Trustmark Accident – Group Insurance

Coverage for when life takes a tumble.

Accidents happen. And the sudden **out-of-pocket costs** associated with them can be pricey.

Trustmark Accident insurance helps by paying **cash directly to you**, for covered accidents and the services to help treat them. The plan pays **regardless of other coverage** you have, and there are no restrictions on how you may use the money.

Why Trustmark Accident?

1. Helps **pay for what health insurance might not**, like copays and deductibles, and can also help with your everyday bills.
2. **Peace of mind** for your active lifestyle: having a slip-up won't break the bank.
3. After an accident, you can **focus less on your wallet** and more on your recovery.
4. You can get affordable coverage for your **entire family**, including active kids.

Cash Benefits for Injuries and Services

Accident insurance offers **24-hour coverage** for a wide array of covered **accidental injuries** and related **services**, including but not limited to:

Initial Care

- Hospital admissions and stays
- Ambulance transport
- Emergency room visits
- X-rays and diagnostic tests
- Initial doctor's office visit
- Surgeries
- Lodging and transportation

Injuries

- Fractures (broken bones)
- Dislocations
- Lacerations
- Burns
- Concussions
- Tendon/ligament injuries
- Eye injuries
- Emergency dental

Organized Sports Benefit – Provides an additional boost to your benefit amount when a covered injury occurs while participating in an **organized amateur sport** that requires formal registration.[1]

Follow-Up Care

- Follow-up visits
- Physical therapy
- Appliances (e.g.: crutches or knee scooter)
- Prosthetics and artificial limbs

Benefits paid will depend upon the type of injury/injuries suffered and services received. A complete schedule of benefits and payout amounts will be included in your certificate.

Additional Value-Adding Benefits

Wellness Benefit – **Get paid a benefit** just for taking steps to help yourself stay well! Your Wellness Benefit **pays you cash** directly when you get certain screening tests or other wellness exams. Each covered person can collect a benefit **once per year** in each of these categories:

Routine Visit Benefit – Payable for any of the following:

- Routine physical
- Sports physical
- Biometric screening
- Immunization
- Vision test
- Blood test for triglycerides
- Fasting blood glucose test
- Lipid panel
- Low-dose mammography or routine mammogram
- Pap smear (for women over age 18)
- Chest x-ray
- Invasive colonoscopy
- Noninvasive colon screening, including CT colonoscopy
- Electrocardiogram (EKG/ECG)
- Human papillomavirus (HPV) vaccination
- Serum cholesterol test for HDL and LDL

You can file a claim for your Wellness benefits 24/7 at **TrustmarkVB.com**.

Accidental Death Benefit – Provides an **additional benefit for an accidental death** that occurs within 90 days of a covered accident. The benefit doubles if the death is due to a common carrier – a paid form of public transportation operating on a regular schedule.

Catastrophic Accident Benefit – Pays a benefit that can help with the transitional period following a **catastrophic loss**: for example, the loss of use of both arms or both legs, or total blindness.

Plan Features

Automatic Acceptance – No health questions to answer, and you can't be turned down for coverage based on your health.

Family Coverage – Coverage is available for employees, their spouses, their children and their financially dependent grandchildren.

Renewability and Portability – You can keep your coverage as long as your premiums are paid. If you leave your employer or retire, you can still keep your plan on a direct-bill basis.

You can manage your coverage or easily file online claims 24/7 at TrustmarkVB.com!

NOTE: If you have previously elected Trustmark accident coverage, your existing policy may differ from what is described here.

This is a brief description of benefits under forms AO 620 C and AO 620 C MET. This is accident-only coverage with limited benefits and does not pay benefits for diseases, sickness, or for loss from sickness. This is not a workers' compensation policy or a substitute for medical expense insurance, major medical insurance or a health benefit plan alternative. It is also not a Medicare Supplement policy. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Elimination periods may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademark of Trustmark Insurance Company.

[1]The additional benefit amount applies to covered treatment benefits and does not apply to an Accidental Death or Catastrophic Accident benefit if included in the plan. [2]An AM Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A (3rd out of 16 possible ratings ranging from A++ to Suspended).

