

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

<b>Schedule of Benefits:</b>		<b>Surgical Care Benefits (Continued):</b>	
<b>Hospital Benefits:</b>		Herniated Disc Surgery	\$800
Hospital First Day Stay Benefit	\$1,600	Open Abdominal and Thoracic Surgery	\$2,000
Hospital First Day Stay Benefit - ICU	\$3,400	Open Abdominal or Thoracic Surgery Exploratory	\$200
Hospital Daily Stay Benefit	\$320	Tendon/Ligament/Rotator Cuff Surgery (Multiple)	\$1,600
Hospital Daily Stay Benefit - ICU	\$680	Tendon/Ligament/Rotator Cuff Surgery (Single)	\$800
Hospital Daily Stay Benefit - Step Down Unit	Not Included	Tendon/Ligament/Rotator Cuff Surgery Exploratory	\$280
Inpatient Rehabilitation Benefit	\$160	Torn Knee Cartilage	\$1,000
Blood Plasma Platelets Benefit	\$560	Torn Knee Cartilage Exploratory	\$200
Coma Benefit	\$20,000	Other (General Anesthesia)	\$500
Pain Management/Epidural Benefit	\$75	Other (Conscious Sedation)	\$200
<b>Initial Benefits:</b>		<b>Injuries:</b>	
Initial Doctor's Office Benefit	\$80	Burn Benefit	Up to \$16000
Urgent Care Benefit	\$80	Skin Graft Benefit	25% of burn benefit
Emergency Room Treatment Benefit	\$200	Concussion Benefit	\$280
Ambulance Benefit - Air	\$2,400	Emergency Dental Benefit - Crown/Extraction	\$400/\$160
Ambulance Benefit - Ground	\$400	Eye Injury Benefit	\$400
Major Diagnostic Testing Benefit	\$320	Gunshot Wound Benefit:	Not Included
X-Ray Benefit	\$125	Laceration Benefit	Up to \$800
<b>Follow-Up Benefits:</b>		Dislocation Benefit	Up to \$6400
Accident Follow-Up Treatment Benefit	\$80	Fracture Benefit	Up to \$8000
Physical Therapy Benefit (Includes Chiropractic and Acupuncture)	\$60	Traumatic Brain Injury	\$1,500
Appliance Benefit - Major	\$280	<b>Accidental Death &amp; Catastrophic:</b>	
Appliance Benefit - Minor	\$280	Accidental Death Benefit	\$40,000/\$40,000/\$20,000
Prosthetic Device/Artificial Limb - Single	\$1,000	ADB Common Carrier	\$160,000/\$100,000/\$50,000
Prosthetic Device/Artificial Limb - Multiple	\$2,000	Catastrophic Accident	\$100,000/\$50,000/\$50,000
TrekCheck - Lodging	\$280	<b>Wellness:</b>	
TrekCheck - Transportation	\$500	Routine Screening Benefit:	\$50
<b>Surgical Care Benefits:</b>		Diagnostic Screening:	Not Included
Arthroscopic Surgery	\$750	<b>Other Benefits:</b>	
Cranial Surgery	\$2,000	Auto Injury Benefit:	Not Included
Hernia Surgery	\$800	Organized Sports Benefit:	25%
		Workplace Care Benefit:	Not Included

## Monthly Rates (12 deductions per year)

	Employee Only	Employee + Spouse	Employee + Child	Family
<b>Rate</b>	\$ 19.14	\$ 30.53	\$ 39.87	\$ 54.85

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.