



Life/AD&D

Dental

Vision

Short-Term Disability

Long-Term Disability

Critical Illness

Accident

Hospital Indemnity

Employee Benefits Proposal for:

Favorite Healthcare Staffing, Inc

Presented by:

Hub International NE LLC House Account

Hub International New England

Effective Date: January 01, 2024

Prepared On: August 08, 2023

Valid Until: November 06, 2023

Policy Form/Contract Numbers:

Dental: MOEBP19DEN; MOEBP19DEN_PPO; AXEBP19DEN and State Variations.

Vision: MOEBP15VN; AXEBP15VN and State Variations.

Group Life Insurance: ICC15 AXEBP15LI; ICC15 MOEBP15LI; MOEBP15LI; AXEBP15LI and State Variations.

Short- and Long-Term Disability: AXEBP15DI; MOEBP15DI and State Variations.

Group Critical Illness/Specified Disease Insurance: MOEBP19 CI; AXEBP19 CI; and State Variations.

Accident: MOEBP19 ACC; AXEBP19 ACC; and State Variations.

Group Hospital Indemnity Insurance: MOEBP22 HI; AXEBP22 HI; and State Variations.

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This proposal includes optional non-insurance services for specific lines of coverage and carry separate PEPM charges that are added to the cost of insurance. Travel Assistance Program services are provided by AXA Assistance USA, Inc.



| Eligibility | | |
|-----------------------------|---|--------------------------|
| Class Description | Class 1: All Active Full Time Employees Excluding R&D Core | |
| · | Employ | |
| Minimum Haura Paguirament | Class 5: All Active Full Tim 30 Hours p | |
| Minimum Hours Requirement | TBI | |
| Eligibility Waiting Period | 101 | |
| Benefit Plan and Features | | |
| Plan Schedule | 1.0 x Basic Ann | |
| Benefit Maximum | \$50,0 | |
| Guarantee Issue | \$50,0 | |
| Age Reduction | 35% of the original life amount at age 65 60% of the original life amount at age 70 75% of the original life amount at age 75 85% of the original life amount at age 80 | |
| Benefit Minimum | \$10,000 | |
| Round to the Next | \$1,000 | |
| Waiver of Premium | Total Disability Prior to Age 60 Any Occupation 9 Month Elimination Period Terminates at age 65 | |
| Accelerated Death Benefit | 75% to \$250,000 payable for terminal illness, severe cognitive impairment or loss of Activities of Daily Living | |
| Conversion Benefit | Included | |
| Employee Assistance Program | Not Included | |
| Travel Assistance | Included | |
| Takeover | Yes | |
| Definition of Earnings | Basic Annual E | arnings Only |
| Premium Contribution | | |
| Employer Contribution | 100 | % |
| Participation Requirement | Greater of 4 enrolled lives or 100% of eligible employees | |
| Cost Summary | Volume | Monthly Rate per \$1,000 |
| | \$31,817,800 | \$0.055 |
| Monthly Premium | \$1,749.98 | |
| Eligible Employees | 678 | |
| Covered Employees | 678 | |
| Commissions | Flat 10% | |
| Rate Guarantee | 36 Months | |



Group Accidental Death & Dismemberment

| Eligibility | | |
|---|--|---------------|
| Class Description | Class 1: All Active Full Time Employees Excluding R&D Core | |
| | Emplo | |
| Minimum Harra Damainamant | Class 5: All Active Full Time R&D Core Employees | |
| Minimum Hours Requirement | 30 Hours per week TBD | |
| Eligibility Waiting Period | l E | 30 |
| Benefit Plan and Features | | |
| Plan Schedule | 1.0 x Basic An | nual Earnings |
| Benefit Maximum | \$50 | ,000 |
| Definition of Loss | 365 I | Days |
| Dismemberment Benefit | 100% Both Han | |
| | 100% One Hand | |
| | 100% Hand or Foot a 50% One Han | • |
| | 50% Sight | |
| | 25% All Toes | |
| | 25% All Fingers | s on One Hand |
| | 25% Ur | |
| | 75% Pa | |
| | 50% He | |
| | 100% Quadriplegia 50% Speech | |
| | 50% Hearing in Both Ears | |
| | 50% Or | |
| | 100% Sight i | |
| Age Reduction | 35% of the original AD | |
| | 60% of the original AD | |
| | 75% of the original AD | |
| | 85% of the original AD&D amount at age 80 | |
| Minimum Benefit Amount | \$10,000 | |
| Round to the Next | \$1,000 | |
| Common Carrier Benefit | 100% of AD&D benefit up to \$250,000 Included | |
| Exposure and Disappearance Benefit | \$5, | |
| Rehabilitation/Physical Therapy Benefit Seat Belt Benefit | | |
| Airbag Benefit | \$10,000 \$5,000 | |
| Premium Contribution | φο,, | |
| Employer Contribution | 100% | |
| Participation Requirement | Greater of 4 enrolled lives or 100% of eligible employees | |
| Cost Summary | Volume Monthly Rate per \$1,000 | |
| Cost Summary | \$31,817,800 | \$0.020 |
| Monthly Premium | \$636.36 | |
| Eligible Employees | 678 | |
| Covered Employees | 678 | |
| Commissions | Flat 10% | |
| Rate Guarantee | 36 Months | |
| nate Gaurantee | JO MOHUIS | |



Group Supplemental Life

| Eligibility | |
|----------------------------|--|
| Class Description | Class 1: All Active Full Time Employees Excluding R&D Core Employees Class 5: All Active Full Time R&D Core Employees |
| Minimum Hours Requirement | 30 Hours per week |
| Eligibility Waiting Period | TBD |
| Benefit Plan and Features | |
| Plan Schedule | \$10,000 to \$500,000 in \$10,000 increments, not to exceed 5 times employee's Basic Annual Earnings |
| Benefit Maximum | \$500,000 |
| Guarantee Issue | \$200,000 |
| Age Reduction | 35% of the original life amount at age 65 50% of the original life amount at age 70 |
| Minimum Benefit Amount | \$10,000 |
| Waiver of Premium | Total Disability Prior to Age 60 Any Occupation 9 Month Elimination Period Terminates at age 65 |
| Accelerated Death Benefit | 75% to \$250,000 payable for terminal illness, severe cognitive impairment or loss of Activities of Daily Living |
| Portability | Included |
| Conversion Benefit | Included |
| Enrollment | Open enrollment for the policy effective date only (EOI is required for any amounts above the GI amount); for future annual enrollments coverage can be increased during the annual enrollment period by 2 increment(s) without EOI; EOI is required for any increases above this amount, for any amounts above the GI amount, and for all late entrants |
| Takeover | Yes |
| Definition of Earnings | Basic Annual Earnings Only |
| Premium Contribution | |
| Employer Contribution | 0% |
| Participation Requirement | 20% of eligible employees |
| | |



Group Supplemental Life

| Cost Summary | | Volume | Monthly Rate per \$1,000 |
|---------------------|-------|-------------|--------------------------|
| · | <25 | \$50,000 | \$0.070 |
| | 25-29 | \$1,940,000 | \$0.070 |
| | 30-34 | \$3,520,000 | \$0.100 |
| | 35-39 | \$3,850,000 | \$0.140 |
| | 40-44 | \$2,590,000 | \$0.180 |
| | 45-49 | \$2,010,000 | \$0.300 |
| | 50-54 | \$2,870,000 | \$0.510 |
| | 55-59 | \$180,000 | \$0.710 |
| | 60-64 | \$380,000 | \$1.500 |
| | 65-69 | \$200,000 | \$2.030 |
| | 70-74 | \$0 | \$4.140 |
| | 75-79 | \$0 | \$4.140 |
| | 80+ | \$0 | \$4.140 |
| Monthly Premium | | \$4,667.00 | |
| Eligible Employees | | 678 | |
| Covered Employees | | 137 | |
| Commissions | | Flat 10% | |
| Rate Guarantee | | 36 Months | |



Group Supplemental Accidental Death & Dismemberment

| Class 1: All Active Full Time Employees Excluding R&D Core Employees | Eligibility | | | |
|---|---------------------------|--|--|--|
| Employees Class 5: All Active Full Time R&D Core Employees 30 Hours per week 3 | | Class 1: All Active Full Time Employees Excluding R&D Co | | |
| Minimum Hours Requirement 30 Hours per week | • | | | |
| Separate | | | | |
| Separative Sep | • | • | | |
| Separation Sep | <u> </u> | TBD | | |
| times employee's Basic Annual Earnings \$500,000 | Benefit Plan and Features | | | |
| Senefit Maximum \$500,000 | Plan Schedule | | | |
| Definition of Loss 365 Days | | · · · · · · · · · · · · · · · · · · · | | |
| 100% Both Hands or Both Feet | | | | |
| 100% One Hand and One Foot 100% Hand or Foot and Sight in One Eye 50% One Hand or One Foot 50% Sight in One Eye 25% All Toes on One Foot 25% All Toes on One Foot 25% All Tingers on One Hand 25% Uniplegia 75% Paraplegia 50% Hemiplegia 100% Quadriplegia 50% Hemiplegia 100% Quadriplegia 50% Hearing in Both Ears 50% One Limb 100% Sight in Both Eyes 35% of the original AD&D amount at age 65 50% of the original AD&D amount at age 70 20% of Hearing In Both Ears 50% of the original AD&D amount at age 70 20% of All Enders 25% One Limb | Definition of Loss | 365 Days | | |
| 100% Hand or Foot and Sight in One Eye 50% One Hand or One Foot 50% Sight in One Eye 25% All Toes on One Foot 25% All Toes on One Hand 25% Uniplegia 75% Paraplegia 50% Hemiplegia 100% Quadriplegia 50% Speech 50% Hearing in Both Ears 50% One Limb 100% Sight in Both Ears 50% One Limb 100% Sight in Both Ears 50% of the original AD&D amount at age 65 50% of the original AD&D amount at age 70 Common Carrier Benefit 100% of AD&D benefit up to \$250,000 Rehabilitation/Physical Therapy Benefit \$5,000 Seat Belt Benefit \$5,000 Fremium Contribution Premium Contribution Employer Contribution Participation Requirement 20% of eligible employees Cost Summary Volume Monthly Rate per \$1,000 TBD \$0,020 Monthly Premium TBD Eligible Employees 678 Covered Employees TBD Flat 10% | Dismemberment Benefit | | | |
| 50% One Hand or One Foot 50% Sight in One Eye 25% All Tone Eye 25% All Tone Eye 25% All Tone on One Foot 25% All Fingers on One Foot 25% All Fingers on One Hand 25% Uniplegia 75% Paraplegia 50% Hemiplegia 100% Quadriplegia 50% Speech 50% Hearing in Both Ears 50% One Limb 100% Sight in Both Eyes 35% of the original AD&D amount at age 65 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 65 50% of the original AD&D amount at age 65 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 70 50% of the original AD&D amount at age 70 50% of the original AD&D a | | | | |
| Sow Sight in One Eye | | , | | |
| 25% All Toes on One Foot 25% All Fingers on One Hand 25% Uniplegia 75% Paraplegia 75% Paraplegia 75% Paraplegia 100% Quadriplegia 100% Quadriplegia 50% Sepech 50% Sepech 50% Sepech 50% Sepech 50% One Limb 100% Sight in Both Ears 50% One Limb 100% Sight in Both Eyes 40% One Limb 100% of the original AD&D amount at age 65 50% of the original AD&D amount at age 70 20% One Limb 20% of AD&D benefit up to \$250,000 | | | | |
| 25% All Fingers on One Hand 25% Uniplegia 75% Paraplegia 50% Hemiplegia 50% Hemiplegia 50% Hemiplegia 50% Hemiplegia 50% Speech 50% Hearing in Both Ears 50% One Limb 100% Sight in Both Eyes 50% of the original AD&D amount at age 65 50% of the original AD&D amount at age 65 50% of the original AD&D amount at age 70 20% of the original AD&D amount at age 70 20% of the original AD&D amount at age 70 20% of the original AD&D amount at age 70 20% of the original AD&D amount at age 70 20% of the original AD&D amount at age 70 20% of the original AD&D amount at age 70 20% of the original AD&D amount at age 70 20% of the original AD&D amount at age 70 20% of AD&D benefit up to \$250,000 20% 20% of AD&D benefit up to \$250,000 20% of AD&D benefit up to | | | | |
| 25% Uniplegia 75% Paraplegia 50% Hemiplegia 50% Hemiplegia 100% Quadriplegia 50% Speech 50% Speech 50% Speech 50% Speech 50% One Limb 100% Sight in Both Ears 50% One Limb 100% Sight in Both Eyes 35% of the original AD&D amount at age 65 50% of the original AD&D amount at age 65 50% of the original AD&D amount at age 70 100% of AD&D benefit up to \$250,000 | | | | |
| 75% Paraplegia 50% Hemiplegia 100% Quadriplegia 100% Quadriplegia 100% Speech 50% Speech 50% Speech 50% Hearing in Both Ears 50% One Limb 100% Sight in Both Eyes 35% of the original AD&D amount at age 65 50% of the original AD&D amount at age 70 100% of AD&D benefit up to \$250,000 100% of AD&D benefit up to \$250,000 100% of AD&D benefit up to \$250,000 100% of AD&D benefit up to \$5,000 100% | | | | |
| So% Hemiplegia 100% Quadriplegia 100% Quadriplegia 100% Speech 50% Speech 50% Hearing in Both Ears 50% One Limb 100% Sight in Both Eyes 35% of the original AD&D amount at age 65 50% of the original AD&D amount at age 70 100% of AD&D benefit up to \$250,000 100% of AD&D benef | | 75% Paraplegia | | |
| 100% Quadriplegia S0% Speech S0% Speech S0% Speech S0% Speech S0% Hearing in Both Ears 50% One Limb 100% Sight in Both Eyes Age Reduction 35% of the original AD&D amount at age 65 50% of the original AD&D amount at age 70 | | | | |
| So% Hearing in Both Ears 50% One Limb 100% Sight in Both Eyes | | , , | | |
| Solvation | | 50% Speech | | |
| Age Reduction 35% of the original AD&D amount at age 65 50% of the original AD&D amount at age 70 Common Carrier Benefit 100% of AD&D benefit up to \$250,000 Rehabilitation/Physical Therapy Benefit \$5,000 Seat Belt Benefit \$10,000 Airbag Benefit \$5,000 Premium Contribution Employer Contribution Employer Contribution Cost Summary Volume Monthly Rate per \$1,000 TBD \$0.020 Monthly Premium TBD Eligible Employees Covered Employees TBD Commissions | | 50% Hearing in Both Ears | | |
| Age Reduction 35% of the original AD&D amount at age 65 50% of the original AD&D amount at age 70 Common Carrier Benefit 100% of AD&D benefit up to \$250,000 Rehabilitation/Physical Therapy Benefit \$5,000 Seat Belt Benefit \$10,000 Airbag Benefit \$5,000 Premium Contribution 0% Employer Contribution 0% Participation Requirement 20% of eligible employees Cost Summary Volume Monthly Rate per \$1,000 Monthly Premium TBD Eligible Employees 678 Covered Employees TBD Commissions Flat 10% | | | | |
| Common Carrier Benefit Rehabilitation/Physical Therapy Benefit Seat Belt Benefit Airbag Benefit Premium Contribution Employer Contribution Participation Requirement Cost Summary Volume Monthly Premium TBD Eligible Employees Covered Employees Commissions 50% of the original AD&D amount at age 70 100% of AD&D benefit up to \$250,000 100% 255,000 100% of AD&D benefit up to \$250,000 100% of | | | | |
| Common Carrier Benefit Rehabilitation/Physical Therapy Benefit Seat Belt Benefit Airbag Benefit Premium Contribution Employer Contribution Participation Requirement Cost Summary Volume Monthly Rate per \$1,000 TBD Eligible Employees Covered Employees Commissions Flat 10% | Age Reduction | | | |
| Rehabilitation/Physical Therapy Benefit \$5,000 Seat Belt Benefit \$10,000 Airbag Benefit \$5,000 Premium Contribution Employer Contribution 0% Participation Requirement 20% of eligible employees Cost Summary Volume Monthly Rate per \$1,000 TBD \$0.020 Monthly Premium TBD Eligible Employees 678 Covered Employees TBD Commissions | 0 0 1 0 64 | | | |
| Seat Belt Benefit \$10,000 Airbag Benefit \$5,000 Premium Contribution Employer Contribution 0% Participation Requirement 20% of eligible employees Cost Summary Volume Monthly Rate per \$1,000 TBD \$0.020 Monthly Premium TBD Eligible Employees 678 Covered Employees TBD Commissions | | • | | |
| Airbag Benefit \$5,000 Premium Contribution Employer Contribution 0% Participation Requirement 20% of eligible employees Cost Summary Volume Monthly Rate per \$1,000 TBD \$0.020 Monthly Premium TBD Eligible Employees 678 Covered Employees TBD Commissions Flat 10% | | · · · · · · · · · · · · · · · · · · · | | |
| Premium Contribution Employer Contribution Participation Requirement Cost Summary Volume Monthly Rate per \$1,000 TBD TBD S0.020 Monthly Premium Eligible Employees Covered Employees TBD TBD TBD TBD TBD Flat 10% | | | | |
| Employer Contribution 0% Participation Requirement 20% of eligible employees Cost Summary Volume Monthly Rate per \$1,000 TBD \$0.020 Monthly Premium TBD Eligible Employees 678 Covered Employees TBD Commissions Flat 10% | | \$5,000 | | |
| Participation Requirement Cost Summary Volume Monthly Rate per \$1,000 TBD TBD S0.020 Monthly Premium Eligible Employees Covered Employees TBD TBD TBD Flat 10% | | | | |
| Cost Summary Volume Monthly Rate per \$1,000 TBD \$0.020 Monthly Premium TBD Eligible Employees 678 Covered Employees TBD Commissions Flat 10% | • • | | | |
| Monthly Premium TBD TBD TBD TBD Eligible Employees Covered Employees TBD Flat 10% | | 3 | | |
| Monthly Premium Eligible Employees Covered Employees TBD TBD TBD TBD TBD TBD Flat 10% | Cost Summary | | | |
| Eligible Employees 678 Covered Employees TBD Commissions Flat 10% | Mandala Drawina | 70.020 | | |
| Covered Employees TBD Commissions Flat 10% | | | | |
| Commissions Flat 10% | <u> </u> | | | |
| 501111113310113 | | | | |
| | | 1,330,10,70 | | |
| Rate Guarantee 36 Months | Rate Guarantee | 36 Months | | |