ACC-G_24_OS_WELL-1-RPIV_ADB_CAT

Products underwritten by Trustmark Insurance Company. Rated A (EXCELLENT) AM Best[2]

TrustmarkVB.com

Trustmark
benefits beyond benefits

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Trustmark Accident - Group insurance

Benefits and Rates for Immunotek

Best - 24 Hour Coverage

Monthly Rates

(assumes deductions of 12 times per year)

	Employee Only	Employee + Spouse	Employee + Child	Family
Rate	$ 34.37	$ 53.15	$ 70.62	$ 95.92

Hospital Care Benefits	Amount
Hospital First Day Stay Benefit	$3,000
Hospital First Day Stay Benefit - ICU	$3,000
Hospital Daily Stay Benefit	$750
Hospital Daily Stay Benefit - ICU	$750
Hospital Daily Stay Benefit - Step Down Unit	$100
Inpatient Rehabilitation Benefit	$100
Blood, Plasma, Platelets Benefit	$600
Coma Benefit	$5,000
Pain Management/Epidural Benefit	$50

Initial Care Benefits	Amount
Initial Doctor's Office Benefit (includes clinic & telemed)	$300
Urgent Care Benefit	$300
Emergency Room Treatment Benefit	$275
Ambulance Benefit - Air	$1,500
Ambulance Benefit - Ground	$500
Major Diagnostic Testing Benefit	$275
X-Ray Benefit	$100

Follow-Up Care Benefits	Amount
Accident Follow-Up Treatment Benefit (up to 6 visits)	$250
Therapy Benefit	$200
Appliance Benefit - Major Appliance	$150
Appliance Benefit - Minor Appliance	$75
Prosthetic Device or Artificial Limb Benefit - Single	$1,000
Prosthetic Device or Artificial Limb Benefit - Multiple	$2,000
TrekCheck - Lodging (per night up to 30 nights)	$100
TrekCheck - Transportation (50 miles up to 3 trips)	$300

Surgical Care Benefits	Amount
Arthroscopic Surgery	$500
Cranial Surgery	$2,500
Hernia Surgery	$500
Herniated Disc Surgery	$500
Open Abdominal and Thoracic Surgery	$3,000
Open Abdominal or Thoracic Surgery Exploratory	$125
Tendon/Ligament/Rotator Cuff Surgery (> 1)	$1,200
Tendon/Ligament/Rotator Cuff Surgery (1)	$800
Tendon/Ligament/Rotator Cuff Surgery Exploratory	$200
Torn Knee Cartilage	$500
Torn Knee Cartilage Exploratory	$100
Other (General Anesthesia)	$500
Other (Conscious Sedation)	$200

Dislocation Benefits continued	Amount
Open Reduction	
Hip	$4,000
Knee	$2,000
Ankle Bone or Bones of the Foot (Other Than Toes)	$1,600
Collarbone (Sternoclavicular)	$1,000
Lower Jaw	$600
Shoulder (Glenohumeral)	$600
Elbow	$600
Wrist	$600
Bone or Bones of the Hand (Other than Fingers)	$600
Collarbone (Acromioclavicular and Separation)	$200
One Toe or One Finger	$200

Fracture Benefits	Amount
Closed Reduction	
Skull (Depressed)	$3,750
Skull (Simple, Non-depressed)	$1,500
Hip / Thigh	$2,250
Body of Vertebrae	$1,200
Pelvis	$1,200
Leg	$1,200
Bones of Face or Nose	$525
Upper Jaw	$525
Upper Arm	$525
Lower Jaw	$450
Shoulder Blade, Collarbone, Sternum	$450
Vertebral Processes	$450
Forearm, Hand	$450
Wrist	$450
Kneecap	$450
Foot (Except Toes)	$450
Ankle	$450
Rib	$375
Coccyx	$300
Finger, Toe	$75
Chip Fracture	
Percent of Closed Benefit	25%
Open Reduction	
Skull (Depressed)	$7,500
Skull (Simple, Non-depressed)	$3,000
Hip / Thigh	$4,500
Body of Vertebrae	$2,400
Pelvis	$2,400
Leg	$2,400
Bones of Face or Nose	$1,050

(Continued)

