

STANDARD BENEFITS	Basic Plan	Plus Plan	Complete Plan
Accidental Death Benefit	\$25,000	\$50,000	\$100,000
Accidental Death Common Carrier Benefit	\$100,000	\$200,000	\$400,000
Accidental Dismemberment Benefit			
Loss of both arms, both legs, sight of both eyes	\$25,000	\$50,000	\$75,000
Loss of one arm, one leg, and sight of one eye	\$5,000	\$7,500	\$10,000
Loss of one finger or one toe	\$1,000	\$1,500	\$2,000
Air Ambulance Benefit (per trip) Maximum 1 trip per covered accident	\$1,000	\$1,000	\$1,000
Ambulance Benefit (Ground/per trip) Maximum 1 trip per covered accident	\$200	\$200	\$200
Blood/Plasma Benefit	\$100	\$200	\$300
Burn Benefit			
3rd Degree of 30 square inches or more	\$5,000	\$7,500	\$10,000
3rd Degree of less than 30 square inches	\$1,000	\$1,500	\$2,000
2nd Degree	\$500	\$750	\$1,000
If more than one burn classification is sustained in one Covered Accident, the higher Burn Benefit will be paid.			
Child Care Benefit Monthly benefit per child care to age 13 if death by accident.	\$600	\$600	\$600
Diagnostic Exam Benefit Maximum number of exams: 2 exams per Covered Accident	\$150	\$200	\$250
Dislocation Benefit	Closed/Open	Closed/Open	Closed/Open
Hip	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000
Knee	\$750/\$1,500	\$1,000/\$2,000	\$1,250/\$2,500
Ankle	\$600/\$1,200	\$800/\$1,600	\$1,000/\$2,000
Collarbone (stern)	\$400/\$800	\$500/\$1,000	\$600/\$1,200
Lower Jaw	\$250/\$500	\$300/\$300	\$350/\$700
Shoulder	\$250/\$500	\$300/\$600	\$350/\$700
Elbow or Wrist	\$250/\$500	\$300/\$600	\$350/\$700
Bones of Hand	\$250/\$500	\$300/\$600	\$350/\$700
Collarbone (carom)	\$75/\$150	\$100/\$200	\$125/\$250
Finger, Toe	\$75/\$150	\$100/\$200	\$125/\$250
Emergency Dental Benefit			
Extraction	\$50	\$75	\$100
Crown	\$100	\$150	\$200
Emergency Room Benefit	\$120	\$340	\$560
Family Lodging Benefit Maximum 30 nights per Covered Accident	\$100/per stay	\$100/per stay	\$100/per stay
Fractures Benefit	Closed/Open	Closed/Open	Closed/Open
Skull - depressed	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000
Skull - simple	\$500/\$1,000	\$750/\$1,500	\$1,000/\$2,000
Hip or Thigh	\$750/\$1,500	\$1,000/\$2,000	\$1,500/\$3,000
Vertebrae, Pelvis, Leg	\$600/\$1,200	\$800/\$1,600	\$1,000/\$2,000
Bones of Face or Nose	\$250/\$500	\$325/\$650	\$400/\$800
Upper Jaw, Maxilla	\$250/\$500	\$325/\$650	\$400/\$800
Upper Arm	\$250/\$500	\$325/\$650	\$400/\$800
Lower Jaw, Mandible	\$200/\$400	\$250/\$500	\$325/\$650
Kneecap, Ankle, Foot	\$200/\$400	\$250/\$500	\$325/\$650
Shoulder Blade, Collarbone	\$200/\$400	\$250/\$500	\$325/\$650
Vertebral Processes	\$200/\$400	\$250/\$500	\$325/\$650
Forearm, Hand, Wrist	\$200/\$400	\$250/\$500	\$325/\$650
Rib	\$150/\$300	\$200/\$400	\$250/\$500
Coccyx	\$125/\$250	\$175/\$350	\$225/\$450
Finger, Toe	\$50/\$100	\$50/\$100	\$75/\$150

