

Accident Indemnity Plus



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SUMMARY OF BENEFITS

Each benefit feature pays an indemnity amount based on the type of accident treatment provided. (There are specific benefit limits-see below). Benefits start over with each accident, and are paid in addition to any other coverage you may have. This is a group product.

Please note: All treatment and services received under this plan must be for a Covered Person as a result of injuries from a Covered Accident.

Coverage Type

Accident Insurance that provides multiple indemnity amounts based on the treatment provided. It provides on or off-the-job benefits for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the insured, spouse, and children.

BENEFITS & FEATURES	PREMIER
<p>Urgent Care Benefit We will pay the selected benefit amount for receiving initial Treatment and/or advice by a Doctor in an Urgent Care Facility. The Treatment must be within 60 days of the Covered Accident. <i>This benefit is not payable if the Emergency Room Treatment benefit is paid for the same Covered Accident.</i></p>	\$200
<p>Doctor's Office Visit Benefit We will pay the selected benefit amount if a Covered Person receives initial Treatment and/or advice by a Doctor in a Doctor's office. The Treatment must be within 60 days of the Covered Accident. <i>This benefit is not payable if the Emergency Room Treatment benefit is paid for the same Covered Accident.</i></p>	\$150
<p>Emergency Room Treatment Benefit We will pay the selected benefit amount when a Covered Person requires examination and Treatment by a Doctor in a Hospital Emergency Room within 72 hours after the Covered Accident. <i>We will pay this amount once per Covered Accident, limited to five ER visits per calendar year.</i></p>	\$150
<p>Ground Ambulance Benefit We will pay the selected benefit amount for transportation received in an Ambulance by ground. Maximum of one trip per Covered Accident and transportation must be to a Hospital or from a Hospital to the Covered Person's home.</p>	\$300
<p>Air Ambulance Benefit We will pay the selected benefit amount for transportation received in an Ambulance by air. Maximum of one trip per Covered Accident and transportation must be to a Hospital.</p>	\$1,000
<p>Major Diagnostic Benefit We will pay the selected benefit amount (once per Covered Accident) if a Covered Person receives one of the following exams for an Injury:</p> <ul style="list-style-type: none"> • CT (computerized tomography) scan; • MRI (magnetic resonance imaging); • EEG (electroencephalogram); or • X-rays 	X-rays \$100 MRI/CT Scan/EEG \$200

Hospital Confinement Benefit

We will pay the selected benefit amount for each day of Hospital Confinement up to 365 days as an inpatient in a Hospital. One day is a 24 hour period. Readmissions for the same accident are covered

- within 30 days of the Covered Accident; or
- within seven days following the end of prior Hospitalization.

Does not pay for ER Treatment, outpatient surgery or treatment, or an Observation Unit.

In PA, the 24 hour time period definition is removed. There no time limit requirement.

\$375

First Hospitalization Benefit

We will pay the selected benefit amount for First Hospital Confinement. The Hospital Confinement must be at the direction of and under the supervision of a Doctor.

\$1,500

Intensive Care Unit (ICU) Admission Benefit

We will pay the selected benefit amount for Confinement to a Hospital and if the Covered Person is placed in a Hospital Intensive Care Unit (ICU) within the first 48 hours of admission for an Injury. This Benefit is payable in addition to the First Hospitalization Benefit. The Intensive Care Unit (ICU) Admission Benefit is limited to 1 per Calendar Year for each Covered Person.

\$3,000

Intensive Care Unit (ICU) Confinement Benefit

We will pay the selected benefit amount up to 30 days for confinement to a Hospital ICU. The ICU confinement must start:

- Within 30 days after the Covered Accident; or
- within 7 days after a prior period of covered ICU confinement due to the same Covered Accident.

\$750

Rehabilitation Benefit

We will pay the selected benefit amount for an Injury if the Covered Person:

- Is admitted for a Hospital Confinement,
- Is transferred to a bed in a Rehabilitation Unit of a Hospital for Treatment, and incurs a charge.
- This benefit is limited to 30 days for each Covered Person per period of Hospital confinement. This benefit is also limited to a Calendar Year Max of 60 days.