Injuries Benefits	Amount
Burn Benefit	
2nd deg. up to 9% BSA	$150
3rd deg. up to 9% BSA, 2nd deg. 9%-18% BSA	$750
3rd deg. 9%-18% BSA, 2nd deg. more than 18% BSA	$1,500
3rd deg. more than 18% BSA	$10,000
Skin Graft Benefit	25%
Concussion Benefit	$750
Emergency Dental Benefit - Crown	$150
Emergency Dental Benefit - Extraction	$50
Eye Injury Benefit	$200
Laceration Benefit	
Not Requiring Repair	$25
Less Than 2 in	$100
2 in - 6 in	$200
Greater Than 6 in	$400
Traumatic Brain Injury Benefit	$1,000

Dislocation Benefits	Amount
Closed Reduction	
Hip	$2,000
Knee	$1,000
Ankle Bone or Bones of the Foot (Other Than Toes)	$800
Collarbone (Sternoclavicular)	$500
Lower Jaw	$300
Shoulder (Glenohumeral)	$300
Elbow	$300
Wrist	$300
Bone or Bones of the Hand (Other than Fingers)	$300
Collarbone (Acromioclavicular and Separation)	$100
One Toe or One Finger	$100
Partial Dislocation	
Percent of Closed Benefit	25%

Fracture Benefits continued	Amount
Upper Jaw	$1,050
Upper Arm	$1,050
Lower Jaw	$900
Shoulder Blade, Collarbone, Sternum	$900
Vertebral Processes	$900
Forearm, Hand	$900
Wrist	$900
Kneecap	$900
Foot (Except Toes)	$900
Ankle	$900
Rib	$750
Coccyx	$600
Finger, Toe	$150

Accidental Death and Catastrophic Benefits	Amount
Accidental Death Benefit - Employee	$100,000
Accidental Death Benefit - Spouse	$50,000
Accidental Death Benefit - Child	$25,000
Accidental Death Benefit Common Carrier - Employee	$200,000
Accidental Death Benefit Common Carrier - Spouse	$100,000
Accidental Death Benefit Common Carrier - Child	$50,000
Catastrophic Accident Benefit - Employee	$100,000
Catastrophic Accident Benefit - Spouse	$50,000
Catastrophic Accident Benefit - Child	$50,000

Optional Benefits	Extra Percentage1
Organized Sports Benefit	25%

Wellness Benefits	Amount
Routine Screening Benefit - Employee	$50
Routine Screening Benefit - Spouse	$50
Routine Screening Benefit - Child	$50

This is a brief description of benefits under forms AO 620 C and AO 620 C MET. Sample rates are shown for illustrative purposes only; rates may vary. An application for insurance must be completed to obtain coverage. Benefit amounts shown are samples and not a guarantee. Benefit amount payable varies by injury/service and may vary by state. Benefits are payable only as the result of a covered accident. Most benefits are paid once per person per covered accident according to the provisions of the certificate. Your certificate will contain a complete schedule. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Elimination periods may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademark of Trustmark Insurance Company. NOTE: If you have previously elected Trustmark accident coverage, your existing policy may differ from what is described here.

[1]The additional benefit amount applies to covered treatment benefits and does not apply to an Accidental Death, Catastrophic Accident or Wellness benefit if included in the plan.

Trustmark Accident - Group insurance

Benefits and Rates for Immunotek

Better - 24 Hour Coverage Monthly

Rates

(assumes deductions of 12 times per year)

	Employee Only	Employee + Spouse	Employee + Child	Family
Rate	$ 31.26	$ 48.65	$ 64.47	$ 87.76

Hospital Care Benefits	Amount
Hospital First Day Stay Benefit	$2,500
Hospital First Day Stay Benefit - ICU	$2,500
Hospital Daily Stay Benefit	$750
Hospital Daily Stay Benefit - ICU	$750
Hospital Daily Stay Benefit - Step Down Unit	$100
Inpatient Rehabilitation Benefit	$100
Blood, Plasma, Platelets Benefit	$600
Coma Benefit	$5,000
Pain Management/Epidural Benefit	$50

Initial Care Benefits	Amount
Initial Doctor's Office Benefit (includes clinic & telemed)	$200
Urgent Care Benefit	$200
Emergency Room Treatment Benefit	$275
Ambulance Benefit - Air	$1,500
Ambulance Benefit - Ground	$500
Major Diagnostic Testing Benefit	$275
X-Ray Benefit	$100

