

## NORTH CAROLINA – MIDDLE OPTION

### ACCIDENT MEDICAL BENEFIT

#### Scope of Coverage Applicable to Accident Medical Benefits

Any benefit limits and benefit percentages apply, unless otherwise specified, on a per Insured Person – per Covered Loss basis. Any applicable Deductibles must be satisfied within the time periods specified before benefits are payable.

Total Maximum for all Accident Medical Benefits	\$25,000
First Covered Expenses must be incurred within	60 days after the Covered Accident
Benefit Period	52 weeks from the date of the Covered Accident
Deductible	\$0
Deductible applies to	each Covered Accident
Deductible must be satisfied within	52 weeks from the date of the Covered Accident

#### MIDDLE OPTION

##### **Covered Expenses**

Determination of the amount of each Covered Expense, and where applicable, each Usual and Customary Charge, will be made solely by the Company.

##### **Benefit Percentage and Other Limits**

##### **Expanded Medical Benefit For Covered Sports Conditions**

100% of Usual and Customary Charges

Covered Sports Conditions

bursitis; sprains; hernia; muscle tears; tendonitis; and repetitive motion injuries

##### **Heart and Circulatory Conditions**

100% of Usual and Customary Charges

Covered Heart and Circulatory Conditions

heat exhaustion; heart attack; cardiac arrest, stroke; burst aneurysm

##### **Inpatient Hospital Services**

Room and Board Expenses

Semi-Private Room

\$200 per day

##### **Miscellaneous Expenses**

\$1,000 per day

Physician's Visits (limited to one visit per day)

\$50 first day/\$30 each subsequent day

##### **Ambulatory Medical Center**

\$1,000 maximum

**Emergency Room Treatment** (treatment must be rendered within 72 hours from the time of the injury)

\$250 maximum

Surgery

\$1,000 maximum

\*Allowance is calculated: 100% of Usual and Customary Charges for the 1<sup>st</sup> procedure, 50% of Usual and Customary Charges for the 2<sup>nd</sup> procedure, and 25% of Usual and Customary Charges for each additional procedure when performed through different incisions/portals.

Assistant Surgeon

100% of Usual and Customary Charges

\*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.

Anesthesia and its Administration 100% of Usual and Customary Charges

\*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.

Outpatient Physician Visits (limited to one visit per day) \$50 first day/\$30 each subsequent day

**Outpatient X-ray** \$400 maximum

**Outpatient Diagnostic Imaging Services** \$400 maximum

**Outpatient Laboratory** \$150 maximum

**Outpatient Physiotherapy** (limited to one visit per day) \$40 first day/\$30 each subsequent day, 5 day maximum

(includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment)

**Ambulance Services (Air and Ground)** \$500 maximum

**Medical Equipment Rental (Includes Orthopedic devices)** \$100 maximum

**Dental Services** \$300 per tooth

**Prescription Drugs** \$100 maximum

**Consultant** \$400 maximum

**Replacement of Eye Glasses, Contact Lenses or Hearing Aids** 100% of Usual and Customary Charges

**Accidental Death & Dismemberment** \$10,000 Principal Sum

**Paralysis** \$10,000 Principal Sum

**Felonious Assault & Violent Crime** \$10,000

Covered Loss must occur within 365 day sof Covered Accident

**Bereavement & Trauma Counseling** Counseling must occur within 30 days of Loss of Life or Covered Loss

Benefit Amount: \$100 per session

Maximum Number of Sessions: 10

Maximum Benefit Per Covered Loss: \$10,000