Admission
\$1,500
Daily Benefit
\$200

Physical Therapy Benefit

We will pay the selected benefit amount for each day a Covered Person receives Physical therapy for an Injury for up to 10 visits. The therapy must begin within 90 days after the Covered Accident and be completed within 1 year after the Covered Accident. All services must be prescribed by a Doctor and rendered by a Physical Therapist and performed in an office or on an outpatient basis. This benefit is not payable for the same visit that the Accident Follow-Up benefit is paid.

\$45

Accident Follow-Up Treatment Benefit

We will pay the selected benefit amount under the following conditions:

- Initial Treatment is within 72 hours after the Covered Accident.
- Follow-up treatment is Doctor prescribed.
- The follow-up Treatment begins within 90 days after the Covered Accident or discharge from the Hospital.

\$50
4 days per
accident

Chiropractic Treatment Benefit

We will pay the selected benefit amount if a Covered Person suffers a structural imbalance and receives Chiropractic Care Services by a chiropractor in a chiropractor's office. Treatment must begin within 60 days after the Covered Accident and must be completed within 180 days after the Covered Accident. We will pay this benefit a maximum of three visits per Covered Accident.

\$45

Blood and Plasma Benefit

We will pay the selected benefit amount if the Covered Person receives blood or plasma within 90 days after the Covered Accident.

\$150

Prosthesis Benefit

We will pay the selected benefit amount based on the number of prosthetic devices the Covered Person uses.

Hearing aids, wigs, and dental aids (including false teeth) are not covered.

One
\$750
Multiple
\$1500

Medical Appliances Benefit

We will pay the selected benefit amount if a Doctor advises a Covered Person to use a Medical Appliance to aid in personal locomotion.

This benefit is limited to 1 payment per Covered Accident.

\$150

Transportation Benefit

We will pay the selected benefit amount for train, plane, or bus transportation. This benefit is payable if a Covered Person is injured and requires Doctor-recommended Hospital Treatment or diagnostic study that is not available in the Covered Person's resident city.

Use of such transportation must begin within 90 days after the Covered Accident date. The distance to the Hospital Treatment or diagnostic study must be greater than 50 miles from the Covered Person's residence. Max of 1 trip per accident.

Plane and Train
\$400
Bus
\$200

Family Member Lodging Benefit

We will pay the selected benefit amount for a maximum of 30 days for each night's lodging in a motel/hotel room for an adult Family Member of a Covered Person.

- the Covered Person must be confined to a Hospital for Treatment of an Injury,
- the Hospital and motel/hotel must be more than 100 miles from the Covered Person's residence; and
- the Treatment must be prescribed by the Covered Person's local Doctor.

\$150

Accidental Death Benefit

For Accidental Death, We will pay the selected benefit amount. We will pay these Benefits to the named beneficiary, the Covered Person, or to the Employee's estate. Spouse is 50% of employee amount and child is 25% of employee amount.

\$75,000

Dismemberment Benefit

We will pay the selected benefit amount if the Covered Person loses a hand, a foot, or sight within 90 days after the Covered Accident as a result of the Injury. Amount of loss is based on severity of loss. Please see schedule for complete details. Spouse is 50% of employee amount and child is 25% of employee amount.

Up to \$75,000

Common Carrier Accidental Death Benefit

We will pay the selected benefit when death is due to injuries from a covered accident while a fare paying passenger on a Common Carrier. Loss must occur within 90 days of the accident. Common Carrier Benefit is paid in addition to the Accidental Death Benefit. Spouse is 50% of employee amount and child is 25% of employee amount.

In PA, 90 day timeframe has been removed. There no time limit requirement.

\$150,000

Fracture Benefit*

We will pay the selected benefit amount, according to the schedule of fractures, If a bone is fractured in an accident and is diagnosed and treated by a Doctor within 90 days after the Accident. If the fracture requires open reduction, we will pay the percentage of the amount shown.

If multiple fractures occur in any one Covered Accident, We will pay the appropriate amounts shown. However, We will pay no more than 200 % of the benefit amount for the bone fractured which has the highest dollar amount.

If a Doctor diagnoses the fracture as a chip fracture, we will pay the percentage of the amount selected for the affected bone.

Minimum
\$400

Maximum
\$5,000

A chipped bone is 25% of scheduled benefit.

Open reduction is 200% of scheduled benefit.

Dislocation Benefit*

We will pay the selected benefit amount, according to the schedule of dislocations, or the percentage shown in the schedule If a joint is dislocated in an accident and it is diagnosed and treated by a Doctor within 90 days after the Covered Accident. We will pay the benefit amount If the dislocation requires open reduction.

