

Accident Policy Comparison



24-7 Coverage		Benefit:			Silver	Gold	Platinum	Basic	Preferred	Premier
Initial Care	Accident Emergency Treatment:	Doctors Office/Urgent Care/ER						\$ 75	\$ 175	\$ 175
	X-Ray Benefit:							\$ 20	\$ 30	\$ 40
	Ambulance:	Ground			\$ 200	\$ 300	\$ 400	\$ 160	\$ 200	\$ 240
		Air			\$ 400	\$ 600	\$ 800	\$ 1,600	\$ 2,000	\$ 2,400
Common Accidental Injuries	Dislocations:	Min			\$ 120	\$ 180	\$ 240	\$ 110	\$ 120	\$ 130
		Max			\$ 4,000	\$ 6,000	\$ 8,000	\$ 4,400	\$ 4,800	\$ 5,200
	Fractures:	Min			\$ 280	\$ 420	\$ 560	\$ 110	\$ 120	\$ 130
		Max			\$ 4,000	\$ 6,000	\$ 8,000	\$ 5,500	\$ 6,000	\$ 6,500
	Burns:	Min:			\$ 100	\$ 100	\$ 100	\$ 1,000	\$ 1,000	\$ 1,000
		Max:			\$ 500	\$ 500	\$ 500	\$ 12,000	\$ 12,000	\$ 12,000
	Coma:				\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 12,500	\$ 15,000
	Concussion:							\$ 60	\$ 60	\$ 60
	Lacerations:	Min:						\$ 30	\$ 30	\$ 30
		Max:			\$ 50	\$ 50	\$ 50	\$ 500	\$ 500	\$ 500
Emergency Dental Work:	Extraction						\$ 50	\$ 75	\$ 125	
	Crown						\$ 200	\$ 300	\$ 500	
Requires Surgery	Eye Injury:				\$ 100	\$ 100	\$ 100	\$ 300	\$ 300	\$ 350
	Tendon/Ligament/Rotator Cuff:				\$ 500	\$ 500	\$ 500	\$ 750	\$ 750	\$ 750
	Ruptured Disc:				\$ 500	\$ 500	\$ 500	\$ 500	\$ 750	\$ 750
	Torn Knee Cartilage:				\$ 500	\$ 500	\$ 500	\$ 750	\$ 750	\$ 750
Surgical Care	Cranial/Open Abdominal/Thoracic Surgery:				\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,500	\$ 1,500
	Arthroscopy:							\$ 150	\$ 200	\$ 200
	Blood/Plasma/Platelets:				\$ 300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 300
Transportation/Lodging	Must Travel More Than 50 Miles									
	Transportation	Per Trip: Up to 3 Round Trips			\$ 300	\$ 300	\$ 300	\$ 400	\$ 500	\$ 700
	Lodging (Hotel/Motel)	Per Night: Up to 30 Days			\$ 100	\$ 100	\$ 100	\$ 100	\$ 125	\$ 150
Accident Hospital Care	Hospital Admission:	Per Accident/ Either			\$ 2,000	\$ 2,000	\$ 2,000	\$ 1,000	\$ 1,750	\$ 1,750
	ICU Admission:	Per Accident/ Or			\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 3,500	\$ 3,500
	Hospital Confinement:	Per Day: up to 365 Days Per Accident			\$ 200	\$ 300	\$ 400	\$ 250	\$ 325	\$ 500
	Hospital ICU Confinement:	Per Day: up to 15 Days Per Accident			\$ 800	\$ 800	\$ 800	\$ 500	\$ 650	\$ 1,000
Accident Follow-Up Care	Accident Follow-Up Doctors Visit:	Doctors office/Urgent Care/ER			\$ 100	\$ 100	\$ 100	\$ 50	\$ 75	\$ 75
		Visits per Accident						2	3	4
	Occupational or Physical Therapy:	Per Treatment up to 10 Days			\$ 40	\$ 40	\$ 40	\$ 25	\$ 25	\$ 35
	Appliances:	(Such as Wheelchair, Crutches)			\$ 125	\$ 125	\$ 125	\$ 75	\$ 100	\$ 150
	Prosthetic Devices/Artificial Limb:	One:			\$ 500	\$ 500	\$ 500	\$ 500	\$ 750	\$ 750
More Than One:				\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,500	\$ 1,500	