Group Supplemental Dependent Life

| Eligibility | | |
|---------------------------------------|--|--|
| Class Description | Class 1: All Active Full Time Employees Excluding R&D Core Employees Class 5: All Active Full Time R&D Core Employees | |
| Minimum Hours Requirement | 30 Hours per week | |
| Eligibility Waiting Period | TBD | |
| Definition (as defined in the policy) | Spouse and Child(ren) must be living in the United States and performing the normal activities of a person of like age/sex on the effective date of insurance. Child(ren) covered from birth to age 26. | |
| Benefit Plan and Features | | |
| Plan Schedule | Spouse: \$5,000 to \$250,000 in \$5,000 increments, not to exceed 100% of the employee's Supplemental Life amount. Child: Live birth to 14 days: \$500 15 days to age 26: \$10,000 to \$10,000 in \$10,000 increments | |
| Guarantee Issue | Spouse: \$50,000 | |
| Age Reduction | 35% of the original life amount at age 65 50% of the original life amount at age 70 | |
| Waiver of Premium | Total Disability Prior to Age 60 Any Occupation 9 Month Elimination Period Terminates at age 65 | |
| Spouse Accelerated Death Benefit | 75% to \$250,000 payable for terminal illness, severe cognitive impairment or loss of Activities of Daily Living | |
| Enrollment | Open enrollment for the policy effective date only for spouse coverage; EOI is required for any spouse amounts above the GI amount; for future annual enrollments coverage can be increased on spouses during the annual enrollment period by 2 increment(s) without EOI; EOI is required for any increases above this amount, for any amounts above the GI amount, and for all late entrants. Employees can add or increase coverage on their child(ren) at any annual enrollment period without EOI. | |
| Premium Contribution | | |
| Employer Contribution | 0% | |
| Participation Requirement | 20% of eligible employees | |



Group Supplemental Dependent Life

| Cost Summary | | Volume | Monthly Rate per \$1000 |
|------------------------------------|------------|-----------|-------------------------|
| • | SPOUSE | | |
| | <25 | TBD | \$0.070 |
| | 25-29 | TBD | \$0.070 |
| | 30-34 | TBD | \$0.100 |
| | 35-39 | TBD | \$0.140 |
| | 40-44 | TBD | \$0.180 |
| | 45-49 | TBD | \$0.300 |
| | 50-54 | TBD | \$0.510 |
| | 55-59 | TBD | \$0.710 |
| | 60-64 | TBD | \$1.500 |
| | 65-69 | TBD | \$2.030 |
| | 70-74 | TBD | \$4.140 |
| | 75-79 | TBD | \$4.140 |
| | 80+ | TBD | \$4.140 |
| | CHILD(REN) | TBD | \$0.160 |
| Monthly Premium | | TBD | |
| Eligible Employees with Dependents | | 678 | |
| Enrolled Employees with Dependents | | TBD | |
| Commissions | | Flat 10% | |
| Rate Guarantee | | 36 Months | |



Group Supplemental Dependent Accidental Death & Dismemberment

| Eligibility | | |
|----------------------------|--|--|
| Class Description | Class 1: All Active Full Time Employees Excluding R&D Core Employees Class 5: All Active Full Time R&D Core Employees | |
| Minimum Hours Requirement | 30 Hours per week | |
| Eligibility Waiting Period | Т | BD |
| Benefit Plan and Features | | |
| Plan Schedule | Spouse: \$5,000 to \$250,000 in \$5,000 increments, not to exceed 100% of the employee's Supplemental Life amount. Child: Live birth to 14 days: \$500 15 days to age 26: \$10,000 to \$10,000 in \$10,000 increments | |
| Benefit Maximum | | \$250,000 \$10,000 |
| Definition of Loss | 365 | Days |
| Dismemberment Benefit | 100% Both Hands or Both Feet 100% One Hand and One Foot 100% Hand or Foot and Sight in One Eye 50% One Hand or One Foot 50% Sight in One Eye 25% All Toes on One Foot 25% All Fingers on One Hand 25% Uniplegia 75% Paraplegia 50% Hemiplegia 100% Quadriplegia 50% Speech 50% Hearing in Both Ears 50% One Limb | |
| Age Reduction | | D&D amount at age 65 D&D amount at age 70 |
| Premium Contribution | | |
| Employer Contribution | C | 0% |
| Participation Requirement | 20% of eligib | ole employees |
| Cost Summary | Volume | Monthly Rate per \$1,000 |
| SPOUSE | | \$0.020 |
| CHILD(REN) | TBD | \$0.020 |
| Monthly Premium | TBD | |
| Eligible Employees | 678 | |
| Covered Employees | TBD | |
| Commissions | Flat 10% | |
| Rate Guarantee | 36 Months | |



| F15.45.456. | | |
|---|---|--|
| Eligibility | | |
| Class Description | Class 1: All Active Full Time Employees Excluding Temporary FHS, R&D Partners and R&D Core Employees Class 3: All Temporary FHS Employees electing Medical coverage Class 4: All Active Full Time XLL Eligible R&D Partners | |
| | Employees | |
| | Class 5: All Active Full Time R&D Core Employees | |
| Minimum Hours Requirement | 30 Hours per week | |
| Eligibility Waiting Period | TBD | |
| Benefit Plan and Features | | |
| Coinsurance | 100/80/50 In-Network | |
| D. C. Domo on tile | 100/80/50 Out-Network (R&C) 90th | |
| R&C Percentile | | |
| Annual Deductible In-Network | \$50 Calendar Year \$50 Calendar Year | |
| Annual Deductible Out-Network | Yes | |
| Deductible Waived for Preventive Services In- Network | 1.5 | |
| Deductible Waived for Preventive Services Out- Network | Yes | |
| Family Deductible In-Network | \$150 | |
| Family Deductible Out-Network | \$150 | |
| Annual Maximum In-Network | \$1,750 Calendar Year | |
| Annual Maximum Out-Network | \$1,750 Calendar Year | |
| Periodic and Comprehensive Oral Evaluations | Included in Preventive Services | |
| Limited Oral Evaluations | Included in Preventive Services | |
| Professional Consultations | Included in Preventive Services | |
| Professional Office Visits | Included in Preventive Services | |
| X-Rays (Complete Series/Panoramic) | Included in Preventive Services | |
| X-Rays (Bitewings) | Included in Preventive Services | |
| X-Rays (All Others) | Included in Basic Services | |
| Prophylaxis (Cleanings) | Included in Preventive Services | |
| Fluoride Treatments | Included in Preventive Services | |
| Lab and Tests | Included in Preventive Services | |
| Sealants | Included in Preventive Services | |
| Basic Restorative Services - Amalgam Fillings and Composites Fillings on Anterior Teeth | Included in Basic Services | |
| Basic Restorative Services - Composites on Posterior Teeth Fillings | Included in Basic Services | |
| Space Maintainers | Included in Preventive Services | |
| Palliative (Emergency) Treatment | Included in Basic Services | |
| Simple Extractions | Included in Basic Services | |
| Surgical Extractions and Removal of Impacted Teeth | Included in Basic Services | |
| Oral Surgery | Included in Major Services | |
| Surgical Endodontics | Included in Major Services | |
| Non-Surgical Endodontics | Included in Major Services | |
| | <u> </u> | |



| Benefit Plan and Features | | |
|--|---|--|
| Periodontal Maintenance | Included in Basic Services | |
| Non-Surgical Periodontics | Included in Major Services | |
| Surgical Periodontics | Included in Major Services | |
| Anesthesia | Included in E | asic Services |
| Occlusal Guards | Not C | overed |
| Inlays/ Onlays/ Crowns | Included in N | lajor Services |
| Veneers | Not C | overed |
| Dentures | Included in N | lajor Services |
| Bridges | Included in N | lajor Services |
| Implants | Included in N | lajor Services |
| Adjustments, Repairs, Reline and Rebase of | Included in N | lajor Services |
| Dentures | | |
| Other Prosthetics | Included in Major Services | |
| Teeth Whitening | Not Included | |
| Orthodontics | | Coinsurance |
| | | Deductible me Maximum |
| | • • | up to age 19) |
| TMJ | Not Included | |
| Benefit Waiting Periods | Standard | Late Entrants |
| | New Hires Only None | 12 Months Basic Services 12 Months Major Services |
| | None | 12 Months Ortho Services |
| Enrollment | Initial and Annual Open Enrollment | |
| Takeover | Υ | es |
| Prior Coverage Deductible Credit | 1 | lo |
| Premium Contribution | | |
| Employer Contribution | C | % |
| Participation Requirement | Greater of 10 enrolled lives or 80% of eligible employees | |
| Cost Summary | # of Employees | Monthly Rates |
| Employee Only | 789 | \$32.22 |
| Employee & Spouse | 92 | \$61.18 |
| Employee & Child | 155 | \$72.45 |
| Family Namble Drawing | 138 | \$101.41 |
| Monthly Premium | \$56,274.47 Flat 10% | |
| Commissions | | |
| Rate Guarantee | 24 Months | |



| Plan Specifications | | |
|---|---|--|
| Dependent Children | To Age 26 | |
| Reasonable & Customary (R&C) | Out-Network benefits are calculated by applying the coinsurance percentage to the dentist's charge, subject to the reasonable and customary limit, less the deductible. | |
| Benefit Category | | |
| Type I: Diagnostic and Preventive Services | | |
| Periodic and Comprehensive Oral Evaluations | 2 per 12 consecutive months inclusive of Limited Evaluations and Office Visits After Regularly Scheduled Hours. | |
| Limited Oral Evaluations | Limited Oral Evaluations: 2 per 12 consecutive months inclusive of Periodic and Comprehensive Evaluations and Office Visits After Regularly Scheduled Hours. | |
| Professional Consultations | Professional Consultations: 1 per 12 consecutive months per specialty and no more than 2 for all specialties within this period, inclusive of Office Visit for Observation During Regularly Scheduled Hours- No Other Services Performed. | |
| Professional Office Visits | Professional Office Visits: 1 per 12 consecutive months inclusive of Periodic and Comprehensive Evaluations, Limited Evaluations and Professional Consultations. | |
| Prophylaxis (Cleanings) | 2 per 12 consecutive months inclusive of Periodontal Maintenance and Full Mouth Debridements. | |
| Fluoride Treatment | 2 per 12 consecutive months to age 18. | |
| Sealants | Covered to Age 16 limited to one per tooth per 36 months for non-restored first and second permanent molars. | |
| Bitewing X-Rays | 2 sets per 12 consecutive months | |
| Complete Series/ Panoramic X-Rays | Once per 36 consecutive months | |
| Tests | Limited to Adjunctive Pre Diagnostic, HBA1c, and Pulp Vitality - 1 per 12 consecutive months | |
| Labs | Brush Biopsy, Accession of Tissue and Laboratory Accession Sample - 1 per 12 consecutive months | |
| Space Maintainers | Limited to initial appliance only up to age 16. Includes all adjustments within 6 months of installation | |
| Type II: Basic Services | | |
| Periapicals and Other X-Rays | Once per 36 consecutive months | |
| Palliative (Emergency) Treatment | Eligible only when no other procedure is performed on the same day except for Diagnostic procedures. | |
| Anesthesia | General Anesthesia is covered when medically or dentally necessary in conjunction with covered surgical dental services. Local Anesthesia is included in the fee for procedure being performed. | |
| Basic Restorative Services - Amalgam Fillings and Composites Fillings on Anterior Teeth | 1 per tooth surface in 12 consecutive months | |
| Basic Restorative Services - Composites Fillings on Posterior Teeth | 1 per tooth surface in 12 consecutive months | |
| Simple Extractions | per tooth per lifetime. Extractions of primary teeth or adult teeth solely for orthodontic purposes will be classified as orthodontic services. | |
| Surgical Extractions and Removal of Impacted Teeth | 1 per tooth per lifetime. Extractions of primary teeth or adult teeth solely for orthodontic purposes will be classified as orthodontic services. | |



| Periodontal Maintenance | Only where Periodontal Treatment has been performed, limited to 4 per 12 consecutive months less the number of regular Cleanings and Debridements (if covered) received during such period. If more than one periodontal treatment covered, they must be 3 months apart. |
|--|---|
| Type III: Major Services | |
| Oral Surgery | Limited to 1 unique site per 36 months |
| Surgical Endodontics | 1 per 36 consecutive months |
| Non-Surgical Endodontics | Root Canal and Miscellaneous Services - 1 per tooth per lifetime. Retreatment of Root Canal - 1 per tooth per 12 consecutive months. |
| Non-Surgical Periodontics | Full Mouth Debridement - 1 per 5 years when Necessary to enable comprehensive evaluation and diagnosis. Counted towards Periodontal Maintenance and regular Cleanings. Scaling in Presence of Generalized Gingival Inflammation - 1 per full mouth per 24 consecutive months. Other Non-Surgical procedures - 1 per quadrant per 36 consecutive months. |
| Surgical Periodontics | 1 per quadrant per 36 consecutive months |
| Inlays/Onlays/Crowns | 1 replacement per tooth in 60 consecutive months |
| Dentures | 1 replacement in 60 consecutive months, subject to the Missing Tooth clause. |
| Bridges | 1 replacement in 60 consecutive months, subject to the Missing Tooth clause. |
| Implants | 1 per tooth per lifetime subject to the Missing Tooth clause. |
| Adjustments, Repairs, Relines and Rebase | Denture Adjustments, Repairs and Replacement of services - 1 per 12 consecutive months. Reline and Rebase - 1 per 24 consecutive months. If by same dentist who performed the installation. Adjustments allowed only after 6 months of installation. |
| Other Prosthetics | Overdentures - 1 replacement per arch per 60 consecutive months against Dentures. Tissue Conditioning - 1 per arch per 12 consecutive months. |

Dental ID cards are not needed in order to receive treatment from a dentist, but can help to simplify our members' office experience so we encourage that members have them available when visiting a dentist.

We recommend that a pre-treatment estimate be submitted for all anticipated work that is considered to be expensive by our insured. A pre-treatment estimate is not a pre-authorization or guarantee of payment or eligibility; rather it is an indication of the estimated benefits available if the described procedures are performed based on eligible services and subject to benefits availability at the time that the pre-treatment is received. A pre-treatment estimate is not required in order to receive benefits for covered services.

This proposal provides a summary of benefits only. Complete benefit frequencies, limitations, alternate benefits provisions, plan provisions and procedures requiring technical review are shown in the certificate of coverage. If this case is sold, refer to Group Dental Insurance certificate for complete benefits information.

