

<b>Accident Benefits</b>			
The Hartford's Accident plan(s) will pay each scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident while insurance is in effect, subject to any plan limitations and exclusions. State specific variations may apply to the benefits shown below.			
<b>Emergency, Hospital &amp; Treatment Care Package<sup>3</sup>:</b>			
<b>Treatment/Service</b>	<b>Detail (Per covered person)</b>	<b>Base Plan</b>	<b>Enhanced Plan</b>
ACCIDENT FO+83:102LLOW-UP	Up to 6 Treatments/accident within 90 Days	\$50	\$75
AMBULANCE – AIR	Once/accident within 72 Hours	\$750	\$1,500
AMBULANCE – GROUND	Once/accident within 90 Days	\$200	\$400
BLOOD/PLASMA/PLATELETS	Once/accident within 90 Days	\$250	\$500
CHIROPRACTIC CARE	Up to 10 visits/accident within 365 Days	\$50	\$50
DAILY HOSPITAL CONFINEMENT	Up to 365 Days/lifetime (Total daily and ICU)	\$115	\$225
DAILY ICU CONFINEMENT	Up to 30 Days/accident (Subject to 365 Days/lifetime)	\$200	\$400
DIAGNOSTIC EXAM	Once/accident within 90 Days	\$100	\$200
EMERGENCY DENTAL – CROWN	Highest benefit once/accident within 90 Days	\$150	\$300
EMERGENCY DENTAL – EXTRACTION	Highest benefit once/accident within 90 Days	\$50	\$100
EMERGENCY ROOM	Once /accident within 72 Hours	\$100	\$200
HOSPITAL ADMISSION	Once/accident within 90 Days	\$875	\$1,750
INITIAL PHYSICIAN OFFICE VISIT	Once/accident within 90 Days	\$40	\$75
LODGING	Up to 30 Nights/lifetime	\$90	\$175
MEDICAL APPLIANCE	Once/accident within 90 Days	\$65	\$125
PHYSICAL THERAPY	Up to 10 Visits/accident within 90 Days	\$25	\$50
REHABILITATION FACILITY	Up to 15 Days/lifetime within 90 Days	\$100	\$200
TRANSPORTATION	Up to 3 Trips/accident	\$325	\$650
URGENT CARE	Once /accident within 72 Hours	\$75	\$150
X-RAY	Once/accident within 90 Days	\$50	\$60
<b>Specified Injury &amp; Surgery Benefit Package:</b>			
<b>Injury/Treatment/Service</b>	<b>Detail (Per covered person)</b>	<b>Custom Plan 1</b>	<b>Custom Plan 2</b>
ABDOMINAL/THORACIC SURGERY	Once/accident within 90 Days	\$750	\$1,500
ARTHROSCOPIC SURGERY	Once/accident within 90 Days	\$100	\$200
BURN – 2ND DEGREE (≥ 34% OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$1,250	\$2,500
BURN – 3RD DEGREE (≥ 18IN <sup>2</sup> OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$6,250	\$12,500
BURN – SKIN GRAFT (FOR 3RD DEGREE BURN)	Once/accident	50% of burn benefit	50% of burn benefit
CONCUSSION	Up to 3 Concussions/year within 72 Hours	\$90	\$175
EYE INJURY – OBJECT REMOVAL	Highest benefit once/accident within 90 Days	\$50	\$80
EYE INJURY – SURGERY	Highest benefit once/accident within 90 Days	\$150	\$300
KNEE CARTILAGE – WITH REPAIR	Highest benefit once/accident within 12 Months	\$375	\$750
KNEE CARTILAGE – WITHOUT REPAIR		\$100	\$200
LACERATION – 2” TO 6”	Highest benefit once/accident within 72 Hours	\$150	\$300
LACERATION – 6” OR GREATER	Highest benefit once/accident within 72 Hours	\$300	\$600
ORGANIZED AMATEUR SPORTS INJURY	--	25% increase of non-catastrophic benefits	
RUPTURED DISC	Once/accident within 365 Days	\$400	\$800
TENDON/LIGAMENT/CUFF – SINGLE	Highest benefit once/accident within 365 Days	\$400	\$800
TENDON/LIGAMENT/CUFF – 2 OR MORE		\$600	\$1,200