Follow-Up Care Benefits	Amount
Accident Follow-Up Treatment Benefit (up to 6 visits)	$200
Therapy Benefit	$200
Appliance Benefit - Major Appliance	$150
Appliance Benefit - Minor Appliance	$75
Prosthetic Device or Artificial Limb Benefit - Single	$1,000
Prosthetic Device or Artificial Limb Benefit - Multiple	$2,000
TrekCheck - Lodging (per night up to 30 nights)	$100
TrekCheck - Transportation (50 miles up to 3 trips)	$300

Surgical Care Benefits	Amount
Arthroscopic Surgery	$500
Cranial Surgery	$2,500
Hernia Surgery	$500
Herniated Disc Surgery	$500
Open Abdominal and Thoracic Surgery	$3,000
Open Abdominal or Thoracic Surgery Exploratory	$125
Tendon/Ligament/Rotator Cuff Surgery (> 1)	$1,200
Tendon/Ligament/Rotator Cuff Surgery (1)	$800
Tendon/Ligament/Rotator Cuff Surgery Exploratory	$200
Torn Knee Cartilage	$500
Torn Knee Cartilage Exploratory	$100
Other (General Anesthesia)	$500
Other (Conscious Sedation)	$200

Dislocation Benefits continued	Amount
Open Reduction	
Hip	$4,000
Knee	$2,000
Ankle Bone or Bones of the Foot (Other Than Toes)	$1,600
Collarbone (Sternoclavicular)	$1,000
Lower Jaw	$600
Shoulder (Glenohumeral)	$600
Elbow	$600
Wrist	$600
Bone or Bones of the Hand (Other than Fingers)	$600
Collarbone (Acromioclavicular and Separation)	$200
One Toe or One Finger	$200

Fracture Benefits	Amount
Closed Reduction	
Skull (Depressed)	$3,750
Skull (Simple, Non-depressed)	$1,500
Hip / Thigh	$2,250
Body of Vertebrae	$1,200
Pelvis	$1,200
Leg	$1,200
Bones of Face or Nose	$525
Upper Jaw	$525
Upper Arm	$525
Lower Jaw	$450
Shoulder Blade, Collarbone, Sternum	$450
Vertebral Processes	$450
Forearm, Hand	$450
Wrist	$450
Kneecap	$450
Foot (Except Toes)	$450
Ankle	$450
Rib	$375
Coccyx	$300
Finger, Toe	$75
Chip Fracture	
Percent of Closed Benefit	25%
Open Reduction	
Skull (Depressed)	$7,500
Skull (Simple, Non-depressed)	$3,000
Hip / Thigh	$4,500
Body of Vertebrae	$2,400
Pelvis	$2,400
Leg	$2,400
Bones of Face or Nose	$1,050

(Continued)

Injuries Benefits	Amount
Burn Benefit	
2nd deg. up to 9% BSA	$150
3rd deg. up to 9% BSA, 2nd deg. 9%-18% BSA	$750
3rd deg. 9%-18% BSA, 2nd deg. more than 18% BSA	$1,500
3rd deg. more than 18% BSA	$10,000
Skin Graft Benefit	25%
Concussion Benefit	$750
Emergency Dental Benefit - Crown	$150
Emergency Dental Benefit - Extraction	$50
Eye Injury Benefit	$200
Laceration Benefit	
Not Requiring Repair	$25
Less Than 2 in	$100
2 in - 6 in	$200
Greater Than 6 in	$400
Traumatic Brain Injury Benefit	$1,000

Dislocation Benefits	Amount
Closed Reduction	
Hip	$2,000
Knee	$1,000
Ankle Bone or Bones of the Foot (Other Than Toes)	$800
Collarbone (Sternoclavicular)	$500
Lower Jaw	$300
Shoulder (Glenohumeral)	$300
Elbow	$300
Wrist	$300
Bone or Bones of the Hand (Other than Fingers)	$300
Collarbone (Acromioclavicular and Separation)	$100
One Toe or One Finger	$100
Partial Dislocation	
Percent of Closed Benefit	25%

