



Customer Service:
(866) 322-2244

Collateral Educator Services

BASE ACCIDENT BENEFITS

		Option 1	Option 2
Accidental Death	Insured Employee	\$40,000	\$40,000
	Spouse, if covered	\$20,000	\$20,000
	Child(ren), if covered	\$10,000	\$10,000
Common Carrier Accidental Death	Insured Employee	\$200,000	\$200,000
	Spouse, if covered	\$100,000	\$100,000
	Child(ren), if covered	\$50,000	\$50,000
Dismemberment	Insured Employee	Up to \$40,000	Up to \$40,000
	Spouse, if covered	Up to \$20,000	Up to \$20,000
	Child(ren), if covered	Up to \$10,000	Up to \$10,000
Dislocation or Fracture	Insured Employee	Up to \$4,000	Up to \$4,000
	Spouse, if covered	Up to \$2,000	Up to \$2,000
	Child(ren), if covered	Up to \$1,000	Up to \$1,000
Initial Hospitalization Confinement		\$1,000	\$1,000
Hospital Confinement (per day)		\$200	\$200
Intensive Care (per day)		\$400	\$400
Ambulance	Regular	\$200	\$200
	Air	\$600	\$600
Medical Expenses		Up to \$500	Up to \$500
Outpatient Physicians Treatment		\$50.00	\$50.00

BENEFIT ENHANCEMENT RIDER BENEFITS

Hospital Admission Benefit		\$0	\$500
Lacerations Benefit		\$0	\$50
Burns Benefit	less than 15% of body	\$0	\$100
	15% or more of body	\$0	\$500
Skin Graft Benefit (% of Burns)		0%	50%
Brain Injury Diagnosis Benefit		\$0	\$150
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) Benefit		\$0	\$50
Paralysis Benefit	Paraplegia	\$0	\$7,500
	Quadriplegia	\$0	\$15,000
Coma with Respiratory Assistance Benefit		\$0	\$10,000
Open Abdominal or Thoracic Surgery Benefit		\$0	\$1,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery Benefit	Surgery Exploratory	\$0	\$500 \$150
Ruptured Disc Surgery Benefit		\$0	\$500
Eye Surgery Benefit		\$0	\$100
General Anesthesia Benefit		\$0	\$100
Blood and Plasma Benefit		\$0	\$300
Appliance Benefit		\$0	\$125
Medical Supplies Benefit		\$0	\$5
Medicine Benefit		\$0	\$5
Prosthesis Benefit	1 device	\$0	\$500
	2 or more devices	\$0	\$1,000
Physical Therapy Benefit (per day)		\$0	\$30
Rehabilitation Unit Benefit (per day)		\$0	\$100
Non-local Transportation Benefit (per trip)		\$0	\$400
Family Member Lodging Benefit (per day)		\$0	\$100
Post-Accident Transportation Benefit		\$0	\$200
Accident Follow-Up Treatment Benefit (per day)		\$0	\$50



Group Voluntary 24-Hour Accident (Alabama)

Premiums: Monthly

	EE	EE + SP	EE + CH	F
Option 1	\$15.52	\$28.88	\$31.86	\$39.28
Option 2	\$17.99	\$33.86	\$36.84	\$44.89

EE=Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); and F = Family