<b>Specified Injury &amp; Surgery Benefit Package: Dislocations (dollar amounts shown are for Open Surgical injuries)</b>			
<b>Injury</b>	<b>Detail (Per covered person)</b>	<b>Custom Plan 1</b>	<b>Custom Plan 2</b>
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount	
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount	
ANKLE, FOOT BONES (EXCEPT TOES)		\$1,200	\$2,400
COLLARBONE – ACROMIO/SEPARATION		\$900	\$1,800
COLLARBONE – STERNOCLAVICULAR		\$900	\$1,800
ELBOW		\$900	\$1,800
FINGER, TOE		\$250	\$500

HIP		\$3,200	\$6,400	
KNEE	Once/joint/lifetime (Open or closed)	\$2,000	\$4,000	
LOWER JAW		\$900	\$1,800	
SHOULDER (GLENOHUMERAL )		\$1,500	\$3,000	
WRIST		\$900	\$1,800	
HAND BONES (EXCEPT FINGERS)		\$900	\$1,800	
CLOSED (NON-SURGICAL)		50% of open benefit		
INCOMPLETE/WITHOUT ANESTHESIA		25% of closed benefit		
MULTIPLE DISLOCATIONS/FRACTURES	--	≤200% of highest benefit		
<b>Specified Injury &amp; Surgery Benefit Package: Fractures (dollar amounts shown are for Open Surgical injuries)</b>				
<b>Injury</b>	<b>Detail (Per covered person)</b>	<b>Custom Plan 1</b>	<b>Custom Plan 2</b>	
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount		
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount		
ANKLE	Once/bone/accident within 90 Days	\$1,800	\$3,600	
FOOT BONES (EXCEPT TOES)		\$1,800	\$3,600	
COCCYX		\$400	\$800	
COLLARBONE/CLAVICLE OR STERNUM		\$1,800	\$3,600	
FINGER, TOE		\$240	\$480	
FOREARM – RADIUS OR ULNA		\$1,800	\$3,600	
HIP, THIGH/FEMUR		\$3,750	\$7,500	
KNEECAP/PATELLA		\$1,800	\$3,600	
LOWER JAW/MANDIBLE (EXC. ALV. PROCESS)		\$1,440	\$2,880	
LOWER LEG – FIBULA OR TIBIA		\$2,500	\$5,000	
NOSE, FACIAL BONES (EXCEPT JAW BONES)		\$1,200	\$2,400	
PELVIS (EXCEPT COCCYX)		\$3,200	\$6,400	
VERTEBRAE – PROCESSES		\$1,440	\$2,880	
RIB		\$400	\$800	
SHOULDER BLADE/SCAPULA		\$1,800	\$3,600	
SKULL – DEPRESSED		\$4,000	\$8,000	
SKULL – NON-DEPRESSED/SIMPLE		\$1,400	\$2,800	
UPPER ARM/HUMERUS		\$2,100	\$4,200	
UPPER JAW/MAXILLA (EXC. ALVEOLAR PROCESS)		\$1,500	\$3,000	
VERTEBRAE – BODY		\$3,750	\$7,500	
WRIST, HAND BONES (EXCEPT FINGERS)		\$1,800	\$3,600	
CLOSED (NON-SURGICAL)		50% of open benefit		
CHIP FRACTURE		25% of closed benefit		
MULTIPLE FRACTURES/DISLOCATIONS		--	≤200% of highest benefit	
<b>Catastrophic Benefits Package:</b>				
<b>Injury/Treatment/Service</b>		<b>Detail (Per covered person)</b>	<b>Custom Plan 1</b>	<b>Custom Plan 2</b>
COMA (≥ 168 CONTINUOUS HOURS)		Once/accident within 90 Days	\$7,250	\$14,500
PARALYSIS – QUADRIPLEGIA	Highest benefit once/accident within 90 Days	\$13,500	\$27,000	
PARALYSIS – PARAPLEGIA		\$6,750	\$13,500	
PROSTHESIS – SINGLE	Highest benefit once/accident within 365 Days	\$375	\$750	
PROSTHESIS – 2 OR MORE		\$750	\$1,500	
<b>Catastrophic Benefits Package: Dismemberments</b>				
<b>Injury</b>	<b>Detail (Per covered person)</b>	<b>Custom Plan 1</b>	<b>Custom Plan 2</b>	
<b>Additional Plan Features &amp; Services:</b>				
POLICY AGE LIMIT	Not Included			
EXTENDED CONTINUATION	Included			
CONTINUATION OF COVERAGE	Included			
CONTINUITY OF COVERAGE	Included			
ABILITY ASSIST® <sup>1</sup>	Included			
HEALTH CHAMPION <sup>SM</sup> <sup>1</sup>	Included			