Fracture Benefits continued	Amount
Upper Jaw	$1,050
Upper Arm	$1,050
Lower Jaw	$900
Shoulder Blade, Collarbone, Sternum	$900
Vertebral Processes	$900
Forearm, Hand	$900
Wrist	$900
Kneecap	$900
Foot (Except Toes)	$900
Ankle	$900
Rib	$750
Coccyx	$600
Finger, Toe	$150

Accidental Death and Catastrophic Benefits	Amount
Accidental Death Benefit - Employee	$75,000
Accidental Death Benefit - Spouse	$37,500
Accidental Death Benefit - Child	$18,750
Accidental Death Benefit Common Carrier - Employee	$150,000
Accidental Death Benefit Common Carrier - Spouse	$75,000
Accidental Death Benefit Common Carrier - Child	$37,500
Catastrophic Accident Benefit - Employee	$100,000
Catastrophic Accident Benefit - Spouse	$50,000
Catastrophic Accident Benefit - Child	$50,000

Optional Benefits	Extra Percentage1
Organized Sports Benefit	25%

Wellness Benefits	Amount
Routine Screening Benefit - Employee	$50
Routine Screening Benefit - Spouse	$50
Routine Screening Benefit - Child	$50

This is a brief description of benefits under forms AO 620 C and AO 620 C MET. Sample rates are shown for illustrative purposes only; rates may vary. An application for insurance must be completed to obtain coverage. Benefit amounts shown are samples and not a guarantee. Benefit amount payable varies by injury/service and may vary by state. Benefits are payable only as the result of a covered accident. Most benefits are paid once per person per covered accident according to the provisions of the certificate. Your certificate will contain a complete schedule. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Elimination periods may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademark of Trustmark Insurance Company. NOTE: If you have previously elected Trustmark accident coverage, your existing policy may differ from what is described here.

[1]The additional benefit amount applies to covered treatment benefits and does not apply to an Accidental Death, Catastrophic Accident or Wellness benefit if included in the plan.

Trustmark Accident - Group insurance

Benefits and Rates for Immunotek

Good - 24 Hour Coverage Monthly

Rates

(assumes deductions of 12 times per year)

	Employee Only	Employee + Spouse	Employee + Child	Family
Rate	$ 24.19	$ 38.11	$ 50.00	$ 68.56

Hospital Care Benefits	Amount
Hospital First Day Stay Benefit	$1,500
Hospital Daily Stay Benefit	$300
Hospital Daily Stay Benefit - ICU	$300
Hospital Daily Stay Benefit - Step Down Unit	$100
Inpatient Rehabilitation Benefit	$100
Blood, Plasma, Platelets Benefit	$600
Coma Benefit	$5,000
Pain Management/Epidural Benefit	$50

Initial Care Benefits	Amount
Initial Doctor's Office Benefit (includes clinic & telemed)	$100
Urgent Care Benefit	$100
Emergency Room Treatment Benefit	$275
Ambulance Benefit - Air	$1,500
Ambulance Benefit - Ground	$500
Major Diagnostic Testing Benefit	$275
X-Ray Benefit	$100

Follow-Up Care Benefits	Amount
Accident Follow-Up Treatment Benefit (up to 6 visits)	$150
Therapy Benefit	$100
Appliance Benefit - Major Appliance	$150
Appliance Benefit - Minor Appliance	$75
Prosthetic Device or Artificial Limb Benefit - Single	$1,000
Prosthetic Device or Artificial Limb Benefit - Multiple	$2,000
TrekCheck - Lodging (per night up to 30 nights)	$100
TrekCheck - Transportation (50 miles up to 3 trips)	$300

Surgical Care Benefits	Amount
Arthroscopic Surgery	$500
Cranial Surgery	$2,500
Hernia Surgery	$500
Herniated Disc Surgery	$500
Open Abdominal and Thoracic Surgery	$3,000
Open Abdominal or Thoracic Surgery Exploratory	$125
Tendon/Ligament/Rotator Cuff Surgery (> 1)	$1,200
Tendon/Ligament/Rotator Cuff Surgery (1)	$800
Tendon/Ligament/Rotator Cuff Surgery Exploratory	$200
Torn Knee Cartilage	$500
Torn Knee Cartilage Exploratory	$100
Other (General Anesthesia)	$500
Other (Conscious Sedation)	$200

