

## SCHEDULE OF BENEFITS

The benefits payable for a Covered Loss are listed below, subject to all other terms and provisions of this Certificate.

### PLAN BENEFITS

	<u>Benefit Amount</u>		
<u>Emergency Treatment Benefits</u>	<u>Primary Insured</u>	<u>Spouse</u>	<u>Dependent Child(ren)</u>
Ambulance			
Air Ambulance	\$200 per unit up to \$2,000	\$200 per unit up to \$2,000	\$200 per unit up to \$2,000
Ground or Water Ambulance	\$100 per unit up to \$1,000	\$100 per unit up to \$1,000	\$100 per unit up to \$1,000
Emergency Room Treatment	\$50 per unit up to \$500	\$50 per unit up to \$500	\$50 per unit up to \$500
First Day Hospital Confinement	\$40 per unit	\$40 per unit	\$40 per unit
First Day Intensive Care Unit (ICU) Confinement	\$20 per unit	\$20 per unit	\$20 per unit
	<u>Benefit Amount</u>		
<u>AD&amp;D Benefits</u>	<u>Primary Insured</u>	<u>Spouse</u>	<u>Dependent Child(ren)</u>
Accidental Death	\$2,500	\$2,500	\$2,500
Common Carrier	\$5,000	\$5,000	\$5,000
Dismemberment			
Loss of Both Hands or Both Feet	\$2,500	\$2,500	\$2,500
Loss of Sight in Both Eyes	\$2,500	\$2,500	\$2,500
Loss of One Hand and One Foot	\$2,500	\$2,500	\$2,500
Loss of One Hand and Sight in One Eye	\$2,500	\$2,500	\$2,500
Loss of One Foot and Sight in One Eye	\$2,500	\$2,500	\$2,500
Loss of One Hand or One Foot	\$1,250	\$1,250	\$1,250
Loss of Sight in One Eye	\$1,250	\$1,250	\$1,250
	<u>Benefit Amount</u>		
<u>Monthly Health Screening Benefit</u>	<u>Primary Insured</u>	<u>Spouse</u>	<u>Dependent Child(ren)</u>
Health Screening	\$42.50 per unit	\$42.50 per unit	\$42.50 per unit
Maximum Number of Health Screening Benefits Payable	1 per calendar month combined for all Insureds		