

Trustmark Accident – Group insurance for Liberty ISD Employees (Low Plan)

Schedule of Benefits:

Hospital Benefits:

Hospital First Day Stay Benefit	\$1,200
Hospital First Day Stay Benefit - ICU	\$2,550
Hospital Daily Stay Benefit	\$240
Hospital Daily Stay Benefit - ICU	\$510
Hospital Daily Stay Benefit - Step Down Unit	Not Included
Inpatient Rehabilitation Benefit	\$120
Blood Plasma Platelets Benefit	\$420
Coma Benefit	\$15,000
Pain Management/Epidural Benefit	\$50

Initial Benefits:

Initial Doctor's Office Benefit	\$60
Urgent Care Benefit	\$60
Emergency Room Treatment Benefit	\$150
Ambulance Benefit - Air	\$1,800
Ambulance Benefit - Ground	\$300
Major Diagnostic Testing Benefit	\$240
X-Ray Benefit	\$100

Follow-Up Benefits:

Accident Follow-Up Treatment Benefit	\$60
Physical Therapy Benefit (Includes Chiropractic and Acupuncture)	\$45
Appliance Benefit - Major	\$210
Appliance Benefit - Minor	\$210
Prosthetic Device/Artificial Limb - Single	\$750
Prosthetic Device/Artificial Limb - Multiple	\$1,500
TrekCheck - Lodging	\$210
TrekCheck - Transportation	\$500

Surgical Care Benefits:

Arthroscopic Surgery	\$500
Cranial Surgery	\$1,250
Hernia Surgery	\$600

Surgical Care Benefits (Continued):

Herniated Disc Surgery	\$600
Open Abdominal and Thoracic Surgery	\$1,500
Open Abdominal or Thoracic Surgery Exploratory	\$150
Tendon/Ligament/Rotator Cuff Surgery (Multiple)	\$1,200
Tendon/Ligament/Rotator Cuff Surgery (Single)	\$600
Tendon/Ligament/Rotator Cuff Surgery Exploratory	\$210
Torn Knee Cartilage	\$500
Torn Knee Cartilage Exploratory	\$100
Other (General Anesthesia)	\$500
Other (Conscious Sedation)	\$200

Injuries:

Burn Benefit	Up to \$12000
Skin Graft Benefit	25% of burn benefit
Concussion Benefit	\$210
Emergency Dental Benefit - Crown/Extraction	\$300/\$120
Eye Injury Benefit	\$300
Gunshot Wound Benefit:	Not Included
Laceration Benefit	Up to \$600

Dislocation Benefit

Up to \$4800

Fracture Benefit

Up to \$6000

Traumatic Brain Injury

\$1,000

Accidental Death & Catastrophic:

Accidental Death Benefit \$30,000/\$30,000/\$15,000

ADB Common Carrier \$120,000/\$100,000/\$50,000

Catastrophic Accident \$100,000/\$50,000/\$50,000

Wellness:

Routine Screening Benefit: \$50

Diagnostic Screening: Not Included

Other Benefits:

Auto Injury Benefit: Not Included

Organized Sports Benefit: 25%

Workplace Care Benefit: Not Included

Monthly Rates (12 deductions per year)

	Employee Only	Employee + Spouse	Employee + Child	Family
Rate	\$ 15.38	\$ 24.81	\$ 32.19	\$ 44.62

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This is a brief description of benefits under forms AO 620 C and AO 620 C MET. Sample rates are shown for illustrative purposes only; rates may vary. An application for insurance must be completed to obtain coverage. Benefit amounts shown are samples and not a guarantee. Benefit amount payable varies by injury/service and may vary by state. Benefits are payable only as the result of a covered accident. Most benefits are paid once per person per covered accident unless otherwise noted. Hospital Confinement and ICU Benefits cannot be paid at the same time. Your policy/certificate will contain a complete schedule of benefits. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Elimination periods may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademark of Trustmark Insurance Company. NOTE: If you have previously elected Trustmark accident coverage, your existing policy may differ from what is described here.