per accident	\$50 per visit/max 4 per accident
Ground Ambulance	\$200	\$300
Air Ambulance	\$800	\$1,000
Hospital Confinement	\$250 per day	\$375 per day
First Hospitalization	\$1,000	\$1,500
Intensive Care Unit Admission	\$2,000	\$3,000
Intensive Care Unit Confinement	\$500 per day	\$750 per day
Emergency Room Treatment	\$100	\$150
Urgent Care	\$150	\$200
Doctor's Office Visit	\$100	\$150
Chiropractic Treatment	\$30 per day	\$45 per day
Physical Therapy	\$30	\$45
Transportation - Train or Plane	\$300	\$400
Transportation - Bus	\$150	\$200
Family Member Lodging	\$100 per night	\$150 per night
Blood and Plasma	\$100	\$150
Major Diagnostic and Imaging:		
X-Ray	\$75	\$100
Medical Imaging	\$150	\$200
EEG	\$150	\$200
Concussion	\$200	\$300
Ruptured Disc	\$400	\$500
Coma	\$10,000	\$12,500
Accidental Death and Dismemberment*	\$50,000	\$75,000
Common Carrier*	\$100,000	\$150,000
Fractures & Dislocations	up to \$4,000	up to \$5,000
Burns:		
Second Degree	up to \$2,000	up to \$3,000
Third Degree	up to \$20,000	up to \$30,000
Wellness Screening	\$50	\$50
On the Job (24 hour insurance) Benefit	Included	Included
Total Disability Premium Waiver	Included	Included
Portability	Included	Included

\*Spouse benefit 50% and dependent child(ren) 25% of the Employee amounts.



## PLAN PROVISIONS

### Eligibility

- Employee issue ages 18-70
- Employee actively at work full-time, benefit eligible employees working at least 20 hours per week.
- Spouse issue ages 18-70; ineligible if employee is denied.
- Child issue ages 0-25; ineligible if employee is denied.

### Termination Age

- Age 70 unless actively at work, then on last day of active employment.
- Spouse remains active as long as employee coverage is active. Child coverage terminates at age 26.

### Portability

Prior to age 70, employees can take their coverage with them if they leave their employer provided the master policy remains in effect.

	Semi-Monthly (24) premium			
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Enhanced	\$6.45	\$10.78	\$13.20	\$17.64

Note: Final implementation rate may vary slightly due to rounding

	Semi-Monthly (24) premium			
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Premier	\$8.56	\$14.35	\$17.91	\$23.83

Note: Final implementation rate may vary slightly due to rounding

Benefits and riders may vary by state and may not be available in all states.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit product at [Disclosure.ManhattanLife.com](http://Disclosure.ManhattanLife.com). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

Product not approved in AK, CO, DC, ID, MO, MN, MT, NH, NJ, NM, NY, OR, VT, WA.

Policy: M-8026 Well-Being Benefit: M-1775; ER Facility Care Rider - M-8226

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