

Accident Indemnity Plus



Receive a Benefit if You Have an Accident

An Accident Plan:

- Can cover you, your spouse and your children.
- Pays benefits directly to you, in addition to any other coverage you may have, unless otherwise designated.
- Two levels of coverage to complement your benefits package.

Did you Know...

The average charge for a trip to the emergency room is \$1,389 – a 176% surge in the last decade.

<https://healthcostinstitute.org/in-the-news/usa-today>

Includes a \$50 Wellness Screening Benefit – payable annually, including for covered family members. Qualified screenings include an oral cancer screening as part of a comprehensive dental exam, lipid panel, blood test for triglycerides, mammograms, colonoscopies, stress tests, pap smear, and many others.

Initial Care Benefits

Benefit	Premier	Enhanced
Urgent Care*	\$200	\$150
Doctor's Office Care*	\$150	\$100
Emergency Room Care**	\$150	\$100
Ground Ambulance	\$300	\$200
Air Ambulance	\$1,000	\$800
Hospital Confinement	\$375/per day	\$250/per day
First Hospitalization	\$1,500	\$1,000
Emergency Dental Work	Repaired with Crown: \$300 Resulting in Extraction: \$90	Repaired with Crown: \$200 Resulting in Extraction: \$60
Fracture - <i>see schedule in policy</i>	Minimum: \$400 - Maximum: \$5,000	Minimum: \$320 - Maximum: \$4,000
Dislocation - <i>see schedule in policy</i>	Minimum: \$320 - Maximum: \$3,600	Minimum: \$240 - Maximum: \$2,700
Chiropractic Treatment	\$45/per day (Max of 3 visits per accident)	\$30/per day (Max of 3 visits per accident)

*Coverage not paid if ER visit is paid for the same accident.

**This benefit is paid once per covered accident and limited to 5 covered accidents per covered person per calendar year. Benefits and riders may vary by state and may not be available in all states. TN - Called Office Visit Benefit - We will pay the selected benefit amount if a Covered Person receives initial Treatment and/or advice by a Doctor in a Doctor's office or a Chiropractor in a Chiropractor's office. The Treatment must be within 60 days of the Covered Accident. The treatment must not be for routine examinations or preventative testing. Benefit amounts unchanged from Doctor office visit per level.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit product at Disclosure.ManhattanLife.com. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS.

Policy Form Numbers: M-8026 Well-Being Benefit: M-1775; ER Facility Care Rider - M-8226

Underwritten by ManhattanLife Insurance & Annuity Company.

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