660 Group Vision

| Eligibility | | | | | |
|---|--|---|---|--|----------------------|
| Class Description | | | Class 1: All Active Full Time Employees Excluding Temporary FHS, R&D Partners and R&D Core Employees Class 3: All Temporary FHS Employees electing Medical coverage Class 4: All Active Full Time XLL R&D Partners Employees Class 5: XLL Eligible R&D Partners Employees 30 Hours per week | | |
| Minimum Hours Red Eligibility Waiting Pe | - | | | TBD | |
| Covered Services | Description | In-Netwo | rk Benefit | In-Network Copay | Frequency* |
| Eye Examination | Wellness examination to evaluate eye health | | ed in Full | \$10 | Every 12 Months |
| Prescription Eyeglasses | | | | \$25 | See Frame and Lenses |
| Frames | | \$150 allowance for a wide selection of frames; \$170 allowance for featured frame brands; 20% savings on the amount over your allowance | | Included in Prescription Eyeglasses | Every 24 Months |
| Lenses | Single Vision, Lined Bifocal and Lined Trifocal and Lenticular Lenses; Polycarbonate lenses for Dependent Children | Covered in Full | | Included in Prescription Glasses | Every 12 Months |
| Lens Enhancements | Standard Progressive Premium Progressive Custom Progressive | | | \$55 \$95-\$105 \$150-\$175 | Every 12 Months |
| Elective Contact Lenses | Available in lieu of prescription eyeglasses | \$150 allowance for contacts | | Included in Prescription Glasses | Every 12 Months |
| | | | ens exam evaluation) | Up to \$60 | |
| Necessary Contact Lenses | Available in lieu of prescription eyeglasses | Covere | ed in Full | \$25 | Every 12 Months |
| Covered Services | Description | | Out-of-Net | work Benefit | Frequency |
| Eye Examination | Wellness examination to evaluate eye health | | Up t | o \$45 | Every 12 Months |
| Frames | | Up to \$70 | | Every 24 Months | |
| Lenses | Single Vision Lined Bifocal Lined Trifocal Lenticular | Up to \$30 Up to \$50 Up to \$65 Up to \$100 | | Every 12 Months | |
| Elective Contact Lenses | Available in lieu of prescription eyeglasses | Up to \$105 | | Every 12 Months | |
| Necessary Contact Lenses | | Up to \$210 Every 12 Months | | | |
| Benefit Plan and | Features | | | | |
| Enrollment | | | | Initial and Annual Open | Enrollment |

^{*}Frequency is calculated from last date of service/last date of purchase.

Takeover

Yes



| Premium Contribution | | | |
|---------------------------|---------------------------------|------------------------------|--|
| Employer Contribution | 0% | | |
| Participation Requirement | Greater of 10 enrolled lives of | or 65% of eligible employees | |
| Cost Summary | # of Employees | Monthly Rates | |
| Employee Only | 661 | \$5.96 | |
| Employee & Spouse | 86 | \$11.31 | |
| Employee & Child | 132 | \$11.91 | |
| Family | 108 | \$17.52 | |
| Monthly Premium | \$8,33 | 76.50 | |
| Commissions | Flat 10% | | |
| Rate Guarantee | 24 Months | | |

Quote includes annual open enrollment.



Administrative Services Only Administrative Services with Check Cutting

| Eligibility | | | | |
|-------------------------------|---|--|---|---|
| Class Description | | | Fime Employees Excluding Employees Full Time R&D Core Emp | |
| Claim Managemer | nt Services | | | , |
| Claim Submission | FaxPaperTelephonic | | | |
| Claim Management | Provide claimant and em Approval or denial de | elivered via telephone, email or letter provide perfection or appeal langua | · · · · · · · · · · · · · · · · · · · | uration of vide |
| | Provide assessment for c Conduct a midpoint asse | clinical management and Return-to-\ ssment for LTD transition | Nork opportunities | |
| Check Cutting Services | Clients will pre-fund an E Benefit payments issued | • | | |
| Appeals | conducts a new and complet that includes a recommendar upon which the recommendar | empany's receipt of an appeal letter, the review of the claim file. Company tion, the applicable reasons, and spe attion is based. Customer conducts it and then Customer communicates the | provides Customer with an ecific references to the Pla s full and fair file review, m | n analysis In Documents nakes the |
| Fiduciary Responsibilities | | Employer is both claim and plan | fiduciary. | |
| Cost Summary | | Per Employee Per Month Fee (PEPM): | Covered Employees | Monthly Rate |
| Commissions | | \$2.00 | 1486 Flat 0% | \$2,972.00 |
| Rate Guarantee | | 24 Months | | |
| Juan di lico | | | | |



Group Long-Term Disability

| Filedalia. | | | |
|---|--|----------------------------|--|
| Eligibility | | | |
| Class Description | Class 1: All Active Full Time Employees Excluding R&D Par and R&D Core Employees | | |
| | | me R&D Core Employees | |
| Minimum Hours Requirement | 30 Hours | per week | |
| Eligibility Waiting Period | TI | BD | |
| Benefit Plan and Features | | | |
| Benefit Percentage | 60 | 0% | |
| Maximum Monthly Benefit | \$7, | 500 | |
| Elimination Period | 90 I | Days | |
| Minimum Monthly Benefit | Greater of \$100 or 1 | 10% of Gross benefit | |
| Guaranteed Issue Benefit | \$7, | 500 | |
| Own Occupation Period | 24 Month Own O | cc/ Any Occ After | |
| Earnings Test | Own Occupation 80% | / Any Occupation 60% | |
| Social Security Integration | Direct | Family | |
| Maximum Payment Duration | ADEA1 w | ith SSNRA | |
| Definition of Disability | Res | idual | |
| Recurrent Disability | 6 mg | onths | |
| Pre-Existing Condition Limitation | 3/12 | | |
| Coverage Basis | 24 Hour | | |
| Mental Illness/Substance Abuse Limitation | 24 Months Lifetime Benefit | | |
| Special Conditions Limitation | Not In | cluded | |
| Return to Work Incentive Benefit | 12 months | | |
| Survivor Income Benefit | 3 Month Gross Lump Sum | | |
| Rehabilitation Program | Mandatory Participation | | |
| Family Care Deduction Benefit | Included | | |
| Workplace Modification Benefit | Incl | uded | |
| Waiver of Disability Premium | Incl | uded | |
| Activities of Daily Living | Not In | cluded | |
| Takeover | Y | es | |
| Employee Assistance Program | Not In | cluded | |
| FICA Match | Incl | uded | |
| W2 Services | | uded | |
| Definition of Earnings | Basic Annual | Earnings Only | |
| Premium Contributions | | | |
| Employer Contribution | 100% | | |
| Participation Requirement | Greater of 10 enrolled lives or 100% of eligible employee | | |
| Cost Summary | Monthly Covered Payroll | Monthly Rate per \$100 MCP | |
| | (MCP) \$3,295,892 | \$0.400 | |
| Monthly Premium | \$13,183.57 | | |
| Eligible Employees | 678 | | |
| Covered Employees | 678 | | |
| Commissions | Flat 10% | | |
| Rate Guarantee | 36 M | lonths | |
| | • | | |



Group Long-Term Disability

| Class Description Minimum Hours Requirement Eligibility Waiting Period Benefit Percentage Benefit Percentage Benefit Percentage Minimum Monthly Benefit Guaranteed Issue Benefit Guaranteed Issue Benefit Guaranteed Issue Benefit Own Occupation Period Direct Family Maximum Monthly Benefit Guaranteed Issue Benefit Own Occupation Period Direct Family Maximum Payment Duration Definition of Disability Pre-Existing Condition Limitation Special Conditions Limit | Eligibility | | | |
|--|---|---|----------------------------|--|
| Minimum Hours Requirement Eligibility Waiting Period TED TED TED TED TED TED TED TE | | Class 4: All Active Full Time 2 | XLL R&D Partners Employees | |
| Eligibility Waiting Period Benefit Plan and Features Benefit Percentage Maximum Monthly Benefit Senefit Procentage Maximum Monthly Benefit Selimination Period Guaranteed Issue Benefit Survivor Income Benefit Fenduard Included Activities of Daily Living Takeover Employee Assistance Program Find Included Mardatory Participation Return Included R | • | 30 Hours | per week | |
| Benefit Percentage Maximum Monthly Benefit Elimination Period Benefit Percentage Minimum Monthly Benefit Elimination Period Burnateed Issue Benefit Guaranteed Issue Benefit Sto.000 Own Occupation Period 24 Month Own Occ/ Any Occ After Earnings Test Own Occupation Period Direct Family Maximum Payment Duration Direct Family Maximum Payment Duration ADEA1 with SSNRA Definition of Disability Residual Recurrent Disability Residual Recurrent Disability Fre-Existing Condition Limitation Coverage Basis Survivor Income Benefit Survivor Income Benefit Behabilitation Program Fehabilitation Program Fehabilitation Program Fehabilitation Program Femily Care Deduction Benefit Workplace Modification Benefit Morkplace Mo | | Т | BD | |
| Benefit Percentage Maximum Monthly Benefit Elimination Period Binimum Monthly Benefit Flat \$10.000 Guaranteed Issue Benefit Flat \$10.000 Own Occupation Period 24 Month Own Occ/ Any Occ After Earnings Test Own Occupation 80% / Any Occupation 80% Social Security Integration Maximum Payment Duration Definition of Disability Recurrent Disability Recurrent Disability Recurrent Disability Recurrent Disability Recurrent Disability Recurrent Disability Residual Recurrent Disability Repeals Recurrent Disability Recurrent Disability Residual Residual Recurrent Disability Residual Re | <u> </u> | | | |
| Maximum Monthly Benefit Elimination Period 90 Days Minimum Monthly Benefit Guaranteed Issue Benefit 910,000 Own Occupation Period 24 Month Own Occ/ Any Occ After Earnings Test Own Occupation 80% Any Occu | | 60 | 0% | |
| Elimination Period Minimum Monthly Benefit Guaranteed Issue Benefit S10,000 Own Occupation Period 24 Month Own Occ/ Any Occ After 25 Own Occupation Period 26 Month Own Occ/ Any Occ After 27 Own Occupation 80% / Any Occupation 80% Social Security Integration Maximum Payment Duration Direct Family Maximum Payment Duration Definition of Disability Residual Recurrent Disability Residual Return to Work Incentive Benefit Special Conditions Limitation Not Included Return to Work Incentive Benefit 3 Month Gross Lump Sum Rehabilitation Program Mandatory Participation Family Care Deduction Benefit Workplace Modification Benefit Workplace Modification Benefit Workplace Modification Benefit Included Waiver of Disability Premium Activities of Daily Living Not Included Activities of Daily Living Not Included Takeover Yes Employee Assistance Program Not Included Definition of Earnings Basic Annual Earnings Only Premium Contributions Employer Contribution Greater of 10 enrolled lives or 30% of eligible employees Cost Summary Monthly Covered Payroll Monthly Rate per \$100 MCP \$623,157 \$0.569 Monthly Premium \$3,545.76 Eligible Employees 61 Covered Employees 61 Covered Employees | | \$10 | ,000 | |
| Guaranteed Issue Benefit \$10,000 Own Occupation Period 24 Month Own Occ/ Any Occ After Earnings Test Own Occupation 80% / Any Occ After Social Security Integration Direct Family Maximum Payment Duration ADEA1 with SSNRA Definition of Disability Residual Recurrent Disability 6 months Pre-Existing Condition Limitation 3/12 Coverage Basis 24 Hour Mental Illness/Substance Abuse Limitation 24 Months Lifetime Benefit Special Conditions Limitation Not Included Return to Work Incentive Benefit 12 months Survivor Income Benefit 3 Month Gross Lump Sum Rehabilitation Program Andatory Participation Family Care Deduction Benefit Included Waiver of Disability Premium Included Activities of Daily Living Not Included Takeover Yes Employee Assistance Program Not Included Definition of Earnings Basic Annual Earnings Only Premium Contribution Employer Contribution Greater of 10 enrolled lives or 30% of eligible employees Monthly Premium S3,545.76 Eligible Employees 61 Covered Employees 61 Commissions Flat 10% | | 90 I | Days | |
| Guaranteed Issue Benefit Own Occupation Period 24 Month Own Occ After Earnings Test Own Occupation 80% / Any Occ After Social Security Integration Maximum Payment Duration Definition of Disability Residual Recurrent Disability Recurrent Disability Residual Return to Work Incentive Benefit Rehabilitation Return to Work Incentive Benefit Rehabilitation Program Rehabilitation Requiremum Rehabilitation Requirement Reture to Disability Residual Return to Work Incentive Benefit Reluded Return to Work Incentive Benefit Rehabilitation Program Rehabilitation Program Rehabilitation Program Rehabilitation Requirement Reluded Return to Work Incentive Reluded Return to Work Included Return to Work Included Return to Work Incentive Relude Relu | Minimum Monthly Benefit | Flat | \$100 | |
| Own Occupation Period 24 Month Own Occ/ Any Occ After Earnings Test Own Occupation 80% / Any Occupation 80% Social Security Integration Direct Family Maximum Payment Duration ADEA1 with SSNRA Definition of Disability Residual Recurrent Disability 6 months Pre-Existing Condition Limitation 3/12 Coverage Basis 24 Hour Mental Illness/Substance Abuse Limitation 24 Months Lifetime Benefit Special Conditions Limitation Not Included Return to Work Incentive Benefit 12 months Survivor Income Benefit 3 Month Gross Lump Sum Rehabilitation Program Mandatory Participation Family Care Deduction Benefit Included Workplace Modification Benefit Included Waiver of Disability Premium Included Activities of Daily Living Not Included Takeover Yes Employee Assistance Program Not Included FICA Match Included W2 Services Included Definition of Earnings Basic Annual Earnings Only Premium Contributions Basic Annual Earnings Only Employer Contribution Greater of 10 enrolled lives or 30% of eligible employees Cost Summary Monthly Covered Payro | | \$10 | ,000 | |
| Earnings Test Social Security Integration Maximum Payment Duration Definition of Disability Residual Recurrent Disability Recurrent Disability Residual Returnt Coverage Basis 24 Hour Mental Illiness/Substance Abuse Limitation Rot Included Return to Work Incentive Benefit Special Conditions Limitation Return to Work Incentive Benefit 3 Month Gross Lump Sum Rehabilitation Program Mandatory Participation Family Care Deduction Benefit Included Workplace Modification Benefit Workplace Modification Benefit Included Waiver of Disability Premium Included Activities of Daily Living Not Included Takeover Remployee Assistance Program Not Included FICA Match Included W2 Services Included Definition of Earnings Basic Annual Earnings Only Premium Contributions Employer Contribution Greater of 10 enrolled lives or 30% of eligible employees Cost Summary Monthly Covered Payroll Monthly Rate per \$100 MCP (MCP) Se23,157 \$0.569 Monthly Premium Eligible Employees 61 Commissions Flat 10% | | 24 Month Own O | cc/ Any Occ After | |
| Direct Family | | Own Occupation 80% | / Any Occupation 80% | |
| Maximum Payment Duration ADEA1 with SSNRA Definition of Disability Residual Recurrent Disability 6 months Pre-Existing Condition Limitation 3/12 Coverage Basis 24 Hour Mental Illness/Substance Abuse Limitation 24 Months Lifetime Benefit Special Conditions Limitation Not Included Return to Work Incentive Benefit 12 months Survivor Income Benefit 3 Month Gross Lump Sum Rehabilitation Program Mandatory Participation Family Care Deduction Benefit Included Workplace Modification Benefit Included Waiver of Disability Premium Included Activities of Daily Living Not Included Takeover Yes Employee Assistance Program Not Included FICA Match Included W2 Services Included Definition of Earnings Basic Annual Earnings Only Premium Contributions Basic Annual Earnings Only Employer Contribution 0% Cost Summary Monthly Covered Payroll (MCP) Monthly Rate per \$100 MCP (MCP) \$0.569 Monthly Premium \$3,545.76 Eligible Employees 61 Commissions Flat 10% | | Direct | Family | |
| Definition of Disability Residual | <u> </u> | ADEA1 w | ith SSNRA | |
| Recurrent Disability Pre-Existing Condition Limitation 3/12 Coverage Basis Mental Illness/Substance Abuse Limitation 24 Months Lifetime Benefit Special Conditions Limitation Return to Work Incentive Benefit 3 Month Gross Lump Sum Rehabilitation Program Rehabilitation Program Andatory Participation Family Care Deduction Benefit Workplace Modification Benefit Workplace Modification Benefit Workplace Modification Benefit Workplace Modification Benefit Not Included Waiver of Disability Premium Activities of Daily Living Not Included Takeover FICA Match Included W2 Services Included Definition of Earnings Basic Annual Earnings Only Premium Contributions Employer Contribution Greater of 10 enrolled lives or 30% of eligible employees Cost Summary Monthly Premium S1,545.76 Eligible Employees 61 Commissions Flat 10% | - | Res | idual | |
| Pre-Existing Condition Limitation Coverage Basis Mental Illness/Substance Abuse Limitation Special Conditions Limitation Special Conditions Limitation Special Conditions Limitation Return to Work Incentive Benefit Survivor Income Benefit Included Survivor In | - | 6 m | onths | |
| Mental Illness/Substance Abuse Limitation 24 Months Lifetime Benefit Special Conditions Limitation Not Included Return to Work Incentive Benefit 12 months Survivor Income Benefit 3 Month Gross Lump Sum Rehabilitation Program Mandatory Participation Family Care Deduction Benefit Included Workplace Modification Benefit Included Waiver of Disability Premium Not Included Activities of Daily Living Not Included Takeover Yes Employee Assistance Program Not Included FICA Match Included W2 Services Included Definition of Earnings Basic Annual Earnings Only Premium Contributions O% Employer Contribution O% Participation Requirement Greater of 10 enrolled lives or 30% of eligible employees Cost Summary Monthly Covered Payroll (MCP) Monthly Rate per \$100 MCP Monthly Premium \$3,545.76 Eligible Employees 186 Covered Employees 61 Commissions Flat 10% | | 3/12 | | |
| Special Conditions Limitation Not Included Return to Work Incentive Benefit 12 months Survivor Income Benefit 3 Month Gross Lump Sum Rehabilitation Program Mandatory Participation Family Care Deduction Benefit Included Workplace Modification Benefit Included Waiver of Disability Premium Included Activities of Daily Living Not Included Takeover Yes Employee Assistance Program Not Included FICA Match Included W2 Services Included Definition of Earnings Basic Annual Earnings Only Premium Contributions Employer Contribution 0% Participation Requirement Greater of 10 enrolled lives or 30% of eligible employees Cost Summary Monthly Covered Payroll (MCP) Monthly Rate per \$100 MCP Monthly Premium \$3,545.76 Eligible Employees 186 Covered Employees 61 Commissions Flat 10% | Coverage Basis | 24 Hour | | |
| Return to Work Incentive Benefit Survivor Income Benefit Rehabilitation Program Rehabilitation Program Family Care Deduction Benefit Workplace Modification Benefit Waiver of Disability Premium Included Return to Work Included Waiver of Disability Premium Included Return to Motification Benefit Included Waiver of Disability Premium Included Return to Motification Benefit Included Return to Motification Benefit Included Waiver of Disability Premium Included Return to Motification Benefit Included Waiver of Disability Premium Included Waiver of Daily Living Not Included Included Included Waiver of Disability Premium Basic Annual Earnings Only Premium Contributions Employer Contribution Greater of 10 enrolled lives or 30% of eligible employees Cost Summary Monthly Covered Payroll (MCP) Season 186 Covered Employees Included Monthly Premium Sa,545.76 Eligible Employees Included | Mental Illness/Substance Abuse Limitation | 24 Months Lifetime Benefit | | |
| Return to Work Incentive Benefit Survivor Income Benefit Rehabilitation Program Rehabilitation Program Family Care Deduction Benefit Workplace Modification Benefit Waiver of Disability Premium Included Return to Work Included Waiver of Disability Premium Included Return to Mot Included Waiver of Disability Premium Return to Mot Included Return to Mot Included Waiver of Disability Premium Not Included Waiver of Daily Living Reployee Assistance Program Not Included Waiver of Daily Living Reployee Geratic of 10 enrolled lives or 30% of eligible employees Cost Summary Monthly Covered Payroll (MCP) Season 186 Covered Employees 61 Commissions Flat 10% | Special Conditions Limitation | Not Included | | |
| Rehabilitation Program Family Care Deduction Benefit Workplace Modification Benefit Waiver of Disability Premium Activities of Daily Living Takeover Employee Assistance Program FICA Match W2 Services Included Definition of Earnings Employer Contributions Employer Contribution Participation Requirement Cost Summary Monthly Covered Payroll (MCP) S623,157 S0.569 Monthly Premium S1,545.76 Eligible Employees Covered Employees 61 Commissions Mandatory Participation Included Included Included Not Included Definition of Earnings Basic Annual Earnings Only Premium Contributions Greater of 10 enrolled lives or 30% of eligible employees Monthly Premium S3,545.76 Eligible Employees 61 Commissions | | 12 months | | |
| Family Care Deduction Benefit Workplace Modification Benefit Waiver of Disability Premium Activities of Daily Living Takeover Employee Assistance Program FICA Match W2 Services Definition of Earnings Employer Contributions Employer Contribution Participation Requirement Cost Summary Monthly Covered Payroll (MCP) \$623,157 \$0.569 Monthly Premium \$3,545.76 Eligible Employees Covered Employees 61 Commissions | Survivor Income Benefit | 3 Month Gross Lump Sum | | |
| Workplace Modification Benefit Waiver of Disability Premium Activities of Daily Living Takeover Employee Assistance Program FICA Match FICA Match W2 Services Included W2 Services Included Definition of Earnings Basic Annual Earnings Only Premium Contributions Employer Contribution Greater of 10 enrolled lives or 30% of eligible employees Cost Summary Monthly Covered Payroll (MCP) S623,157 S0.569 Monthly Premium S3,545.76 Eligible Employees Covered Employees 61 Commissions | Rehabilitation Program | Mandatory Participation | | |
| Waiver of Disability PremiumIncludedActivities of Daily LivingNot IncludedTakeoverYesEmployee Assistance ProgramNot IncludedFICA MatchIncludedW2 ServicesIncludedDefinition of EarningsBasic Annual Earnings OnlyPremium Contributions0%Employer ContributionGreater of 10 enrolled lives or 30% of eligible employeesCost SummaryMonthly Covered Payroll (MCP)Monthly Rate per \$100 MCP\$623,157\$0.569Monthly Premium\$3,545.76Eligible Employees186Covered Employees61CommissionsFlat 10% | Family Care Deduction Benefit | Included | | |
| Activities of Daily Living Takeover Yes Employee Assistance Program Not Included FICA Match Included W2 Services Included Definition of Earnings Basic Annual Earnings Only Premium Contributions Employer Contribution O% Participation Requirement Greater of 10 enrolled lives or 30% of eligible employees Cost Summary Monthly Covered Payroll (MCP) \$623,157 Monthly Premium \$3,545.76 Eligible Employees 186 Covered Employees 61 Commissions | Workplace Modification Benefit | Incl | uded | |
| Takeover Yes Employee Assistance Program FICA Match W2 Services Definition of Earnings Premium Contributions Employer Contribution Greater of 10 enrolled lives or 30% of eligible employees Cost Summary Monthly Covered Payroll (MCP) \$623,157 Monthly Premium \$3,545.76 Eligible Employees Covered Employees 61 Commissions | Waiver of Disability Premium | Incl | uded | |
| Employee Assistance Program FICA Match W2 Services Definition of Earnings Basic Annual Earnings Only Premium Contributions Employer Contribution Greater of 10 enrolled lives or 30% of eligible employees Cost Summary Monthly Covered Payroll (MCP) \$623,157 Monthly Premium \$3,545.76 Eligible Employees Covered Employees 61 Commissions | Activities of Daily Living | Not In | cluded | |
| FICA Match W2 Services Included Definition of Earnings Basic Annual Earnings Only Premium Contributions Employer Contribution O% Participation Requirement Greater of 10 enrolled lives or 30% of eligible employees Cost Summary Monthly Covered Payroll (MCP) (| Takeover | Y | es | |
| W2 ServicesIncludedDefinition of EarningsBasic Annual Earnings OnlyPremium Contributions0%Employer Contribution0%Participation RequirementGreater of 10 enrolled lives or 30% of eligible employeesCost SummaryMonthly Covered Payroll (MCP)Monthly Rate per \$100 MCPMonthly Premium\$3,545.76Eligible Employees186Covered Employees61CommissionsFlat 10% | Employee Assistance Program | Not In | cluded | |
| Definition of Earnings Premium Contributions Employer Contribution O% Participation Requirement Cost Summary Monthly Covered Payroll (MCP) Monthly Premium S3,545.76 Eligible Employees Eligible Employees Covered Employees Flat 10% | FICA Match | Incl | uded | |
| Premium Contributions Employer Contribution 0% Participation Requirement Greater of 10 enrolled lives or 30% of eligible employees Cost Summary Monthly Covered Payroll (MCP) Monthly Rate per \$100 MCP \$623,157 \$0.569 Monthly Premium \$3,545.76 Eligible Employees 186 Covered Employees 61 Commissions Flat 10% | | - | | |
| Employer Contribution0%Participation RequirementGreater of 10 enrolled lives or 30% of eligible employeesCost SummaryMonthly Covered Payroll (MCP)Monthly Rate per \$100 MCP\$623,157\$0.569Monthly Premium\$3,545.76Eligible Employees186Covered Employees61CommissionsFlat 10% | Definition of Earnings | Basic Annual | Earnings Only | |
| Participation Requirement Cost Summary Monthly Covered Payroll (MCP) \$623,157 Monthly Premium \$3,545.76 Eligible Employees Covered Employees 61 Commissions Greater of 10 enrolled lives or 30% of eligible employees Monthly Rate per \$100 MCP \$623,157 \$0.569 Annual State of 10 enrolled lives or 30% of eligible employees \$186 Covered Employees Flat 10% | Premium Contributions | | | |
| Cost SummaryMonthly Covered Payroll (MCP)Monthly Rate per \$100 MCP\$623,157\$0.569Monthly Premium\$3,545.76Eligible Employees186Covered Employees61CommissionsFlat 10% | Employer Contribution | 0% | | |
| Monthly Premium \$623,157 \$0.569 Monthly Premium \$3,545.76 Eligible Employees 186 Covered Employees 61 Commissions Flat 10% | Participation Requirement | Greater of 10 enrolled lives or 30% of eligible employees | | |
| Monthly Premium \$0.569 Eligible Employees 186 Covered Employees 61 Commissions Flat 10% | Cost Summary | | Monthly Rate per \$100 MCP | |
| Monthly Premium\$3,545.76Eligible Employees186Covered Employees61CommissionsFlat 10% | <u> </u> | | \$0.569 | |
| Eligible Employees186Covered Employees61CommissionsFlat 10% | Monthly Premium | | | |
| Commissions Flat 10% | Eligible Employees | | | |
| Commissions Flat 10% | Covered Employees | 6 | 61 | |
| Rate Guarantee 36 Months | | Flat | 10% | |
| <u>l</u> | Rate Guarantee | 36 M | onths | |