We will pay Benefits only for the first dislocation of a joint, not for recurring dislocations of the same joint. If a Covered Person dislocated a joint before the Effective Date of the Certificate and then dislocates the same joint again, it will not be covered by this Policy. In the event of multiple Covered Dislocations, we will pay the amounts shown in the Schedule of Benefits. However, We will pay no more than 200 % of the benefit amount for the dislocated joint that has the higher dollar amount. If a Doctor diagnoses and treats the Covered Accidental Injury as a partial dislocation, We will pay the percentage of the amount shown in the Schedule of Benefits for the affected joint.

Minimum
\$320

Maximum
\$3,600

A partial dislocation is 25% of scheduled benefit.

Open reduction is 200% of scheduled benefit.

Repaired Ligaments Benefit

We will pay the selected benefit amount if the Covered Person:

- tears, severs, or ruptures a ligament;
- receives Treatment from a Doctor within 60 days;and
- has surgical repair within 90 days after the Covered Accident.

The amount paid will be based on the number (single or multiple) of ligaments repaired.

Single
\$500

Multiple
\$750

Repaired Knee Cartilage Benefit

We will pay the selected benefit amount if the Covered Person receives:

- Injury resulting in torn knee cartilage. This Injury requires Doctor Treatment within 60 days and surgical repair within one year from the Covered Accident date.

The amount paid will be based on the number (whether one or both knees are repaired).

Single
\$500

Multiple
\$750

Repaired Tendon Benefit

We will pay the selected benefit amount shown if a Covered Person tears, severs, or ruptures a tendon; receives Treatment from a Doctor within 60 days; and has surgical repair within 90 days after the Covered Accident. The amount paid will be based on the number (single or multiple) of tendons repaired.

Single
\$500

Multiple
\$750

Repaired Rotator Cuff Benefit

We will pay the selected benefit amount shown if the Covered Person suffers one or more torn rotator cuff and has surgical repair by a Doctor within one year after the Covered Accident.

Single
\$375

Multiple
\$750

Ruptured Disc Benefit

We will pay the selected benefit amount if a Covered Person:

- ruptures a disc in the spine,
- receives Treatment from a Doctor within 60 days after the Covered Accident, and
- has surgical repair by a Doctor within one year after the Covered Accident.

\$500

*If a Covered Person has both fracture and dislocation in the same Covered Accident, We will pay for both but no more than 200 % of the highest dollar Benefit amount for the fractured bone or dislocated joint.

BENEFITS & FEATURES	PREMIER
<p>Exploratory Surgery Benefit Without Repair We will pay the selected benefit amount if an Injury causes a Covered Person to have exploratory surgery (without repair).</p>	\$300
<p>Burns Benefit We will pay the selected benefit amount if a Covered Person receives burns We will pay the Burns Benefit according to the percentage of body surface burned (see schedule). The Covered Person must be treated for burns by a Doctor within 72 hours after the Covered Accident. First-degree burns are not covered.</p>	2 nd Degree \$300-\$3,000 3 rd Degree \$1,500-\$30,000
<p>Eye Injuries Benefit We will pay the selected benefit amount for eye injuries requiring surgical repair by a Doctor and the eye surgery occurs within 90 days after the Covered Accident. For eye injuries requiring removal of a foreign body, we will pay the amount shown if a Doctor removes a foreign body from the eye, with or without anesthesia.</p>	Surgical Repair \$375 Removal of Foreign Body \$75
<p>Emergency Dental Work Benefit We will pay the selected benefit amount if the Covered Person has an Injury to sound natural teeth. We will pay for extraction or repair with a crown as shown in the Schedule of Benefits.</p>	Repaired with Crown \$300 Resulting in Extraction \$90
<p>Laceration Benefit We will pay the selected benefit amount if a Covered Person receives a laceration from an Accident. The laceration must be repaired with stitches or treated by a Doctor within 72 hours after the Covered Accident and the amount paid will be based on the length of the laceration. If multiple lacerations occur, the benefit will be paid based on the largest single laceration requiring stitches.</p>	Over 6 inches \$600 2-6 inches \$300 Under 2 inches \$75 Not requiring stitches \$75
<p>Concussion Benefit We will pay the selected benefit amount if a Covered Person has a Concussion that is diagnosed by a Doctor within 72 hours after the Covered Accident using any type of medical imaging such as:</p> <ul style="list-style-type: none"> • X-ray; • CT Scan (computerized tomography);or • MRI (magnetic resonance imaging). <p>We will pay once per Covered Accident per Covered Person.</p>	\$300
<p>Coma Benefit We will pay the selected benefit amount If a Covered Person is in a Coma lasting 30 days or more as a result of a covered accident. The diagnosis of a Coma must indicate permanent neurological deficit is present. We will pay this benefit once per Covered Person per Covered Accident.</p>	\$12,500

