

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

## Schedule of Benefits:

### Hospital Benefits:

Hospital First Day Stay Benefit	\$1,000
Hospital First Day Stay Benefit - ICU	\$1,000
Hospital Daily Stay Benefit	\$200
Hospital Daily Stay Benefit - ICU	\$200
Hospital Daily Stay Benefit - Step Down Unit	\$150
Inpatient Rehabilitation Benefit	\$150
Blood Plasma Platelets Benefit	\$400
Coma Benefit	\$7,500
Pain Management/Epidural Benefit	\$75

### Initial Benefits:

Initial Doctor's Office Benefit	\$125
Urgent Care Benefit	\$150
Emergency Room Treatment Benefit	\$200
Ambulance Benefit - Air	\$1,000
Ambulance Benefit - Ground	\$300
Major Diagnostic Testing Benefit	\$200
X-Ray Benefit	\$125

### Follow-Up Benefits:

Accident Follow-Up Treatment Benefit	\$75
Physical Therapy Benefit (Includes Chiropractic and Acupuncture)	\$50
Appliance Benefit - Major	\$200
Appliance Benefit - Minor	\$100
Prosthetic Device/Artificial Limb - Single	\$1,000
Prosthetic Device/Artificial Limb - Multiple	\$2,000
TrekCheck - Lodging	\$150
TrekCheck - Transportation	\$400

### Surgical Care Benefits:

Arthroscopic Surgery	\$750
Cranial Surgery	\$2,000
Hernia Surgery	\$750

## Surgical Care Benefits (Continued):

Herniated Disc Surgery	\$750
Open Abdominal and Thoracic Surgery	\$2,000
Open Abdominal or Thoracic Surgery Exploratory	\$200
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	\$1,000
Torn Knee Cartilage Exploratory	\$200
Other (General Anesthesia)	\$500
Other (Conscious Sedation)	\$200

### Injuries:

Burn Benefit	Up to \$15000
Skin Graft Benefit	25% of burn benefit
Concussion Benefit	\$200
Emergency Dental Benefit - Crown/Extraction	\$250/\$75
Eye Injury Benefit	\$300
Gunshot Wound Benefit:	Not Included
Laceration Benefit	Up to \$800
Dislocation Benefit	Up to \$5000
Fracture Benefit	Up to \$7500
Traumatic Brain Injury	\$1,500

### Accidental Death & Catastrophic:

Accidental Death Benefit	\$50,000/\$20,000/\$10,000
ADB Common Carrier	\$100,000/\$40,000/\$20,000
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
<b>Rate</b>	\$ 16.64	\$ 26.36	\$ 33.93	\$ 46.89

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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.*