| Eligibility | | | | |
|-----------------------------------|---|------------------------------------|--|--|
| Class Description | | Time Employees excluding Temporary | | |
| | FHS Employees & XLL R&D Partners Employees 30 Hours per week | | | |
| Minimum Hours Requirement | 31 | · | | |
| | gibility Waiting Period TBD | | | |
| Benefit Plan and Features | | | | |
| Plan Schedule | \$5,000 to \$2 | 25,000 in \$5,000 Increments | | |
| Benefit Minimum | | \$5,000 | | |
| Benefit Maximum | | \$25,000 | | |
| Guarantee Issue | | \$25,000 | | |
| Age Reduction | | lo age reductions | | |
| Additional Occurrence | | Included | | |
| Recurrence | | Unlimited | | |
| Lifetime Maximum | | Unlimited | | |
| Portability | | To age 70 | | |
| Pre-Existing Condition Limitation | | 12/12 | | |
| Premium Rate Basis | | tained Age Rating | | |
| Enrollment | Ann | ual Open Enrollment | | |
| Takeover | | Yes | | |
| Covered Conditions | Benefit | Recurrence Benefit | | |
| | Percentages | Percentages | | |
| Heart Attack | 100% | 25% | | |
| Stroke | 100% | 25% | | |
| Major organ failure | 100% | 25% | | |
| End-stage heart failure | 100% | 25% | | |
| End-stage kidney disease | 100% | 25% | | |
| Occupational infectious disease | 100% | N/A | | |
| Coronary artery bypass | 25% | 25% | | |
| Angioplasty | 5% | 5% | | |
| Cancer | 100% | 100% | | |
| Cancer In Situ | 25% | 25% | | |
| Skin Cancer | 5% | 5% | | |
| Benign Brain Tumor | 100% | 25% | | |
| Coma | 100% | 25% | | |
| Blindness | 100% | N/A | | |
| Paralysis | 100% | N/A | | |
| Loss Of Speech | 100% | N/A | | |
| Complete Loss of Hearing | 100% | N/A | | |
| Advanced ALS/Lou Gehrig's Disease | 100% | N/A | | |
| Advanced Alzheimer's Disease | 25% N/A | | | |
| Advanced Parkinson's Disease | 25% N/A | | | |
| Severe Burns | 100% 25% | | | |
| Childhood Specific Conditions | | | | |
| Down Syndrome | | N/A | | |
| Cerebral Palsy | 100% | N/A | | |



| Covered Conditions | Benefit Percentages | Recurrence Benefit Percentages | |
|--|---|--------------------------------|--|
| Complex Congenital Heart Disease | 100% | N/A | |
| Cystic Fibrosis | 100% | N/A | |
| Spina Bifida | 100% | N/A | |
| Cleft Lip/Palate | 100% | N/A | |
| Type 1 Diabetes Mellitus | 100% | N/A | |
| Muscular Dystrophy | 100% | N/A | |
| Wellness Benefit | | | |
| Annual benefit for covered wellness exams & screenings | | \$50 | |
| Premium Contribution | | | |
| Employer Contribution | | 0% | |
| Participation Requirement | Greater of 5 enrolled employees or 10% of eligible employ | | |
| Employee Cost Summary | Monthly Rate per \$1,000 | | |
| Based on Employee's Age at Effective Date | Non-Smoker | Smoker | |
| <29 | \$0.37 | \$0.40 | |
| 30-39 | \$0.65 | \$0.78 | |
| 40-49 | \$1.46 | \$2.19 | |
| 50-59 | \$2.98 | \$5.35 | |
| 60-69 | \$5.37 | \$10.79 | |
| 70+ | \$10.50 | \$20.67 | |
| Cost for included Wellness Benefit | Added to Monthly Premium | | |
| Employee | \$1.04 | | |
| Rate Guarantee | | | |
| | 24 months | | |
| Payable Commissions | | | |
| Flat | | 20% | |

| Non-Smoking Monthly Premium Illustration for Employee Benefit | | | | | | |
|---|---------|---------|---------|---------|----------|----------|
| Benefit | <29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+ |
| \$5,000 | \$2.89 | \$4.29 | \$8.34 | \$15.94 | \$27.89 | \$53.54 |
| \$10,000 | \$4.74 | \$7.54 | \$15.64 | \$30.84 | \$54.74 | \$106.04 |
| \$15,000 | \$6.59 | \$10.79 | \$22.94 | \$45.74 | \$81.59 | \$158.54 |
| \$20,000 | \$8.44 | \$14.04 | \$30.24 | \$60.64 | \$108.44 | \$211.04 |
| \$25,000 | \$10.29 | \$17.29 | \$37.54 | \$75.54 | \$135.29 | \$263.54 |



Critical Illness Spouse

| Eligibility | | | |
|---|------------------------|--------------------|--|
| Spouse Coverage | Requires Employ | yee Coverage | |
| Maximum Percentage of Employee Benefit | 50% | 6 | |
| Benefit Plan and Features | | | |
| Plan Schedule | \$2,500 to \$12,500 in | \$2,500 Increments | |
| Benefit Minimum | \$2,50 | 00 | |
| Benefit Maximum | \$12,5 | 500 | |
| Guarantee Issue | \$12,5 | 600 | |
| Additional Occurrence | Includ | led | |
| Recurrence | Unlim | ited | |
| Lifetime Maximum | Unlim | ited | |
| Portability | To age | e 70 | |
| Premium Rate Basis | Attained Ag | e Rating | |
| Enrollment | Annual Open Enrollment | | |
| Premium Contribution | | | |
| Employer Contribution | 0% | • | |
| Spouse Cost Summary | Monthly Rate | per \$1,000 | |
| Based on Spouse's Age at Effective Date | Non-Smoker | Smoker | |
| <29 | \$0.37 | \$0.40 | |
| 30-39 | \$0.65 | \$0.78 | |
| 40-49 | \$1.46 | \$2.19 | |
| 50-59 | \$2.98 | \$5.35 | |
| 60-69 | \$5.37 | \$10.79 | |
| 70+ | \$10.50 | \$20.67 | |
| Cost for included Wellness Benefit | Added to Mont | hly Premium | |
| Spouse | \$1.0 |)4 | |

| Non-Smokii | Non-Smoking Monthly Premium Illustration for Spouse Benefit | | | | | |
|------------|---|--------|---------|---------|---------|----------|
| Benefit | <29 | 30-39 | 40-49 | 50-59 | 60-69 | 70+ |
| \$2,500 | \$1.96 | \$2.66 | \$4.69 | \$8.49 | \$14.46 | \$27.29 |
| \$5,000 | \$2.89 | \$4.29 | \$8.34 | \$15.94 | \$27.89 | \$53.54 |
| \$7,500 | \$3.82 | \$5.92 | \$11.99 | \$23.39 | \$41.32 | \$79.79 |
| \$10,000 | \$4.74 | \$7.54 | \$15.64 | \$30.84 | \$54.74 | \$106.04 |
| \$12,500 | \$5.66 | \$9.16 | \$19.29 | \$38.29 | \$68.16 | \$132.29 |



