

Trustmark Accident – Group insurance for Pecos Barstow Toyah ISD Employees (Low Plan)

Schedule of Benefits:

Hospital Benefits:

Hospital First Day Stay Benefit	\$500
Hospital First Day Stay Benefit - ICU	\$500
Hospital Daily Stay Benefit	\$100
Hospital Daily Stay Benefit - ICU	\$100
Hospital Daily Stay Benefit - Step Down Unit	\$100
Inpatient Rehabilitation Benefit	\$100
Blood Plasma Platelets Benefit	\$200
Coma Benefit	\$5,000
Pain Management/Epidural Benefit	\$50

Initial Benefits:

Initial Doctor's Office Benefit	\$100
Urgent Care Benefit	\$100
Emergency Room Treatment Benefit	\$200
Ambulance Benefit - Air	\$1,000
Ambulance Benefit - Ground	\$200
Major Diagnostic Testing Benefit	\$200
X-Ray Benefit	\$100

Follow-Up Benefits:

Accident Follow-Up Treatment Benefit	\$50
Physical Therapy Benefit (Includes Chiropractic and Acupuncture)	\$50
Appliance Benefit - Major	\$150
Appliance Benefit - Minor	\$75
Prosthetic Device/Artificial Limb - Single	\$500
Prosthetic Device/Artificial Limb - Multiple	\$1,000
TrekCheck - Lodging	\$100
TrekCheck - Transportation	\$300

Surgical Care Benefits:

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

Surgical Care Benefits (Continued):

Herniated Disc Surgery	\$500
Open Abdominal and Thoracic Surgery	\$1,250
Open Abdominal or Thoracic Surgery Exploratory	\$125
Tendon/Ligament/Rotator Cuff Surgery (Multiple)	\$1,200
Tendon/Ligament/Rotator Cuff Surgery (Single)	\$800
Tendon/Ligament/Rotator Cuff Surgery Exploratory	\$200
Torn Knee Cartilage	\$500
Torn Knee Cartilage Exploratory	\$100
Other (General Anesthesia)	\$500
Other (Conscious Sedation)	\$200

Injuries:

Burn Benefit	Up to \$10000
Skin Graft Benefit	25% of burn benefit
Concussion Benefit	\$100
Emergency Dental Benefit - Crown/Extraction	\$150/\$50
Eye Injury Benefit	\$200
Gunshot Wound Benefit:	Not Included
Laceration Benefit	Up to \$400
Dislocation Benefit	Up to \$4000
Fracture Benefit	Up to \$7500
Traumatic Brain Injury	\$1,000

Accidental Death & Catastrophic:

Accidental Death Benefit	\$25,000/\$10,000/\$5,000
ADB Common Carrier	\$50,000/\$20,000/\$10,000
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:	20%
Workplace Care Benefit:	Not Included

Monthly Rates (12 deductions per year)

	Employee Only	Employee + Spouse	Employee + Child	Family
Rate	\$ 13.64	\$ 22.01	\$ 28.01	\$ 39.04

ACC-G_Insert1_PBTISD_2021

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.