



**2018-2019
NATIONAL
SCHEDULES OF BENEFITS**

(All states except: AR, KS, KY, NC, NY, and TX)

Insurance coverage underwritten by Mutual of Omaha Insurance Company; 3300 Mutual of Omaha Plaza, Omaha, NE 68175

Coverage is provided for loss due to a covered injury up to a maximum per injury benefit amount of \$25,000. Treatment of covered injuries must begin within 60 days of the accident date. Only eligible expenses incurred within 52 weeks from the date of the accident are covered. The maximum benefit amount per service/treatment is as shown below. Benefits will be paid only for such expense which is not recoverable from any other insurance policy, service contract or workers' compensation. Coverage also includes \$10,000 Accidental Death & Specific Loss.

INPATIENT:	HIGH VOLUNTARY PLAN	LOW VOLUNTARY PLAN
Room & Board	80% of Allowable Expense/ Semi-Private Room Rate	Semi-Private Room Rate/ \$150 per day
Hospital Miscellaneous	Up to \$1,200/ day maximum	Up to \$600/ day
Private Duty Nursing (Registered Nurse)	100% of Allowable Expense	75% of Allowable Expense
Physician's Nonsurgical Visits	Up to \$60/ visit 1 st day; \$40/ visit each subsequent day	Up to \$40/ visit 1 st day; \$25/ visit each subsequent day
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)		
OUTPATIENT:		
Hospital Outpatient Surgery – Facility Charge	Up to \$1,200/ day maximum	Up to \$1,000 maximum
Physician's Nonsurgical Visits (Non-Emergency Room)	Up to \$60/ visit 1 st day; \$40/ visit each subsequent day	Up to \$40/ visit 1 st day; \$25/ visit each subsequent day
(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)		
Physiotherapy	Up to \$60/ visit 1 st day; \$40/ visit each subsequent day; 5 day maximum (Benefits are limited to one visit per day)	Up to \$30/ visit 1 st day; \$20/ visit each subsequent day; 5 day maximum (Benefits are limited to one visit per day)
Emergency Room	Up to \$300 maximum	Up to \$150 maximum
(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)		
X-Ray Services (includes charges for reading)	\$600 maximum	\$200 maximum
Diagnostic Imaging (Cat Scan, MRI)	\$600 maximum	\$300 maximum
Laboratory	\$300 maximum	\$50 maximum
Injections	Up to \$25/injury	Up to \$25/injury
Prescription Drugs	\$200 maximum (30 day supply per prescription in MD)	\$75 maximum (30 day supply per prescription in MD)
Orthopedic Braces and Appliances	\$140 maximum	\$75 maximum
INPATIENT AND/OR OUTPATIENT:		
Surgeon's Fees	\$1,200 maximum (No more than one procedure through the same incision will be paid)	\$1,000 maximum (No more than one procedure through the same incision will be paid)
Anesthetist/Assistant Surgeon	25% of surgeon's allowance	20% of surgeon's allowance
Ambulance	\$800 maximum	\$300 maximum
Consultant	\$400 maximum	\$200 maximum
Treatment of Heat Exhaustion	100% of Allowable Expense	100% of Allowable Expense
Dental	Up to \$500/ tooth (Benefits are paid on sound natural teeth only)	Up to \$200/ tooth (Benefits are paid on sound natural teeth only)
Eyeglasses, Contact Lenses & Hearing Aids	\$300 maximum for replacement if broken due to injury	\$200 maximum for replacement if broken due to injury
Extended Dental Coverage	This is supplemental coverage for expenses resulting from covered accidental injuries. The dental benefits provided are: (a) 100% of Allowable Expense for examinations, X-Rays, endodontics and oral surgery to a maximum of \$10,000 and (b) dental expenses toward the cost of bridges, dentures or replacement of previous dental repairs to a maximum of \$250. No coverage is provided for orthodontics (braces) for any reason or damage or loss thereof.	