Critical Illness Child

| Eligibility | |
|--|--|
| Child(ren) Coverage | Requires Employee Coverage |
| Maximum Percentage of Employee Benefit | 50% |
| Benefit Plan and Features | |
| Plan Schedule | \$2,500 to \$5,000 in \$2,500 Increments |
| Benefit Minimum | \$2,500 |
| Benefit Maximum | \$5,000 |
| Guarantee Issue | \$5,000 |
| Additional Occurrence | Included |
| Recurrence | Unlimited |
| Lifetime Maximum | Unlimited |
| Portability | To age 70 |
| Premium Rate Basis | Attained Age Rating |
| Enrollment | Annual Open Enrollment |
| Premium Contribution | |
| Employer Contribution | 0% |
| Child Cost Summary | Monthly Rate per \$1,000 |
| | \$0.63 |
| Cost for included Wellness Benefit | Added to Monthly Premium |
| Child(ren) | No added cost |

| Monthly Premium Illustration for Child(ren) Benefit | | |
|---|-------------------------|--|
| Benefit | All eligible Child(ren) | |
| \$2,500 | \$1.58 | |
| \$5,000 | \$3.15 | |



| Eligibility | |
|------------------------------|--|
| Class Description | Class 1: All Active Full Time Employees excluding Temporary FHS Employees & XLL R&D Partners Employees |
| Minimum Hours Requirement | 30 Hours per week |
| Eligibility Waiting Period | TBD |
| Benefit Plan and Features | |
| Coverage Basis | Non-Occupational |
| Age Reduction | No Age Reductions |
| Annual Maximum Payout | Unlimited |
| Lifetime Maximum Payout | Unlimited |
| Portability | To age 70 |
| Enrollment | Annual Open Enrollment |
| Takeover | Yes |
| Premium Contribution | |
| Employer Contribution | 0% |
| Participation Requirement | Greater of 5 enrolled employees or 10% of eligible employees |
| Employee Cost Summary | Monthly Rate |
| Employee | \$6.95 |
| Employee and Spouse | \$12.91 |
| Employee and Child(ren) | \$14.26 |
| Employee and Family | \$20.22 |
| Rate Guarantee | |
| | 24 months |
| Payable Commissions | |
| Flat | 20% |

Accident

What your benefits cover:

| Hip Knee, ankle or bones of the foot Elbow or wrist | \$50,000 \$50,000 \$25,000 \$7,500 \$7,500 \$3,750 \$3,750 \$3,750 \$1,875 \$750 \$750 \$375 \$375 \$375 \$190 | dental Death Common Carrier strophic Loss: Loss of Arm or Loss of Handarms or both hands, Loss of Leg or Loss of or Loss of Arm and Loss of Leg - one hand one foot or one arm and one leg, Loss of an both ears, irrecoverable Loss of Hearing-both pling two or more losses from: Loss of Arm, of Arm or Loss of Arm, of Arm or Loss of Arm, of Arm or Loss of Arm or Loss of Arm, of Arm or Loss of Arm or Loss of Arm-one arm so of a Finger or Loss of a Toe-two or more so of a Finger or Loss of an Ear-one ear so of Sight or Loss of an Eye-one eye \$5,000 \$55,000 \$55,000 \$7,500 \$7,500 \$7,500 \$3,750 \$3,750 \$3,750 \$3,750 \$3,750 \$3,750 \$1,875 \$190 | Accidental Death Common Carrier \$50,000 \$50,000 \$25,000 | Accidental Death Common Carrier \$50,000 \$50,000 \$25,000 | Accidental Death Common Carrier \$50,000 \$50,000 \$25,000 | Accidental Death Common Carrier Catastrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear-both ears, irrecoverable Loss of Abertaing-both ears, Loss of an Eye-both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of Hearing or Loss of an Ear-one ear Loss of Sight or Loss of an Eye-one eye Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot Elbow or wrist \$400 / \$200 Shoulder Collarbone or bones of the hand | Accidental Death Common Carrier Catastrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear-both ears, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of Hearing or Loss of an Ear-one ear Loss of Sight or Loss of an Eye-one eye Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot Elbow or wrist \$400 / \$200 Shoulder Collarbone or bones of the hand | Accidental Death Common Carrier Catastrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear-both ears, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of Hearing or Loss of an Ear-one ear Loss of Sight or Loss of an Eye-one eye Dislocations Surgical / Non-Surgical Repair Knee, ankle or bones of the foot Elbow or wrist \$50,000 \$55,000 \$25,000 \$7,500 \$3,750 \$3,750 \$3,750 \$3,750 \$1,875 \$190 \$0,000 \$1,875 | Accidental Death Common Carrier Catastrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand-one hand, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of a Finger or Loss of a Toe-one finger or one toe Loss of Hearing or Loss of an Ear-one ear Loss of Sight or Loss of an Eye-one eye Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot Elbow or wrist \$400 / \$200 Shoulder | Accidental Death Common Carrier | Accidental Death Common Carrier \$50,000 Catastrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination | \$50,000 \$25,000 |
|---|--|--|--|---|--|---|--|---|--|---|--|--|
| Catastrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of Hearing or Loss of an Ear-one ear \$3,750 Loss of Sight or Loss of an Eye-one eye \$3,750 Dislocations No Hip Knee, ankle or bones of the foot Elbow or wrist | 3,750 \$3,750 \$1,875 \$750 \$3,750 \$1,875 \$750 \$750 \$375 \$375 \$375 \$190 | strophic Loss: Loss of Arm or Loss of Handarms or both hands, Loss of Leg or Loss of -both legs or both feet, Loss of Hand and Loss of tor Loss of Arm and Loss of Leg - one hand one foot or one arm and one leg, Loss of an both ears, irrecoverable Loss of Hearing- both , Loss of an Eye- both eyes, irrecoverable Loss of Arm, and Loss of Leg, Loss of Arm, and Loss of Leg, Loss of Arm, and Loss of Leg, Loss of Foot, Loss of ar or Loss of an Eye so of Hand-one hand, Loss of Foot-one foot, and a Finger or Loss of a Toe-two or more arm and a Finger or Loss of a Toe-two or more arm and a Finger or Loss of a Toe-one finger or one and a Finger or Loss of an Ear-one ear and a Finger or Loss of an Eye-one eye and a Finger or Loss of an Eye-one eye and a Finger or Loss of an Eye-one eye and and Loss | Catastrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of a Finger or Loss of a Toe-one finger or one toe Loss of Hearing or Loss of an Ear-one ear Loss of Sight or Loss of an Eye-one eye Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot Elbow or wrist \$400 / \$200 Shoulder \$500 / \$255 Collarbone or bones of the hand Finger(s) or toe(s) | Catastrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of a Finger or Loss of a Toe-one finger or one toe Loss of Hearing or Loss of an Ear-one ear Loss of Sight or Loss of an Eye-one eye Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot Elbow or wrist \$400 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) | Catastrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of a Finger or Loss of a Toe-one finger or one toe Loss of Hearing or Loss of an Ear-one ear Loss of Sight or Loss of an Eye-one eye Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot Elbow or wrist \$400 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) | Catastrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more finger or toes Loss of a Finger or Loss of a Toe-one finger or one toe Loss of Hearing or Loss of an Ear-one ear \$3,750 \$3,750 \$1,875 Loss of Sight or Loss of an Eye-one eye \$3,750 \$3,750 \$1,875 Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand | Catastrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more \$750 \$3.750 \$3.750 \$3.750 Loss of Hearing or Loss of an Ear-one ear \$3.750 \$3.750 \$1.875 Loss of Sight or Loss of an Eye-one eye \$3.750 \$3.750 \$1.875 Dislocations Surgical / Non-Surgical Repair Hip \$2.000 / \$1.000 Knee, ankle or bones of the foot \$1.000 / \$500 Elbow or wrist \$400 / \$2.00 Shoulder \$500 / \$2.50 Collarbone or bones of the hand \$800 / \$400 | Catastrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more \$750 \$375 \$375 \$375 \$375 \$375 \$375 \$375 \$375 | Catastrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of a Finger or Loss of a Toe-one finger or one toe Loss of Hearing or Loss of an Ear-one ear \$3,750 \$3,750 \$1,875 Loss of Sight or Loss of an Eye-one eye \$3,750 \$3,750 \$1,875 Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500} Elbow or wrist \$400 / \$200} Shoulder | Statistrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot-both legs or both feet, Loss of Hand and Loss of Leg - one hand and one foot or one arm and one leg, Loss of Hand and Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of Arm, Loss of Hand-one hand, Loss of Foot, Loss of an Eye Loss of Hand-one hand, Loss of Foot, Loss of an Ear or Loss of a Finger or Loss of a Toe-two or more finger or toes Loss of a Finger or Loss of a Toe-two or more finger or one toe Loss of Haering or Loss of an Ear-one ear Loss of Hearing or Loss of an Ear-one ear Loss of Sight or Loss of an Eye-one eye Sa,750 Sa,750 Sa,750 \$1,875 Loss of Sight or Loss of an Eye-one eye Sa,750 Sa,750 Sa,750 \$1,875 Loss of Sight or Loss of an Eye-one eye Sa,750 Sa | Catastrophic Loss: Loss of Arm or Loss of Handboth arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination | |
| both arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of Hearing or Loss of an Ear-one ear Loss of Hearing or Loss of an Ear-one ear Loss of Sight or Loss of an Eye-one eye \$3,750 Dislocations No Hip Knee, ankle or bones of the foot Elbow or wrist | 3,750 \$3,750 \$1,875 \$750 \$750 \$375 \$375 \$375 \$190 | arms or both hands, Loss of Leg or Loss of both legs or both feet, Loss of Hand and Loss bot or Loss of Arm and Loss of Leg - one hand one foot or one arm and one leg, Loss of an both ears, irrecoverable Loss of Hearing- both , Loss of an Eye- both eyes, irrecoverable Loss beech or ability to speak, or any combination aling two or more losses from: Loss of Arm, s of Hand, Loss of Leg, Loss of Foot, Loss of ar or Loss of an Eye s of Hand-one hand, Loss of Foot-one foot, s of leg-one leg or Loss of Arm-one arm s of a Finger or Loss of a Toe-two or more s of a Finger or Loss of a Toe-one finger or one s of Hearing or Loss of an Ear-one ear s of Sight or Loss of an Eye-one eye \$3,750 \$3,750 \$1,875 | both arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of a Finger or Loss of a Toe-one finger or one toe Loss of Hearing or Loss of an Ear-one ear Loss of Sight or Loss of an Eye-one eye Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot Elbow or wrist \$400 / \$200 Shoulder \$500 / \$255 Collarbone or bones of the hand Finger(s) or toe(s) | both arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of a Finger or Loss of a Toe-one finger or one toe Loss of Hearing or Loss of an Ear-one ear Loss of Sight or Loss of an Eye-one eye Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot Elbow or wrist \$400 / \$200 Shoulder \$500 / \$255 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) | both arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of a Finger or Loss of a Toe-one finger or one toe Loss of Hearing or Loss of an Ear-one ear Loss of Hearing or Loss of an Eye-one eye Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot Elbow or wrist \$400 / \$200 Shoulder \$500 / \$255 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) | both arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of a Finger or Loss of a Toe-one finger or one toe Loss of Hearing or Loss of an Ear-one ear Loss of Sight or Loss of an Eye-one eye Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot Elbow or wrist \$400 / \$200 Shoulder Collarbone or bones of the hand | both arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of a Finger or Loss of a Toe-one finger or one toe Loss of Hearing or Loss of an Ear-one ear Loss of Sight or Loss of an Eye-one eye Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand | both arms or both hands, Loss of Leg or Loss of Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - 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one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination | \$7,500 \$3,750 |
| Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of Hearing or Loss of an Ear-one ear \$3,750 Loss of Sight or Loss of an Eye-one eye \$3,750 Dislocations No Hip Knee, ankle or bones of the foot Elbow or wrist | \$750 \$750 \$375 \$375 \$375 \$190 | a-both legs or both feet, Loss of Hand and Loss of tor Loss of Arm and Loss of Leg - one hand one foot or one arm and one leg, Loss of an both ears, irrecoverable Loss of Hearing- both and both ears, irrecoverable Loss of the eech or ability to speak, or any combination alling two or more losses from: Loss of Arm, and one foot, are or Loss of an Eye of Hand, Loss of Leg, Loss of Foot, Loss of ar or Loss of an Eye of Hand-one hand, Loss of Foot-one foot, and for a finger or Loss of a Toe-two or more of the finger or Loss of a Toe-two or more of the finger or Loss of a Toe-one finger or one of the finger or Loss of an Ear-one ear of the finger or Loss of an Eye-one eye one says of the finger or Loss of an Eye-one eye one says of the finger or Loss of an Eye-one eye one says of the financial says of the finger or Loss of an Eye-one eye one says of the financial says of t | Foot-both legs or both feet, Loss of Hand and Loss of Foot or Loss of Arm and Loss of Leg - 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| of Foot or Loss of Arm and Loss of Leg - one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of a Finger or Loss of an Ear-one ear \$3,750 Loss of Sight or Loss of an Eye-one eye \$3,750 Dislocations No Hip Knee, ankle or bones of the foot Elbow or wrist | \$750 \$750 \$375 \$375 \$375 \$190 | obot or Loss of Arm and Loss of Leg - one hand one foot or one arm and one leg, Loss of an both ears, irrecoverable Loss of Hearing- both , Loss of an Eye- both eyes, irrecoverable Loss of eech or ability to speak, or any combination aling two or more losses from: Loss of Arm, so of Hand, Loss of Leg, Loss of Foot, Loss of ar or Loss of an Eye or Loss of an Eye of Hand-one hand, Loss of Foot-one foot, so of leg-one leg or Loss of Arm-one arm or so of a Finger or Loss of a Toe-two or more or so of a Finger or Loss of a Toe-one finger or one so of a Finger or Loss of an Ear-one ear so of Hearing or Loss of an Ear-one ear so of Sight or Loss of an Eye-one eye so of sight or Loss of an Eye-one eye so of an Eye-one eye | of Foot or Loss of Arm and Loss of Leg - 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one hand and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination | |
| and one foot or one arm and one leg, Loss of an Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of a Finger or Loss of a Toe-one finger or one toe Loss of Hearing or Loss of an Ear-one ear Loss of Sight or Loss of an Eye-one eye Dislocations No Hip Knee, ankle or bones of the foot Elbow or wrist | \$750 \$750 \$375 \$375 \$375 \$190 | one foot or one arm and one leg, Loss of an both ears, irrecoverable Loss of Hearing- both , Loss of an Eye- both eyes, irrecoverable Loss of eech or ability to speak, or any combination aling two or more losses from: Loss of Arm, sof Hand, Loss of Leg, Loss of Foot, Loss of ar 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irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination | |
| Ear- both ears, irrecoverable Loss of Hearing- both ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of a Finger or Loss of a Toe-one finger or one toe Loss of Hearing or Loss of an Ear-one ear \$3,750 Loss of Sight or Loss of an Eye-one eye \$3,750 Dislocations No Hip Knee, ankle or bones of the foot Elbow or wrist | \$750 \$750 \$375 \$375 \$375 \$190 | both ears, irrecoverable Loss of Hearing- both b, Loss of an Eye- both eyes, irrecoverable Loss beech or ability to speak, or any combination aling two or more losses from: Loss of Arm, b of Hand, Loss of Leg, Loss of Foot, Loss of ar or Loss of an Eye b of Hand-one hand, Loss of Foot-one foot, b of leg-one 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| ears, Loss of an Eye- both eyes, irrecoverable Loss of Speech or ability to speak, or any combination equaling two or more losses from: Loss of Arm, Loss of Hand, Loss of Leg, Loss of Foot, Loss of an Ear or Loss of an Eye Loss of Hand-one hand, Loss of Foot-one foot, Loss of leg-one leg or Loss of Arm-one arm Loss of a Finger or Loss of a Toe-two or more fingers or toes Loss of a Finger or Loss of a Toe-one finger or one toe \$375 Loss of Hearing or Loss of an Ear-one ear \$3,750 Loss of Sight or Loss of an Eye-one eye \$3,750 Dislocations No Hip Knee, ankle or bones of the foot Elbow or wrist | \$750 \$750 \$375 \$375 \$375 \$190 | Loss of an Eye- both eyes, irrecoverable Loss beech or ability to speak, or any combination aling two or more losses from: Loss of Arm, sof Hand, Loss of Leg, Loss of Foot, Loss of ar or Loss of an Eye sof Hand-one hand, Loss of Foot-one foot, sof leg-one leg or Loss of Arm-one arm sof a Finger or Loss of a Toe-two or more \$750 \$750 \$375 ers or toes 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| Loss of a Finger or Loss of a Toe-one finger or one toe Loss of Hearing or Loss of an Ear-one ear \$3,750 Loss of Sight or Loss of an Eye-one eye \$3,750 Dislocations No Hip Knee, ankle or bones of the foot Elbow or wrist | | s of a Finger or Loss of a Toe-one finger or one \$375 \$375 \$190 s of Hearing or Loss of an Ear-one ear \$3,750 \$3,750 \$1,875 s of Sight or Loss of an Eye-one eye \$3,750 \$3,750 \$1,875 | Loss of a Finger or Loss of a Toe-one finger or one toe \$375 \$375 \$190 Loss of Hearing or Loss of an Ear-one ear \$3,750 \$3,750 \$1,875 Loss of Sight or Loss of an Eye-one eye \$3,750 \$3,750 \$1,875 Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Loss of a Finger or Loss of a Toe-one finger or one toe \$375 \$375 \$190 Loss of Hearing or Loss of an Ear-one ear \$3,750 \$3,750 \$1,875 Loss of Sight or Loss of an Eye-one eye \$3,750 \$3,750 \$1,875 Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Loss of a Finger or Loss of a Toe-one finger or one toe \$375 \$375 \$190 Loss of Hearing or Loss of an Ear-one ear \$3,750 \$3,750 \$1,875 Loss of Sight or Loss of an Eye-one eye \$3,750 \$3,750 \$1,875 Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Loss of a Finger or Loss of a Toe-one finger or one toe \$375 \$190 Loss of Hearing or Loss of an Ear-one ear \$3,750 \$3,750 \$1,875 Loss of Sight or Loss of an Eye-one eye \$3,750 \$3,750 \$1,875 Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Loss of a Finger or Loss of a Toe-one finger or one toe \$375 \$190 Loss of Hearing or Loss of an Ear-one ear \$3,750 \$3,750 \$1,875 Loss of Sight or Loss of an Eye-one eye \$3,750 \$3,750 \$1,875 Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Loss of a Finger or Loss of a Toe-one finger or one toe \$375 \$375 \$190 Loss of Hearing or Loss of an Ear-one ear \$3,750 \$3,750 \$1,875 Loss of Sight or Loss of an Eye-one eye \$3,750 \$3,750 \$1,875 Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Loss of a Finger or Loss of a Toe-one finger or one toe \$375 \$375 \$190 Loss of Hearing or Loss of an Ear-one ear \$3,750 \$3,750 \$1,875 Loss of Sight or Loss of an Eye-one eye \$3,750 \$3,750 \$1,875 Dislocations Surgical / Non-Surgical Repair Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 | Loss of a Finger or Loss of a Toe-one finger or one toe \$375 | | \$750 \$575 |
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| | \$400 / \$200 | | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Elbow or wrist | \$400 / \$200 |
| Shoulder | \$500 / \$250 | e, ankle or bones of the foot \$1,000 / \$500 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | Shoulder | \$500 / \$250 |
| Collarbone or bones of the hand | \$800 / \$400 | e, ankle or bones of the foot \$1,000 / \$500 w or wrist \$400 / \$200 | · ····go· (o) o· ···co(o) | 1go.(0) o. 100(0) | ·go.(c) | Finger(s) or toe(s) \$100 / \$50 | \$100 / \$50 | | | Surgical Surgical Surgical Fractures Surgical Repair | Collarbone or bones of the hand | \$800 / \$400 |
| Finger(s) or toe(s) | \$100 / \$50 | e, ankle or bones of the foot \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 | Lower jaw \$400 / \$200 | \$400 / \$200 | ***** | | Finger(s) or toe(s) | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Finger(s) or toe(s) | \$100 / \$50 |
| | \$400 / \$200 | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 | | Lower jaw | Lower jaw | Lower jaw \$400 / \$200 | Lower jaw \$400 / \$200 | | | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Lower jaw | \$400 / \$200 |
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| - | 2070 of the applicable Holl Ourgloal Repair | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) \$100 / \$50 er jaw | | incomplete dislocation | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | == ······ j· | | Lower jaw \$400 / \$200 | Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Fractures | Surgical / |
| Incomplete Dislocation 25% of the | | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) er jaw \$400 / \$200 \$25% of the applicable Non-Surgical Repair | · | | | | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | Non-Surgical Repair |
| Incomplete Dislocation 25% of the Fractures | Surgical / | ## square | Fractures Surgical / | Fractures Surgical / | Fractures Surgical / | Fractures Surgical / | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / | Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / | Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| Incomplete Dislocation 25% of the Fractures No | Surgical / Non-Surgical Repair | e, ankle or bones of the foot w or wrist state of the foot w or wrist state of the foot state of the fo | Fractures Surgical / Non-Surgical Repair | Fractures Surgical / Non-Surgical Repair | Fractures Surgical / Non-Surgical Repair | Fractures Surgical / Non-Surgical Repair | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Surgical / Non-Surgical Repair | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Surgical / Non-Surgical Repair | Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair | Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Skull-depressed | \$3,000 / \$1,500 |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh | Surgical / Non-Surgical Repair \$2,000 / \$1,000 | ## specific content of the foot ## specific content of the foo | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Skull-simple Skull-simple | \$1,500 / \$750 |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh Skull-depressed | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 | ## square shows of the foot ## or wrist ## or wrist ## or wrist ## doo / \$200 ## shows of the hand ## sh | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Incomplete Dislocation Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Incomplete Dislocation Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Leg (tibia or fibula)\$1,000 / \$500Vertebrae (body of) or sternum\$800 / \$400 | · | \$350 / \$175 |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh Skull-depressed Skull-simple | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 \$1,500 / \$750 | ## ankle or bones of the foot ## wor wrist ## ## \$500 / \$250 ## ## ## \$800 / \$400 ## ## ## ## ## ## ## ## ## ## ## ## ## | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 | Sample | Vertebrae (body of) or sternum \$800 / \$400 | Bones of face or nose | \$350 / \$175 |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh Skull-depressed Skull-simple Vertebral processes | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 \$1,500 / \$750 \$350 / \$175 | ## specific content of the foot ## specific content of the foo | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Sample | Torrow (cody or, or cromain | Leg (tibia or fibula) | \$1,000 / \$500 |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh Skull-depressed Skull-simple Vertebral processes Bones of face or nose | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 \$1,500 / \$750 \$350 / \$175 \$350 / \$175 | ## ankle or bones of the foot ## wor wrist ## ## ## ## ## ## ## ## ## ## ## ## ## | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 | Sample | ` ` ` ` | Vertebrae (body of) or sternum | \$800 / \$400 |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh Skull-depressed Skull-simple Vertebral processes Bones of face or nose Leg (tibia or fibula) | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 \$1,500 / \$750 \$350 / \$175 \$350 / \$175 \$1,000 / \$500 | \$1,000 \$500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 | Surgical Surgical Repair | Pelvis (excluding coccyx) \$800 / \$400 | Pelvis (excluding coccyx) | \$800 / \$400 |
| Incomplete Dislocation Fractures No Hip or thigh Skull-depressed Skull-simple Vertebral processes Bones of face or nose Leg (tibia or fibula) Vertebrae (body of) or sternum | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 \$1,500 / \$750 \$350 / \$175 \$350 / \$175 \$1,000 / \$500 \$800 / \$400 | ## Ankle or bones of the foot ## Wor wrist | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Sample S | Upper jaw or upper arm \$375 / \$190 | , , , | \$375 / \$190 |
| Finger(s) or toe(s) | \$100 / \$50 \$400 / \$200 | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 | • | = | = | = | 1go.(a) a. 100(a) | | | To tour up (a but) of the continuent | Finger(s) or toe(s) Lower jaw Incomplete Dislocation 25% of Fractures Hip or thigh Skull-depressed Skull-simple Vertebral processes Bones of face or nose Leg (tibia or fibula) | \$100 / \$50 \$400 / \$200 If the applicable Non-Surgical Repair Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 \$1,500 / \$750 \$350 / \$175 \$350 / \$175 \$1,000 / \$500 |
| Hip Knee, ankle or bones of the foot Elbow or wrist | - The state of the | | Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 | Hip \$2,000 / \$1,000 Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | and the second s |
| Knee, ankle or bones of the foot Elbow or wrist | | | Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 | Knee, ankle or bones of the foot \$1,000 / \$500 Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| Elbow or wrist | | <u>ቀሳ ሰሰሳ / ቀላ ሰሰሳ</u> | Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 | Shoulder | · | |
| Elbow or wrist | | 52.000 / 51.000 | Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Shoulder | Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Elbow or wrist \$400 / \$200 Shoulder \$500 / \$250 | Shoulder | · | |
| | · | | Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Shoulder \$500 / \$250 | Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | · | <u> </u> |
| | · | | Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 | Shoulder \$500 / \$250 | Shoulder \$500 / \$250 Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | · | <u> </u> |
| | \$400 / \$200 | | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Elbow or wrist | \$400 / \$200 |
| | | e, ankle or bones of the foot \$1,000 / \$500 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| 101 11 | | e, ankle or bones of the foot \$1,000 / \$500 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| Shoulder | | e, ankle or bones of the foot \$1,000 / \$500 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| Shoulder | \$500 / \$250 | e, ankle or bones of the foot \$1,000 / \$500 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | Shoulder | \$500 / \$250 |
| Shoulder | \$500 / \$250 | e, ankle or bones of the foot \$1,000 / \$500 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | Shoulder | \$500 / \$250 |
| Shoulder | \$500 / \$250 | e, ankle or bones of the foot \$1,000 / \$500 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | Shoulder | \$500 / \$250 |
| Shoulder | \$500 / \$250 | e, ankle or bones of the foot \$1,000 / \$500 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | Shoulder | \$500 / \$250 |
| Shoulder | \$500 / \$250 | e, ankle or bones of the foot \$1,000 / \$500 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | Shoulder | \$500 / \$250 |
| Shoulder | \$500 / \$250 | e, ankle or bones of the foot \$1,000 / \$500 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | Shoulder | \$500 / \$250 |
| Shoulder | \$500 / \$250 | e, ankle or bones of the foot \$1,000 / \$500 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | Shoulder | \$500 / \$250 |
| Shoulder | \$500 / \$250 | e, ankle or bones of the foot \$1,000 / \$500 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | Shoulder | \$500 / \$250 |
| Shoulder | \$500 / \$250 | e, ankle or bones of the foot \$1,000 / \$500 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | Shoulder | \$500 / \$250 |
| Shoulder | \$500 / \$250 | e, ankle or bones of the foot \$1,000 / \$500 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | Shoulder | \$500 / \$250 |
| | | e, ankle or bones of the foot \$1,000 / \$500 w or wrist \$400 / \$200 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | | |
| | | e, ankle or bones of the foot \$1,000 / \$500 w or wrist \$400 / \$200 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) Singer(s) Singer | | |
| | | e, ankle or bones of the foot \$1,000 / \$500 w or wrist \$400 / \$200 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) Singer(s) Singer | | |
| | | e, ankle or bones of the foot \$1,000 / \$500 w or wrist \$400 / \$200 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$600 / \$400 | Singer(s) or toe(s) | | |
| Shoulder | \$500 / \$250 | e, ankle or bones of the foot \$1,000 / \$500 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | Shoulder | \$500 / \$250 |
| Shoulder | \$500 / \$250 | e, ankle or bones of the foot \$1,000 / \$500 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | Shoulder | \$500 / \$250 |
| Shoulder | | e, ankle or bones of the foot \$1,000 / \$500 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| Chardelen | | e, ankle or bones of the foot \$1,000 / \$500 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| 1 = 1 - 1 | | e, ankle or bones of the foot \$1,000 / \$500 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| Chauldar | | e, ankle or bones of the foot \$1,000 / \$500 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | Collarbone or bones of the hand \$800 / \$400 | | Collarbone or bones of the hand \$800 / \$400 Finger(s) or toe(s) \$100 / \$50 Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| | | e, ankle or bones of the foot \$1,000 / \$500 w or wrist \$400 / \$200 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | | | | Collarbone or bones of the hand \$800 / \$400 | Singer(s) or toe(s) | | |
| Collarbone or bones of the hand | \$800 / \$400 | e, ankle or bones of the foot \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 | · ····go· (o) o· ···co(o) | 1go.(0) o. 100(0) | ·go.(c) | Finger(s) or toe(s) \$100 / \$50 | \$100 / \$50 | | | Surgical Surgical Surgical Fractures Surgical Repair | Collarbone or bones of the hand | \$800 / \$400 |
| | | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 | Lower jaw \$400 / \$200 | \$400.7\$200 | * * | | · ···go·(o) o· ··o·(o) | · ····go·(o) o· ···o·(o) | Finger(s) or toe(s) | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | <u> </u> | |
| | \$400 / \$200 | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 | | Lower jaw | Lower jaw | Lower jaw \$400 / \$200 | Lower jaw \$400 / \$200 | | | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Lower jaw | \$400 / \$200 |
| Lower Jaw | 25% of the applicable Non-Surgical Repair | e, ankle or bones of the foot \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) \$100 / \$50 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | OFFICE ALL ALL OFFICE AND A CONTROL OF A CON | | Lower jaw | Lower jaw \$400 / \$200 | | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Incomplete Dislocation 25% of | f the applicable Non-Surgical Repair |
| - | 25% of the applicable Non-Surgical Repair | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) \$100 / \$50 er jaw | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | | | == ······ j· | | Lower jaw \$400 / \$200 | Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
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| Lower jaw | 25% of the applicable Non-Surgical Repair | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) \$100 / \$50 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | DESCRIPTION OF THE PROPERTY OF | | Lower jaw | Lower jaw \$400 / \$200 | | Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Incomplete Dislocation 25% of | f the applicable Non-Surgical Repair |
| Finger(s) or toe(s) | \$100 / \$50 | e, ankle or bones of the foot \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 | | | | | Finger(s) or toe(s) | Finger(s) or toe(s) \$100 / \$50 | Finger(s) or toe(s) \$100 / \$50 | Sample S | Finger(s) or toe(s) | \$100 / \$50 |
| <u> </u> | | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 | Lower iaw \$400 / \$200 | \$400 / \$200 | | | ·go.(c) | ·go.(c) | Finger(s) or toe(s) \$100 / \$50 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| <u> </u> | | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 | Lower iaw \$400 / \$200 | 1 auran iaur | | 0.00/000 | ·go.(c) | ·go.(c) | Finger(s) or toe(s) | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| | | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 | | | 1 ower jaw \$400 / \$200 | \$400 / \$200 | · ····go· (o) o· ···co(o) | · ····go· (o) o· ···co(o) | | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | <u> </u> | |
| | \$400 / \$200 | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 | | Lower Jaw \$400 / \$200 | Lower jaw | Lower jaw \$400 / \$200 | | | | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | <u> </u> | \$400 / \$200 |
| | | e, ankle or bones of the foot \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) \$100 / \$50 | | | | | 1 ower jaw \$400 / \$200 | | | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| I I ANNON IANA | | e, ankle or bones of the foot \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) \$100 / \$50 | | | | | | \$400 \ \partial \partial \ \partial \ \partial \ \partial \ \partial \ \partial \partial \ \partial \partial \ \partial | | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| Lower law | 25% of the applicable Non-Surgical Repair | e, ankle or bones of the foot \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) \$100 / \$50 | | · | · | · | | Lower iaw \$400 / \$200 | | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | f the applicable Non-Surgical Repair |
| | 25% of the applicable Non-Surgical Repair | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) \$100 / \$50 er jaw | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | 050/ of the soull sale. No. 0 molecul Descrip | | | | Lower jaw \$400 / \$200 | Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Incomplete Dislocation 25% of | f the applicable Non-Surgical Repair |
| - | 25% of the applicable Non-Surgical Repair | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) \$100 / \$50 er jaw | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Incomplete Dislocation 75% of the applicable Non-Surgical Repair | | DE LA DELLA COMPANIA DE LA COMPANIA DELLA COMPANIA | | | Lower jaw \$400 / \$200 | Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| | 2070 Of the applicable 14011 Odigloai Nepali | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) \$100 / \$50 er jaw | | incomplete dislocation | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | == ······ j· | | Lower jaw \$400 / \$200 | Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Fractures | Surgical / |
| Incomplete Dislocation 25% of the | | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) er jaw \$400 / \$200 \$25% of the applicable Non-Surgical Repair | · | | | | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| Incomplete Dislocation 25% of the Fractures | Surgical / | ## square | Fractures Surgical / | Fractures Surgical / | Fractures Surgical / | Fractures Surgical / | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / | Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / | Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | | |
| Incomplete Dislocation 25% of the Fractures No | Surgical / Non-Surgical Repair | e, ankle or bones of the foot w or wrist state of the foot w or wrist state of the foot state of the fo | Fractures Surgical / Non-Surgical Repair | Fractures Surgical / Non-Surgical Repair | Fractures Surgical / Non-Surgical Repair | Fractures Surgical / Non-Surgical Repair | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Surgical / Non-Surgical Repair | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Surgical / Non-Surgical Repair | Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair | Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | · · · | |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh | Surgical / Non-Surgical Repair \$2,000 / \$1,000 | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) er jaw \$400 / \$200 mplete Dislocation \$25% of the applicable Non-Surgical Repair ctures \$Urgical / Non-Surgical Repair \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Skull-depressed | \$3,000 / \$1,500 |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh | Surgical / Non-Surgical Repair \$2,000 / \$1,000 | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) er jaw \$400 / \$200 mplete Dislocation \$25% of the applicable Non-Surgical Repair ctures \$Urgical / Non-Surgical Repair \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | · | |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh | Surgical / Non-Surgical Repair \$2,000 / \$1,000 | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) er jaw \$400 / \$200 mplete Dislocation \$25% of the applicable Non-Surgical Repair ctures \$Urgical / Non-Surgical Repair \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | · | |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh | Surgical / Non-Surgical Repair \$2,000 / \$1,000 | \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) er jaw \$400 / \$200 mplete Dislocation \$25% of the applicable Non-Surgical Repair ctures \$Urgical / Non-Surgical Repair \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 | Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | · | \$1,500 / \$750 |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh Skull-depressed | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 | ## square services of the foot ## or wrist ## or wrist ## ## square services of the foot ## or wrist ## square services of the foot ## square services of the hand ## square services of the hand ## square services of the foot ## square services o | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Incomplete Dislocation Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Incomplete Dislocation Fractures Surgical / Non-Surgical Repair Hip or thigh Skull-depressed 25% of the applicable Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 | Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | · | |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh Skull-depressed | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 | ## square services of the foot ## or wrist ## or wrist ## ## square services of the foot ## or wrist ## square services of the foot ## square services of the hand ## square services of the hand ## square services of the foot ## square services o | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Incomplete Dislocation Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Incomplete Dislocation Fractures Surgical / Non-Surgical Repair Hip or thigh Skull-depressed 25% of the applicable Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 | Lower jaw \$400 / \$200 Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 | Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | · | \$350 / \$175 |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh Skull-depressed Skull-simple | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 \$1,500 / \$750 | ## square \$1,000 / \$500 ## or wrist | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 | Sample | Leg (tibia or fibula)\$1,000 / \$500Vertebrae (body of) or sternum\$800 / \$400 | · | |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh Skull-depressed Skull-simple Vertebral processes | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 \$1,500 / \$750 \$350 / \$175 | ## ankle or bones of the foot ## wor wrist ## ## \$500 / \$200 ## ## \$500 / \$250 ## ## ## ## ## ## ## ## ## ## ## ## ## | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Sample | Vertebrae (body of) or sternum \$800 / \$400 | Bones of face or nose | \$350 / \$175 |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh Skull-depressed Skull-simple Vertebral processes | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 \$1,500 / \$750 \$350 / \$175 | ## ankle or bones of the foot ## wor wrist ## ## \$500 / \$200 ## ## \$500 / \$250 ## ## ## ## ## ## ## ## ## ## ## ## ## | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Sample | Vertebrae (body of) or sternum \$800 / \$400 | | |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh Skull-depressed Skull-simple Vertebral processes | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 \$1,500 / \$750 \$350 / \$175 | ## ankle or bones of the foot ## wor wrist ## ## \$500 / \$200 ## ## \$500 / \$250 ## ## ## ## ## ## ## ## ## ## ## ## ## | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 | Sample | Vertebrae (body of) or sternum \$800 / \$400 | Leg (tibia or fibula) | \$1,000 / \$500 |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh Skull-depressed Skull-simple Vertebral processes Bones of face or nose | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 \$1,500 / \$750 \$350 / \$175 \$350 / \$175 | sq. ankle or bones of the foot \$1,000 / \$500 w or wrist \$400 / \$200 ulder \$500 / \$250 arbone or bones of the hand \$800 / \$400 er(s) or toe(s) \$100 / \$50 er jaw \$400 / \$200 er jaw \$400 / \$200 mplete Dislocation 25% of the applicable Non-Surgical Repair ctures Surgical / Non-Surgical Repair or thigh \$2,000 / \$1,000 I-depressed \$3,000 / \$1,500 I-simple \$1,500 / \$750 ebral processes \$350 / \$175 es of face or nose \$350 / \$175 es of face or nose | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 | Surgical Surgical Fractures Surgical Repair | Total and (and any only or community) | 5 | |
| Incomplete Dislocation 25% of the Fractures No Hip or thigh Skull-depressed Skull-simple Vertebral processes Bones of face or nose Leg (tibia or fibula) | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 \$1,500 / \$750 \$350 / \$175 \$350 / \$175 \$1,000 / \$500 | ## Ankle or bones of the foot ## wor wrist ## ## ## ## ## ## ## ## ## ## ## ## ## | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 | Surgical Surgical Repair | | | |
| Incomplete Dislocation Fractures No Hip or thigh Skull-depressed Skull-simple Vertebral processes Bones of face or nose Leg (tibia or fibula) Vertebrae (body of) or sternum | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 \$1,500 / \$750 \$350 / \$175 \$350 / \$175 \$1,000 / \$500 \$800 / \$400 | Sq. ankle or bones of the foot \$1,000 / \$500 Square or wrist \$400 / \$200 Square or bones of the hand \$500 / \$250 Square or bones of the hand \$800 / \$400 Square or toe(s) \$100 / \$50 Square or toe(s) \$100 / \$50 Square or the policial or continued or thing has been depleted or thing has been depleted or the policial or the poli | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Sample S | i one (one autility occoping | Pelvis (excluding coccyx) | |
| Incomplete Dislocation Fractures No Hip or thigh Skull-depressed Skull-simple Vertebral processes Bones of face or nose Leg (tibia or fibula) Vertebrae (body of) or sternum | Surgical / Non-Surgical Repair \$2,000 / \$1,000 \$3,000 / \$1,500 \$1,500 / \$750 \$350 / \$175 \$350 / \$175 \$1,000 / \$500 \$800 / \$400 | Sq. ankle or bones of the foot \$1,000 / \$500 Square or wrist \$400 / \$200 Square or bones of the hand \$500 / \$250 Square or bones of the hand \$800 / \$400 Square or toe(s) \$100 / \$50 Square or toe(s) \$100 / \$50 Square or the policial or continued or thing has been depleted or thing has been depleted or the policial or the poli | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair Fractures Surgical / Non-Surgical Repair Hip or thigh \$2,000 / \$1,000 Skull-depressed \$3,000 / \$1,500 Skull-simple \$1,500 / \$750 Vertebral processes \$350 / \$175 Bones of face or nose \$350 / \$175 Leg (tibia or fibula) \$1,000 / \$500 Vertebrae (body of) or sternum \$800 / \$400 | Incomplete Dislocation 25% of the applicable Non-Surgical Repair | Sample | , , , | , , , | \$375 / \$190 |



