Policyholder: PRAIRIE COMMUNITY BANK

Group accident insurance
Benefit summary for All Members

Effective date: December 1, 2026

What's available to me?

Be better prepared financially for accidents before they happen. This coverage pays a lump-sum benefit for injuries received from an accident.

Benefits payable if you or your spouse is accidentally injured off the job		
Injury	**Benefit**	
Burn		
2nd degree up to 25% of body	$500	
2nd degree over 25% of body	$1,500	
3rd degree up to 25% of body	$2,500	
3rd degree over 25% of body	$5,000	
Coma	$15,000	
Concussion	$500	
Dental injury	$500	
Dislocation	Open reduction (surgical)	Closed reduction (non surgical)
Hip	$7,500	$3,750
Knee	$5,000	$2,500
Ankle, collarbone, elbow, foot (excluding toes), hand (excluding fingers), lower jaw, shoulder, wrist	$3,000	$1,500
Eye injury with surgical repair	$500	
Fracture	Open reduction (surgical)	Closed reduction (non surgical)
Hip, skull (depressed), thigh (femur)	$10,000	$5,000
Lower leg (fibula, tibia), pelvis, skull (non-depressed), vertebrae	$5,000	$2,500
Ankle, arm, collarbone, elbow, facial bones, foot (excluding toes), hand (excluding fingers), jaw, knee cap, shoulder blade, wrist	$3,000	$1,500
Sternum, vertebral processes	$2,000	$1,000
Rib, tailbone (coccyx)	$1,000	$500
Injuries not specifically listed	$100	

Internal injury	$1,500
Knee cartilage injury with surgical repair	$1,500
Ruptured disc with surgical repair	$1,500
Tendon / ligament / rotator cuff injury with surgical repair	$1,500
Accidental death & dismemberment (AD&D)	
You	$25,000
Your spouse	$12,500
Your child(ren)	$6,250
Loss	
Loss of life; loss of both hands or both feet or one hand and one foot	100%
Loss of one hand or one foot	50%
Loss of thumb and index finger on the same hand	25%
Common carrier - If you die while a passenger on public or commercial transportation	additional 200%
Seat belt/airbag - if you die in a car accident while wearing a seat belt or protected by an airbag	25%
Loss of use / paralysis – total loss of movement for 12 consecutive months or permanent paralysis	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot	50%
Loss of use of one arm, one leg, one hand, or one foot	25%
Loss of sight, speech and/or hearing - total loss for if 12 consecutive months	
Loss of speech and hearing in both ears, or loss of sight in both eyes	100%
Loss of speech or hearing in both ears, or loss of sight in one eye	50%
Loss of hearing in one ear	25%

This benefit summary is a summary only. For a complete list of benefit information and limitations, please refer to your booklet.

What additional benefits are included?

Additional benefits	
Wellness	If you or your covered dependent have a covered screening test performed, you each may receive a $150 benefit, once per calendar year. Make sure to file your claim within a year of the date of service.
Portability	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.
Organized youth sports	If your covered dependent child age 18 or younger is injured while participating in an organized youth sport, they may be eligible for an additional 25% of the benefit payable for that injury up to $1,000 per calendar year.

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You may enroll or increase coverage at any time, but you may have to provide health information for yourself or your spouse if it's more than 31 days after becoming eligible for coverage.
- If you're covered, you may buy coverage for your spouse and/or your child(ren), if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

What are the limitations and exclusions of my coverage?

There are limitations and exclusions to your coverage. A complete list is included in your booklet.

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ACCIDENT INSURANCE PROVIDES LIMITED BENEFITS.

This is a summary of accident coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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