Paralysis Benefit

We will pay the selected benefit amount shown for an Injury if that causes Paralysis which lasts more than 90 days, and is diagnosed by a Doctor within 90 days after the Covered Accident.

The amount paid will be based on the number of limbs paralyzed. If this benefit is paid and the Insured later dies as a result of the same Covered Accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.

Two limbs
\$6,250
Four limbs
\$12,500

Total Disability Premium Waiver Benefit

We will waive Premiums due under the Policy, with the first Premium due after the 90th day of Total Disability when an Insured's Total Disability starts before the Certificate anniversary prior to the Employee's 65th birthday and continues for at least 365 days.

Included

Youth Organized Sports Benefit

We will pay the selected benefit amount if all the following requirements are met:

- A Dependent Child (Age 18 or younger) is participating in an Organized Sports Event or scheduled practice and is injured;
- Certificate holder provides proof of the Dependent Child's registration in the Organized Sports Event.

We will pay an additional 25% of the total benefit paid for the Covered Accident, not to exceed \$1,500.

We will pay this Benefit once per Covered Accident per Dependent Child.

Additional 25%
to
\$1,500 Max

On The Job Insurance (24 Hour Insurance) Benefit

We will provide insurance for injuries, including Total Disability Premium Waiver, due to an Injury that is covered by Workers' Compensation or occupational disease law.

Included

Ambulatory Surgical Center Or Outpatient Hospital Facility Benefit

Pays a benefit for the day surgery is performed in an Ambulatory Surgical Center Facility or Outpatient Hospital Facility on an Insured Person because of a Covered Accident. This benefit is payable only once per Covered Accident. Two or more surgeries performed during the same ambulatory surgery session are considered one surgery.

\$600

Anesthesia Benefit

Pays the benefit shown on the schedule page if any insured person receives general anesthesia administered by a nurse anesthetist or Doctor within 90 days of an accident for surgery due do an accident for which a Surgical Care benefit is paid.

\$600

Epidural Pain Management Benefit

Pays a benefit if any insured person is prescribed, receives, and incurs a charge for an epidural administered for pain management in a Hospital or Doctor's office for injuries sustained in an accident. This benefit is not payable for an epidural administered during a surgical procedure. The benefit is paid once per accident per insured person.

\$200

<p>Open Abdominal, Thoracic Or Cranial Surgery Benefit Pays a benefit if any insured person has an open abdominal, thoracic, or cranial surgery provided by a doctor to repair an internal injury within 72 hours of the accident. This benefit is payable once per accident. Two or more surgeries performed during the same ambulatory surgery session will be considered one surgery. Hernia repair will not be covered.</p>	\$3,000
<p>Wellness Screening Benefit pays for 21 covered tests including mammograms, colonoscopies, and stress tests. Indemnity based and payable once per calendar year per insured. Coverage is same for all insureds on the certificate.</p>	\$75

PLAN PROVISIONS

<p>Eligibility</p>	<ul style="list-style-type: none"> • Employee issue ages 18-90 • Employee actively at work full-time, benefit eligible employees working at least 15 hours per week. • Spouse issue ages 18-90; ineligible if employee is denied. • Child issue ages 0-25; ineligible if employee is denied.
<p>Termination Age</p>	<ul style="list-style-type: none"> • Age 91 unless actively at work, then on last day of active employment. • Spouse remains active as long as employee coverage is active. Child coverage terminates at age 26.
<p>Portability</p>	<p>Prior to age 70, employees can take their coverage with them if they leave their employer provided the master policy remains in effect.</p>

Benefits and riders may vary by state and may not be available in all states.
This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit product at Disclosure.ManhattanLife.com. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

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