| Fractures | Surgical / |
|--|---|
| Tractaros | Non-Surgical Repair |
| Lower jaw | \$325 / \$170 |
| Knee cap | \$325 / \$170 |
| Ankle | \$325 / \$170 |
| Foot | \$325 / \$170 |
| Collarbone | \$325 / \$170 |
| Shoulder | \$325 / \$170 |
| Forearm | \$325 / \$170 |
| Hand | \$325 / \$170 |
| Wrist | \$325 / \$170 |
| Elbow | \$325 / \$170 |
| Heel | \$325 / \$170 |
| Rib, finger, toe or coccyx | \$175 / \$90 |
| Multiple ribs | \$500 / \$250 |
| Chip Fractures and other Fractures not resolved by | 25% of the applicable Non-Surgical Repair |
| Surgical or Non-Surgical Repair | |
| Additional Injuries | |
| Eye Injury | \$125 |
| Gunshot wound | \$250 |
| Brain Injury | \$75 |
| Paralysis - monoplegia | \$500 |
| Paralysis - diplegia | \$2,500 |
| Paralysis - hemiplegia | \$2,500 |
| Paralysis - paraplegia | \$12,500 |
| Paralysis - quadriplegia | \$25,000 |
| Coma | \$7,500 |
| Concussion | \$150 |
| Concussion Lifetime Maximum Benefit | \$1,500 |
| Lacerations | |
| Lacerations(s) with no sutures and treated by Physician | \$20 |
| Single lacerations under 5 centimeters with sutures | \$35 |
| Lacerations 5 - 15 centimeters with sutures (total of all lacerations) | \$125 |
| Lacerations greater than 15 centimeters with | \$250 |
| sutures (total of all lacerations) | |
| Burns | |
| 21 - 40 square centimeters 2nd degree | \$200 |
| 21 - 40 square centimeters 3rd degree | \$500 |
| 41 - 65 square centimeters 2nd degree | \$400 |
| 41 - 65 square centimeters 3rd degree | \$1,000 |
| 66 - 160 square centimeters 2nd degree | \$600 |
| 66 - 160 square centimeters 3rd degree | \$3,000 |
| 161 - 225 square centimeters 2nd degree | \$800 |



Burns 161 - 225 square centimeters 3rd degree \$7,000 More than 225 square centimeters 2nd degree \$1,000 More than 225 square centimeters 3rd degree \$10,000 Skin graft \$50% of the applicable Burn Benefit **Medical Services** Diagnostic Exam (1 time per Benefit Year): \$100 Arteriogram, angiogram, CT, CAT, EKG, EEG, or MRI \$25 X-ray \$50 **Accident Emergency Treatment (non-Emergency** Room or non-Urgent Care Facility) (1 time per Covered Accident) \$25 Physician's follow-up Treatment office visit (per visit, up to 10 times per Covered Accident) \$25 Physical and occupational therapy (per visit up to 10 visits per Covered Accident) **Medical Devices** \$100 \$25 **Epidural Pain Management (up to 2 times per Covered Accident)** \$15 **Prescription drug** Prosthesis (one) \$250 \$500 Prosthesis (two) \$25 **Anesthesia** \$100 Blood, plasma or platelet transfusion Hospital \$1,000 Hospital admission (once per Benefit Year) \$200 Hospital Confinement (per day up to 365 days per **Covered Accident)** \$1.500 Intensive Care Unit admission (once per Benefit Year; payable instead of Hospital admission benefit if Confined immediately to ICU) Intensive Care Unit Confinement (per day up to 15 \$400 days; payable in addition to any Hospital **Confinement benefit)** \$400 **Ambulance (Ground)** \$2,000 Ambulance (Air) **Emergency Room admission or Urgent Care** \$100 \$50 Rehabilitation Unit (per day up to 30 days per **Covered Accident)** Transportation (100 or more miles up to 3 times per \$250 **Covered Accident)** \$50 Family lodging Maximum Lodging Night Stays: 1 benefit per day, 30 days per Benefit Year



Accident

| Surgery | |
|---|-------|
| Miscellaneous Surgery requiring general anesthesia that is not otherwise listed (once per 24 hour period even though multiple surgical procedures may be performed) | \$150 |
| Open Surgery | \$625 |
| Exploratory Surgery or debridement | \$125 |
| Laparoscopic Surgery or hernia repair | \$150 |
| Tendon/Ligament/Rotator cuff tear | \$300 |
| Torn Knee Cartilage | \$300 |
| Ruptured / herniated disc | \$300 |
| Emergency Dental | |
| Emergency dental extraction | \$30 |
| Emergency dental crown | \$100 |



Group Hospital Indemnity

| Eligibility | |
|-----------------------------------|--|
| Class Description | Class 1: All Active Full Time Employees excluding Temporary FHS Employees & XLL R&D Partners Employees |
| Minimum Hours Requirement | 30 Hours per week |
| Eligibility Waiting Period | TBD |
| Benefit Plan and Features | |
| Single Product Bundle | Hospital Indemnity |
| Coverage Basis | 24-Hour |
| Age Reduction | None |
| Maternity Waiting Period | No Waiting Period |
| Pre-Existing Condition Limitation | None |
| Annual Maximum Payout | Unlimited |
| Lifetime Maximum Payout | Unlimited |
| Portability | To age 70 |
| Takeover | Yes |
| Enrollment | Annual Open Enrollment |
| Premium Contribution | |
| Employer Contribution | 0% |
| Participation Requirement | Greater of 5 enrolled employees or 10% of eligible employees |
| Cost Summary | Monthly Rate |
| Employee | \$17.37 |
| Employee and Spouse | \$37.07 |
| Employee and Child(ren) | \$28.35 |
| Employee and Family | \$48.05 |
| Rate Guarantee | |
| | 24 months |
| Payable Commissions | |
| Flat | 20% |

What your benefits cover:

| Included Benefits | Benefit Amount |
|---|--------------------------------|
| First Day Hospital Confinement | \$1,500, once per year |
| First Day Intensive Care Unit (ICU) Confinement | \$1,500, once per year |
| Daily Hospital Confinement | \$100, up to 365 days per year |
| Daily ICU Confinement | \$100, up to 60 days per year |
| Daily Rehabilitation Unit Confinement | \$50, up to 60 days per year |

Admission and Confinement benefits are not additive.

Qualifying exams and screenings for Wellness Screening Benefit

- CA15-3 (blood test for breast cancer)
- · Breast Cancer Screening (clinical breast exam, mammography, MRI, thermography, ultrasound)
- CA 125 (blood test for ovarian cancer)
- Colorectal Cancer Screening (fecal occult blood test, colonoscopy, sigmoidoscopy)
- CEA (blood test for colon cancer)
- Lipid panel(cholesterol, triglycerides, HDL, LDL)
- Pap smear
- Prostate Cancer Screening (digital rectal exam, PSA blood test)
- Skin Cancer Screening
- Diabetes tests (fasting blood glucose test, hemoglobin A1c)
- Cardiac exercise stress test
- Electrocardiogram (ECG)-resting or stress
- Chest x-ray
- · Hemoccult stool analysis
- Serum protein electrophoresis
- · Carotid Doppler
- Echocardiogram
- Immunizations
- Interscholastic Sports Physical Exam

General Assumptions

- Final terms and rates are based on Equitable's standard policy language unless otherwise specifically indicated in this proposal. It is recommended that existing coverage be kept in force until Equitable has accepted any requested non-standard language and reviewed the final census. State filings or specially drafted contract language is not assumed in the quoted rates in this proposal.
- This proposal is intended to explain certain portions of the group plan being considered and does not constitute a contract.
- Any discrepancies between this proposal and the contract will be resolved by the wording in the contract.
- · Quote assumes a situs state of KS.
- The employer's assumed primary business is classified as an SIC Code of 7363.
- Equitable reserves the right to re-evaluate and adjust the rates:
 - o For any change of 10% or more to the amount of lives or coverage (volume) since the effective date.
 - o If the sold plan design differs from the proposed/quoted plan design.
 - o For changes in State or Federal Insurance regulations.
 - If a material misstatement of the information provided in the RFP, bid specifications, claim experience or plan of benefits is discovered post-sale, final rates will be calculated on the effective date of the plan based on the actual participants, volume and benefits elected.
- Equitable reserves the right to change the plan to comply with any state mandated benefits, including charging additional premium for such changes, if applicable.
- Claims incurred prior to the effective date of the contract will be the liability of the prior carrier, unless as stated in the Work in Progress Upon Transfer of Carriers in the Group Dental Insurance Certificate.
- If required product participation requirements are not met, Equitable reserves the right to either re-price or to decline to accept the risk if the minimum participation threshold is not met. Evidence of Insurability may also be required.
- This proposal assumes an employer/employee relationship for all eligible classes of employees. 1099 employees are not
 eligible for coverage.
- · Quote does not include temporary or seasonal employees.
- Quote assumes all eligible employees are U.S. citizens or U.S. residents working in U.S. locations who have met the eligibility requirements.
- Quote assumes employees must be Actively at Work on the effective date . The deferred effective date provision applies unless the employer's contract is currently inforce with Equitable.
- Quote assumes that the proposed plans are subject to ERISA regulations.
- The agent certifies that he/she is appropriately licensed and appointed to solicit insurance business in accordance with applicable state law requirements.
- A current billing statement or census will be required at time of sale to verify current enrollees and insurance amounts.
- · Proposal is not subject to Collective Bargaining Agreements.

Equitable policy strictly prohibits doing business with any person or entity involved with marijuana production, distribution or other ancillary operations. Marijuana related businesses also include the marketing of marijuana related products and services, persons and businesses that service and receive income from the marijuana industry, and business involving hemp and hemp related ingredients.

Life Coverage

- An employee must be approved for Basic Life Insurance in order to be eligible for Supplemental Life Insurance.
- Insured benefit amounts from the previous carrier will be grandfathered up to the class benefit maximum illustrated in the benefit summary section. All future amounts are subject to the guarantee issue limit and actively at work provision.
- Evidence of Insurability is required for all late entrants or coverage amounts in excess of any specified Guarantee Issue amount.
- AD&D coverage is packaged with the Life.
- We will not pay any Supplemental Life benefit, or increase in benefit, for a loss caused by suicide within the first two
 years from the Certificate Effective Date or the effective date of the increase. Credit will be given for time covered
 under a prior plan.
- Spouse age reduction is based on employee age, unless otherwise noted.