Dislocation Benefits continued	Amount
Open Reduction	
Hip	$4,000
Knee	$2,000
Ankle Bone or Bones of the Foot (Other Than Toes)	$1,600
Collarbone (Sternoclavicular)	$1,000
Lower Jaw	$600
Shoulder (Glenohumeral)	$600
Elbow	$600
Wrist	$600
Bone or Bones of the Hand (Other than Fingers)	$600
Collarbone (Acromioclavicular and Separation)	$200
One Toe or One Finger	$200

Fracture Benefits	Amount
Closed Reduction	
Skull (Depressed)	$3,750
Skull (Simple, Non-depressed)	$1,500
Hip / Thigh	$2,250
Body of Vertebrae	$1,200
Pelvis	$1,200
Leg	$1,200
Bones of Face or Nose	$525
Upper Jaw	$525
Upper Arm	$525
Lower Jaw	$450
Shoulder Blade, Collarbone, Sternum	$450
Vertebral Processes	$450
Forearm, Hand	$450
Wrist	$450
Kneecap	$450
Foot (Except Toes)	$450
Ankle	$450
Rib	$375
Coccyx	$300
Finger, Toe	$75
Chip Fracture	
Percent of Closed Benefit	25%
Open Reduction	
Skull (Depressed)	$7,500
Skull (Simple, Non-depressed)	$3,000
Hip / Thigh	$4,500
Body of Vertebrae	$2,400
Pelvis	$2,400
Leg	$2,400
Bones of Face or Nose	$1,050

(Continued)

Injuries Benefits	Amount
Burn Benefit	
2nd deg. up to 9% BSA	$150
3rd deg. up to 9% BSA, 2nd deg. 9%-18% BSA	$750
3rd deg. 9%-18% BSA, 2nd deg. more than 18% BSA	$1,500
3rd deg. more than 18% BSA	$10,000
Skin Graft Benefit	25%
Concussion Benefit	$750
Emergency Dental Benefit - Crown	$150
Emergency Dental Benefit - Extraction	$50
Eye Injury Benefit	$200
Laceration Benefit	
Not Requiring Repair	$25
Less Than 2 in	$100
2 in - 6 in	$200
Greater Than 6 in	$400
Traumatic Brain Injury Benefit	$1,000

Dislocation Benefits	Amount
Closed Reduction	
Hip	$2,000
Knee	$1,000
Ankle Bone or Bones of the Foot (Other Than Toes)	$800
Collarbone (Sternoclavicular)	$500
Lower Jaw	$300
Shoulder (Glenohumeral)	$300
Elbow	$300
Wrist	$300
Bone or Bones of the Hand (Other than Fingers)	$300
Collarbone (Acromioclavicular and Separation)	$100
One Toe or One Finger	$100
Partial Dislocation	
Percent of Closed Benefit	25%

Fracture Benefits continued	Amount
Upper Jaw	$1,050
Upper Arm	$1,050
Lower Jaw	$900
Shoulder Blade, Collarbone, Sternum	$900
Vertebral Processes	$900
Forearm, Hand	$900
Wrist	$900
Kneecap	$900
Foot (Except Toes)	$900
Ankle	$900
Rib	$750
Coccyx	$600
Finger, Toe	$150

Accidental Death and Catastrophic Benefits	Amount
Accidental Death Benefit - Employee	$50,000
Accidental Death Benefit - Spouse	$25,000
Accidental Death Benefit - Child	$12,500
Accidental Death Benefit Common Carrier - Employee	$100,000
Accidental Death Benefit Common Carrier - Spouse	$50,000
Accidental Death Benefit Common Carrier - Child	$25,000
Catastrophic Accident Benefit - Employee	$100,000
Catastrophic Accident Benefit - Spouse	$50,000
Catastrophic Accident Benefit - Child	$50,000

Optional Benefits	Extra Percentage1
Organized Sports Benefit	25%

Wellness Benefits	Amount
Routine Screening Benefit - Employee	$50
Routine Screening Benefit - Spouse	$50
Routine Screening Benefit - Child	$50

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