Rehabilitation Unit:	15/30 30/60 30/60						\$ 100	\$ 100	\$ 150	
Total Benefits					\$ 29,715	\$ 34,315	\$ 38,915	\$ 45,567	\$ 53,863	\$ 58,894
Accidental Dismemberment	Loss of One Finger/Toe				\$ 2,400	\$ 3,600	\$ 4,800	\$ 1,000	\$ 1,250	\$ 2,000
	Loss of Two or More Fingers/Toes				\$ 2,400	\$ 3,600	\$ 4,800	\$ 1,200	\$ 1,500	\$ 2,400
	Loss of Hand/Foot/Sight or Loss of Use				\$ 30,000	\$ 45,000	\$ 60,000	\$ 6,000	\$ 7,500	\$ 12,000
	Loss of Two Hand/Foot/Sight or Loss of Use				\$ 60,000	\$ 90,000	\$ 120,000	\$ 12,000	\$ 15,000	\$ 24,000
Catastrophic Accident	Any of the Following:	Employee			\$ 60,000	\$ 90,000	\$ 120,000	\$ 10,000	\$ 25,000	\$ 25,000
	Loss of One Hand and One Foot	Spouse			\$ 30,000	\$ 45,000	\$ 60,000	\$ 10,000	\$ 25,000	\$ 25,000
	Loss of Both Hands and Both Feet	Dependent Children			\$ 15,000	\$ 22,500	\$ 30,000	\$ 5,000	\$ 12,500	\$ 1,250
	Loss or Loss of use of One Arm and One Leg									
	Loss or Loss of use of Both Arms or Legs									
	Loss of the Sight of Both Eyes									
	Loss of Hearing in Both Ears	Colonial Only								
Loss of the ability to speak	Colonial Only									
Accidental Death	Accidental Death:	Employee			\$ 60,000	\$ 90,000	\$ 120,000	\$ 25,000	\$ 40,000	\$ 80,000
		Spouse			\$ 30,000	\$ 45,000	\$ 60,000	\$ 25,000	\$ 40,000	\$ 80,000
		Dependent Children			\$ 15,000	\$ 22,500	\$ 30,000	\$ 5,000	\$ 8,000	\$ 16,000
	Accidental Death Common Carrier:	Employee			\$ 180,000	\$ 270,000	\$ 360,000	\$ 100,000	\$ 115,000	\$ 230,000
		Spouse			\$ 90,000	\$ 135,000	\$ 180,000	\$ 100,000	\$ 115,000	\$ 230,000
	Dependent Children			\$ 45,000	\$ 67,500	\$ 90,000	\$ 20,000	\$ 23,000	\$ 46,000	
Health Screening Benefit	Wellness:				\$ -	\$ -	\$ -	\$ 50	\$ 50	\$ 50
		How Many Wait Period			0	0	0	1 Per Person 30 Days	1 Per Person 30 Days	1 Per Person 30 Days
Weekly Premium	On/Off-Job Coverage	Employee			\$ 6.03	\$ 9.20	\$ 12.37	\$ 2.90	\$ 3.98	\$ 5.06
		Employee & Spouse			\$ 4.63	\$ 6.38	\$ 8.13	\$ 4.63	\$ 6.38	\$ 8.13
		Family			\$ 11.16	\$ 17.14	\$ 23.13	\$ 7.04	\$ 9.67	\$ 12.30
	Off-Job Coverage	Employee			\$ 4.85	\$ 7.54	\$ 10.22	\$ 2.49	\$ 3.39	\$ 4.28
		Employee & Spouse			\$ 3.85	\$ 5.25	\$ 6.65	\$ 3.85	\$ 5.25	\$ 6.65
		Family			\$ 8.87	\$ 13.99	\$ 19.10	\$ 5.78	\$ 7.89	\$ 10.00
Monthly Premium	On/Off-Job Coverage	Employee			\$ 26.12	\$ 39.86	\$ 53.59	\$ 12.56	\$ 17.24	\$ 21.91
		Employee & Spouse			\$ 20.06	\$ 27.66	\$ 35.21	\$ 20.06	\$ 27.66	\$ 35.21
		Family			\$ 48.34	\$ 74.27	\$ 100.21	\$ 30.50	\$ 41.90	\$ 53.29
	Off-Job Coverage	Employee			\$ 20.98	\$ 32.64	\$ 44.29	\$ 10.79	\$ 14.67	\$ 18.54
		Employee & Spouse			\$ 16.70	\$ 22.76	\$ 28.81	\$ 16.70	\$ 22.76	\$ 28.81
		Family			\$ 38.44	\$ 60.59	\$ 82.74	\$ 25.06	\$ 34.19	\$ 43.32

Benefit Amounts for Off-Job Coverage Differ from above