Dental

- If actual enrollment averages more than 3 children per family unit, we reserve the right to re-evaluate the quoted rates.
- Out of Network benefits will be calculated by applying the coinsurance percentage to the dentist's charge, capped at the reasonable and customary limit, less any deductible amount.
- · The dental network is administered by Careington International and NovaNet Inc.
- Quote does not include retirees.

Vision

- For group sizes 5-9, 70% enrollment is required. For group sizes 2-4, 100% enrollment is required.
- The vision network is administered by VSP.
- · Quote does not include retirees.

Long-Term Disability Coverage

- Quote assumes the employer participates in Workers' Compensation, Social Security and statutory disability where
 mandated for all eligible employees.
- Evidence of Insurability is required for all late entrants or coverage amounts in excess of any specified Guarantee Issue amount.
- A new pre-existing condition limitation period will apply on the date of any increase in coverage.
- The employer must be in business for at least 2 years and be in good financial standing. If otherwise, additional
 underwriting approval will be required prior to sale.

Short-Term Disability Coverage

Advice to Pay(ATP) and Administrative Services Only(ASO) Short-Term Disability:

- These services are offered to clients who provide self-insured plans
- ATP and ASO STD products must be purchased with another insured product including STD, Life, Dental and Vision
- ATP and ASO STD products are available for groups with 100+ eligible lives

Travel Assistance Program:

Travel assistance services are considered non-insurance services and are provided by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance Program are underwritten by a licensed third-party insurance company. The Travel Assistance Program and services provided are separate and apart from the insurance provided by Equitable. Equitable is not affiliated with AXA Assistance USA, Inc.

AD&D Limitations and Exclusions (State variations may apply)

We will not pay any Accidental Death and Dismemberment Benefit for a loss:

- caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
- 2. caused or contributed to by an infection not occurring as a direct result or consequence of the accidental bodily injury;
- caused or contributed to by suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
- caused or contributed to by travel in or descent from an aircraft, if the Insured Person acted in a capacity other than as a passenger;
- 5. caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
- 6. declared or undeclared war, or any act of war, or any conflict involving the armed forces of one or more countries;
- 7. caused or contributed to by active participation in a riot , insurrection, or terrorist activity;
- 8. while the Insured Person is incarcerated;
- 9. caused or contributed to by the Insured Person's participation in a felony or illegal activity ("felony" is defined by the law of the jurisdiction in which the activity takes place);
- 10. caused or contributed to by voluntary intake or use of any drug, unless prescribed or administered by a Physician and taken in accordance with the Physician's instructions, an over the counter drug taken in accordance with the manufacturer's instructions, or the voluntary inhalation of poison, gas, or fumes except as the direct result of an occupational accident;
- 11. caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
- caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
- caused or contributed to by bungee jumping, rock climbing, mountain climbing, hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing.

Dental Limitations and Exclusions (State variations may apply)

Limitations: Payment of benefits is limited under this certificate as follows: Refer to the Group Dental Insurance Certificate for full limitations and exclusions

- 1. For takeover groups with Orthodontic coverage under the prior carrier, we will pay for active work in progress up to our lifetime maximum benefit per individual per lifetime considering any amounts already paid under the prior carrier. We will require a copy of the last Orthodontic Explanation of Benefits paid by the prior carrier showing total amount paid toward the Orthodontic maximum in order to determine remaining benefits. For takeover groups without Orthodontic coverage under the prior carrier, we will not pay for work in progress.
- 2. Services must begin after the end of any applicable Waiting Period. Waiting Periods for each category of service show in the Benefit Plan and Features section.
- 3. When multiple dental services of similar types are provided, the frequency limit under the plan will combine all the similar types of services under the stated frequency limit in combination. Certain comprehensive dental services have multiple steps associated with them. These steps can be completed at one time or during multiple sessions. For benefit purposes under this plan, these separate steps of one service are considered to be part of the more comprehensive service. Even if the dentist submits separate bills, the total benefit payable for all related charges will be limited by the maximum benefit payable for the more comprehensive service. For example, root canal therapy includes x-rays, opening of the pulp chamber, additional x-rays, and filling of the chamber. Although these services may be performed in multiple sessions, they all constitute root canal therapy. Therefore, we will only pay benefits for the root canal therapy.
- 4. Alternate Benefit: If we determine that a service, less costly than the covered service the dentist performed, could have been performed to treat a dental condition, we will pay benefits based upon the less costly service if such service:
 - a. would produce an equivalent therapeutic or diagnostic result as to the diagnosis or treatment of the individual's dental condition; and
 - would qualify as a covered service. For example, if a high noble metal crown and a
 predominantly base metal crown are both professionally acceptable methods for restoring a
 tooth, we may base our determination on the less costly predominantly base metal material.

If we pay benefits based upon a less costly service in accordance with this subsection, the dentist may charge for the difference between the service that was performed and the less costly service. This is the case even if the service is performed by an in-network dentist.

- 5. Basic restorative services are limited as follows:
 - a. Amalgam, composite resin, acrylic, synthetic or plastic restorations for treatment of caries. If the tooth can be restored with such materials, any other restoration such as a crown or jacket is not a covered service.
 - b. Micro filled resin restorations which are non-cosmetic.
 - Replacement of a restoration is covered only when it is defective, as evidenced by conditions such as recorrent caries or fracture, and replacement is medically necessary.

Exclusions: We will not pay benefits under this certificate for any of the following:

- Any procedures not specifically listed as a Covered Service in the Schedule of Benefits and Benefits We Pay sections of the Group Dental Insurance Certificate.
- 2. Services which are not deemed to be dentally necessary care or treatment and/or medically necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature.
- Services for which the insured person would not be required to pay in the absence of dental insurance.
- 4. Services or supplies received by an insured person before the dental insurance starts for that person.
- 5. Treatment or services received outside of the United States and Canada.
- 6. Services which are primarily cosmetic, except for services covered under the Teeth Whitening Benefit if Teeth Whitening is shown as a covered service under the Benefit Plan and Features section.
- 7. Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for:
 - a. scaling and polishing of teeth; or
 - b. fluoride treatments.

- 8. Services or appliances which restore or alter occlusion or vertical dimension.
- Restoration of tooth structure damaged by attrition, abrasion or erosion, unless caused by disease or unless TMJ is listed as a covered service under the Plan Benefit and Features section.
- 10. Restorations or appliances used for the purpose of periodontal splinting.
- 11. Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco.
- 12. Personal supplies or devices including: water piks, toothbrushes, or dental floss.
- 13. Decoration or inscription of any tooth, device, appliance, crown or other dental work.
- 14. Charges for missed appointments.
- 15. Services:
 - a. covered under any workers' compensation or occupational disease law to the extent You are covered or are required to be covered by the workers' compensation or occupational disease law. If You enter into a settlement giving up your right to recover future dental benefits under a workers' compensation law or occupational disease law, We will not pay those medical benefits that would have been payable in absence of that settlement;
 - b. covered under any employer liability law;
 - c. for which the employer of the person receiving such services is required to pay; or
 - d. received at a facility maintained by Your employer, labor union, mutual benefit association, or VA hospital.
- 16. Services covered under other coverage provided by Your employer.
- 17. Temporary or provisional restorations.
- 18. Temporary or provisional appliances.
- 19. Prescription drugs.
- 20. Services for which the submitted documentation indicates a poor prognosis.
- 21. Fixed and removable appliances for correction of harmful habits, unless Orthodontics is listed as a covered service under the Benefit Plan and Features section.
- 22. Application of desensitizing agents.
- 23. Repair or replacement of an orthodontic device.
- 24. The following, when charged by the dentist on a separate basis:
 - a. claim form completion;
 - b. infection control, such as gloves, masks, and sterilization of supplies; or
 - c. local anesthesia or non-intravenous conscious sedation.
- 25. Caries susceptibility tests.
- 26. Appliances or treatment for bruxism (grinding teeth), including occlusal guards and night guards, unless Occlusal Guards is listed as a covered service under the Benefit Plan and Features section, then only the occlusal guards is covered.
- 27. Precision attachments associated with fixed and removable prostheses.
- 28. Adjustment of a denture made within 6 months after installation by the same Dentist who installed it.
- 29. Duplicate prosthetic devices or appliances.
- 30. Replacement of a lost or stolen appliance, cast restoration or denture.
- 31. Extra-oral photographic images, unless TMJ is listed as a covered service under the Benefit Plan and Features section.
- 32. Cone beam imaging.
- 33. Diagnostic casts, unless part of overall treatment plan allowance for orthodontia, if Orthodontia is listed as a covered service under the Benefit Plan and Features section.
- 34. Labial veneers.
- 35. Modification of removable prosthodontic and other removable prosthetic services.

- 36. Occlusal adjustments.
- 37. The following services are not covered services:
 - a. a connector bar;
 - b. a stress breaker;
 - c. coping;
 - d. pediatric partial dentures.

Vision Limitations and Exclusions (State variations may apply)

Limitations: Some brands of spectacle frames may be unavailable for purchase as plan benefits, or may be subject to additional limitations. Insured Persons may obtain details regarding frame brand availability by calling the information number shown in the Certificate Information Page.

Exclusions: We will not pay benefits under this certificate for any of the following:

- 1. Services provided without a Benefit Authorization or after expiration of a Benefit Authorization;
- 2. Services and/or materials not specifically included in the Schedule of Benefits;
- 3. Orthoptics or vision training and any associated supplemental testing;
- 4. Plano lenses (less than a ±.50 diopter power), except as specifically allowed in the frames benefit shown in the Certificate Information page;
- 5. Two pair of glasses in lieu of bifocals;
- 6. Medical or surgical treatment of the eyes;
- 7. Replacement of eyeglass lenses, frames or contact lenses furnished under this plan which are lost or broken, except at the normal intervals when services are otherwise available;
- 8. Plano contact lenses to change eye color cosmetically;
- 9. Artistically-painted contact lenses;
- 10. Contact lens insurance policies or service contracts;
- 11. Additional office visits associated with contact lens pathology;
- 12. Contact lens modification, polishing or cleaning;
- 13. Costs for Covered Services and/or materials above In-Network or Out-of-Network benefit allowance;
- 14. Services or materials of a cosmetic nature;
- 15. Services and/or materials not indicated in this Certificate as Covered Services;
- Pathological treatment;
- 17. Services associated with Corneal Refractive Therapy (CRT) or Orthokeratology;
- 18. Laser or any other form of refractive surgery;
- 19. Pre- and post-operative services;
- 20. Local, state and/or federal taxes, except where We are required by law to pay; or
- 21. Corrective vision treatment of an Experimental Nature.

Long-Term Disability Limitations and Exclusions (State variations may apply)

Exclusions: What Disabilities are not covered?

The Policy does not cover, and We will not pay a benefit for, any Disability:

- 1. unless You are under the Regular Care of a Physician;
- 2. that is caused or contributed to by war or act of war, whether declared or not;
- 3. caused by Your commission of or attempt to commit a felony;
- 4. caused or contributed to by Your being engaged in an illegal occupation; or
- 5. caused or contributed to by an intentionally self-inflicted injury.

If You are receiving or are eligible for benefits for a Disability under a prior disability plan that:

- 1. was sponsored by Your Employer; and
- 2. was terminated before the Effective Date of The Policy;

no benefits will be payable for that Disability under The Policy.

Pre-existing Condition Limitation: Are benefits limited for Pre-existing Conditions?

We will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to by, a Pre existing Condition, unless, at the time You become Disabled You have been continuously covered under The Policy for 365 consecutive days.

Pre-existing Condition means:

- 1. any accidental bodily injury, sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or
- 2. any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, Mental Illness, pregnancy, or Substance Abuse; for which You received Medical Care during the 90 consecutive days period that ends the day before:
 - a. Your effective date of coverage; or
 - b. the effective date of a Change in Coverage.

Medical Care is received when a Physician or other health care provider:

- 1. is consulted or gives medical advice; or
- 2. recommends, prescribes, or provides Treatment.

Treatment includes but is not limited to:

- 1. medical examinations, tests, attendance or observation; and
- 2. use of drugs, medicines, medical services, supplies or equipment

Proposal for: Favorite Healthcare Staffing, Inc

Critical Illness Exclusions (State variations may apply)

Exclusions: What is not covered?

We will not pay a benefit for any Critical Illness that is due to or results from:

- · services or Treatment not included in the Benefit Highlights;
- services or Treatment for which an Insured is not charged, unless there is no charge because the facility is a United States government facility;
- · services or Treatment provided by a Family Member;
- Treatment or complications of Treatment not related to a Critical Illness;
- an autologous bone marrow transplant, one in which Your own bone marrow is used;
- · intentionally self-inflicted injuries;
- · elective plastic or cosmetic surgery;
- · active military duty;
- war or any act of war or Your active duty in any armed service during a time of war (this does not include acts of terrorism);
- · Your active Participation in a Riot, Rebellion or Insurrection;
- · committing of or attempting to commit an assault, felony or other criminal act;
- Your engagement in dangerous conduct or hazardous activity where there is a likelihood of death or serious Injury;
- · committing or attempting to commit suicide, whether sane or insane;
- · incarceration in a penal institution of any kind;
- being legally Intoxicated or under the influence of any narcotic unless taken on the advice of a Physician and taken as prescribed; or
- · improper or illegal use of inhalents or huffing.

Accident Exclusions (State variations may apply)

Exclusions: What is not covered?

No benefits will be payable for any loss that is the result of a Covered Accident that is due to or results from:

- war or any act of war or Your active duty in any armed service during a time of war (this does not include acts of terrorism);
- · active participation in a war (declared or undeclared);
- active military duty;
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated:
- Intoxication;
- operating, learning to operate, serving as a crew member of, jumping or falling from any aircraft, including those which are not motor-driven. This does not include:
 - 1. flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline;
 - flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or quests;
 - 3. flying in Your Employer's corporate aircraft as a passenger or crew member; or
 - 4. flying in a life-saving medevac or similar medical air transport service;
- Injuries sustained from any aviation activities, other than riding as a fare paying passenger;
- · operating a taxi or any other delivery service for any kind of compensation or profit;
- engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering;
- participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating;
- · committing of or attempting to commit an assault, felony or other criminal act;
- active Participation in a Riot, Rebellion or Insurrection;
- committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally;
- voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician and used as directed;
- · improper or illegal use of inhalants or huffing;
- a Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident;
- incarceration in a penal institution of any kind;
- for Non-Occupational plans, an Injury arising out of or in the course of any work for pay or profit.

No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States.

The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Hospital Indemnity Exclusions (State variations may apply)

Exclusions: What is not covered?

No benefits will be payable for any loss that is the result of, or is caused or contributed to by:

- war or any act of war or Your active duty in any armed service during a time of war (this does not include acts of terrorism);
- · active military duty;
- active participation in a war (declared or undeclared);
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated (where the blood alcohol level meets the legal presumption of intoxication in the jurisdiction where the Accident or Injury occurred);
- · intoxication;
- · committing of or attempting to commit an assault, felony or other criminal act;
- participation in a riot, rebellion, insurrection, civil commotion, civil disobedience, or unlawful assembly; (For purposes
 of this exclusion, "Participation" means to take an active part in common with others. "Riot" means any use or threat
 to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss
 that occurs while acting in a lawful manner within the scope of authority.)
- committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally;
- · incarceration in a penal institution of any kind;
- · elective abortion or complications thereof;
- elective or cosmetic surgery or procedures, except for reconstructive surgery or unless due to congenital anomaly or disease of a Child which has resulted in a defect;
- artificial insemination, in vitro fertilization, test tube fertilization;
- sterilization, tubal ligation or vasectomy, and reversal thereof, unless recommended by a Physician;
- gender change, unless recommended by a Physician;
- Treatment, supplies or services provided by, through or, behalf of any government agency or program or program for which there is not normally any charge except for Treatment provided by or through a Veteran's Home or Hospital;
- operating, learning to operate, serving as a crew member of, jumping or falling from any aircraft, including those which are not motor-driven. This does not include:
 - 1. flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline;
 - flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
 - 3. flying in your employer's corporate aircraft as a passenger or crew member; or
 - 4. flying in a life-saving medevac or similar medical air transport service;
- · Injuries sustained from any aviation activities, other than riding as a fare paying passenger;
- · operating a taxi or any other delivery service for any kind of compensation or profit;
- engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering;
- participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating;
- voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician and used as directed;
- Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- · any Mental and Nervous Disorder; or
- · Substance Abuse.

No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States.

The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.