

Accident Indemnity

SUMMARY OF BENEFITS - CLASSIC PLAN



ManhattanLife™

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

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

Coverage Type

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

BENEFITS & FEATURES	CLASSIC
Urgent Care Payable for initial treatment within 60 days of covered accident. Payable once per covered accident.	\$150
Emergency Room Care Payable for initial treatment within 30 days of covered accident. Payable once per covered accident.	\$150
Doctor's Office Care Payable for initial treatment within 60 days of covered accident. Payable once per covered accident.	\$75
Follow-Up Visits Payable twice per covered accident.	\$100 per visit Max of (2) per accident
Ground Ambulance Payable for transport in an ambulance by ground due to an Injury as a result of a Covered Accident. Maximum of one transport per accident.	\$150
Air Ambulance Payable for transport to a hospital.	\$500
First Hospital Admission Payable once per covered accident, once per Calendar Year.	\$750
Hospital Confinement Payable for each day an insured person is confined as an inpatient to a hospital up to 365 days per covered accident.	\$150
ICU Admission Payable if ICU admission is within 48 hours of hospital admission.	\$750

BENEFITS & FEATURES (continued)	CLASSIC
ICU Confinement Payable each day an insured person is confined to a hospital Intensive Care Unit up to 30 days per covered accident.	\$300
Diagnostic Benefits Payable for x-rays, medical imaging (MRI, CT Scan), or EEG. Not payable if Concussion Benefit is paid.	X-Ray: \$100 Imaging: \$75
Medical Appliances Payable once per covered accident.	\$150
Physical Therapy 10 visits per covered accident.	\$45
Chiropractic Treatment 3 visits per covered accident.	\$45
Accidental Death Payable to the named beneficiary.	Primary Insured: \$50,000 Spouse: \$25,000 Child: \$12,500
Dismemberment Payable according to a schedule based on the specific loss incurred.	Primary Insured: \$50,000 Spouse: \$25,000 Child: \$12,500
Common Carrier Payable if death results from an accident while the insured is a fare paying passenger on a commercial airline, passenger train, or intercity bus.	Primary Insured: \$100,000 Spouse: \$50,000 Child: \$25,000
Blood and Plasma Payable if received within 90 days of covered accident.	\$50 - \$250
Prosthesis (One or Multiple) Payable once per accident for a device or devices needed due to an accident.	One: \$750 Multiple: \$1,500
Transportation Payable if the insured person needs care not available locally and more than 50 miles away from their residence.	Bus: \$50 Train/Plane: \$100
Family Lodging Payable for an adult family member if an insured person is hospitalized more than 100 miles from home. Maximum 30 days.	\$50/night
Burns Payable according to a schedule for 2nd and 3rd degree burns if treatment is received within 72 hours of the covered accident.	\$100 - \$10,000
Fractures Payable according to a schedule if diagnosed and treated by a doctor within 90 days of the covered accident.	\$70 - \$6,000
Dislocations Payable according to a schedule if diagnosed and treated by a doctor within 90 days of the covered accident.	\$10 - \$3,600

BENEFITS & FEATURES (continued)	CLASSIC
Repaired Ligaments Payable if treatment is received within 60 days of the covered accident and surgical repair is performed within 90 days.	\$300 - \$600
Repaired Tendons Payable if treatment is received within 60 days of the covered accident and surgical repair is performed within 90 days.	\$300 - \$600
Repaired Knee Cartilage Payable if treatment is received within 60 days of the covered accident and surgical repair is performed within one year.	\$300 - \$600
Repaired Rotator Cuff Payable if surgical repair is performed within one year.	\$300 - \$600
Ruptured Disc Payable if treatment is received within 60 days and surgical repair is performed within one year.	\$500
Exploratory Surgery Payable if Injury does not require surgical repair.	\$200
Thoracic, Open Abdominal or Cranial Surgery Excludes hernia	\$1,500
Ambulatory Surgical Center Facility and/or Outpatient Hospital Facility Payable once per covered accident for surgery performed in an Ambulatory Surgical Center Facility or Outpatient Hospital Facility.	\$150
Anesthesia Administered for a covered surgery where a benefit is being paid.	\$150
Epidural Pain Management	\$100
Coma Payable if the comatose state lasts more than 30 days and diagnosis indicates that permanent neurological deficit is present.	\$10,000
Concussion Payable if diagnosed within 72 hours of the covered accident using medical imaging.	\$100
Dental Emergency Payable for injury to sound natural teeth.	Extraction pays \$50 Crown pays \$150
Gunshot Wound Payable once per covered accident. Must require treatment by a doctor and surgery.	\$750
Occupational HIV Payable once per lifetime.	\$300

BENEFITS & FEATURES (continued)	CLASSIC
<p>Youth Organized Sports Benefit</p> <p>Increases the total benefit paid by 10% to a maximum of \$1,000 if the injury to a dependent child occurs during an organized sports event or scheduled practice.</p>	<p>10%</p>
<p>Laceration</p> <p>Lacerations requiring repair by a physician within 72 hours of a Covered Accident.</p>	<p>Over 6" pays \$100 2" - 6" pays \$50 Under 2" pays \$25 Not requiring stitches \$25</p>
<p>Eye Injury Benefit</p> <p>Pays a benefit for eye injuries requiring surgical repair, for an Injury received as a result of a Covered Accident and the insured injures an eye, doctor repairs the eye through surgery, and the eye surgery occurs within 90 days after the Covered Accident. For eye injuries requiring removal of a foreign body, benefit pays the amount selected if a Doctor removes a foreign body from the eye.</p>	<p>Surgical Repair: \$150 Removal of Foreign Body: \$50</p>

Benefits and riders may vary by state and may not be available in all states.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Advantage Series Accident Indemnity product at **disclosure.manhattanlife.com**. Please review this information before applying for coverage. The amounts of benefits provided depend on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS.

This brochure does not apply to Connecticut. Please refer to the CT - specific brochure for product approval in that state.

Policy: M-8026

Additional Benefits Rider: M-8326