STANDARD BENEFITS	Basic Plan	Plus Plan	Complete Plan
Gunshot Wound Benefit	\$500	\$750	\$1,000
Hospital Admission	\$1,000	\$1,500	\$2,000
Hospital Confinement Benefit	\$200	\$300	\$400
Maximum 365 days per Covered Accident			
Hospital ICU Benefit	\$500	\$750	\$1,000
Maximum 15 days per Covered Accident			
Lacerations Benefit			
Over 6 inches with stitches	\$300	\$400	\$500
2-6 inches with stitches	\$150	\$200	\$250
less than 2 inches with stitches	\$25	\$50	\$75
any length without stitches	\$25	\$35	\$50
Medical Appliances Benefit	\$100	\$125	\$150
Paralysis Benefit			
Paraplegia	\$5,000	\$5,000	\$5,000
Quadriplegia	\$10,000	\$10,000	\$10,000
Physical Therapy Benefit	\$25 per visit	\$35 per visit	\$50 per visit
Maximum 6 visits per Covered Accident			
Physician Follow-Up Treatment Benefit	\$25 per visit	\$35 per visit	\$50 per visit
Maximum 2 visits per Covered Accident			
Physician Office Visit Benefit	\$50 per visit	\$75 per visit	\$100 per visit
Prosthesis Benefit			
Limit of one prosthetic device per Covered Accident	\$500	\$750	\$1,000
Skin Grafts Benefit	50% of burn benefit	50% of burn benefit	50% of burn benefit
Surgery Benefit			
Knee Cartilage	\$400	\$500	\$600
Ruptured/Herniated Disc	\$300	\$500	\$750
Tendons/Ligaments			
Two or more	\$500	\$750	\$1,000
One	\$300	\$500	\$700
Exploratory Surgery	\$100	\$150	\$200
Open Abdominal Thoracic, Cranial, or Hernia Surgery to repair injury	\$1,000	\$1,500	\$2,000
Open Abdominal Thoracic, Cranial, or Hernia Surgery without repair	\$200	\$400	\$600
Other Open Surgery not already covered with repair	\$200	\$400	\$600
Laparoscopic Surgery	\$150	\$300	\$500
Exploratory surgery, arthroscopic surgery, or surgery without repair	\$100	\$200	\$300
Transportation Benefit			
Maximum 3 round trips per Covered Accident	\$300 per trip	\$300 per trip	\$300 per trip
Tuition Benefit			
Benefit is payable up to 4 years.	\$2,500 per year	\$2,500 per year	\$2,500 per year
Wellness Benefit			
Covers flu shots, Pap smear, mammography, PSA, colonoscopy and child sport physicals			
Maximum 1 visit per Policy Year, for one Covered Person only			
Benefit payable first Policy Year	\$25 per visit	\$25 per visit	\$25 per visit
Benefit payable for renewal Policy Years	\$50 per visit	\$50 per visit	\$50 per visit

Questions? Call 248-888-1010 or email: swhite@smwbenefit.com to talk to Steven M. White, our sponsored agent.

**The above is a brief description of benefits.
[Click here](#) to see the Sun Life Financial brochure for further details.**

Optional Accident Insurance Benefits

You may choose one or more optional benefits for even more peace of mind.

- Return of Premium: Pays total base premium less claims after 20 years.
- Monthly Income Rider: Pays the Monthly Income Benefit chosen. If the Primary Insured is unable to work in his or her regular employment due to an Injury from a Covered Accident.

BASE PLAN RATES

	OFF-JOB COVERAGE			24-HOUR COVERAGE		
	BASIC	PLUS	COMPLETE	BASIC	PLUS	COMPLETE
WWOCAR Member	\$ 16.85	\$ 24.10	\$ 32.95	\$ 19.82	\$ 28.56	\$ 39.21
WWOCAR Member & Spouse	\$ 26.35	\$ 38.49	\$ 53.26	\$ 28.54	\$ 41.68	\$ 57.66
WWOCAR Member/Single Parent	\$ 27.83	\$ 40.41	\$ 55.48	\$ 30.05	\$ 43.72	\$ 60.13
WWOCAR Member & Immediate Family	\$ 41.00	\$ 60.45	\$ 83.82	\$ 43.19	\$ 63.64	\$ 88.22

MONTHLY INCOME BENEFIT RIDER 7 DAY ELIMINATION

	OFF-JOB COVERAGE			24-HOUR COVERAGE		
	\$600	\$900	\$1,200	\$600	\$900	\$1,200
6 Month	\$ 6.95	\$ 10.43	\$ 13.91	\$ 8.18	\$ 12.27	\$ 16.36
12 Month	\$ 8.48	\$ 12.72	\$ 16.96	\$ 9.98	\$ 14.97	\$ 19.95

RETURN OF PREMIUM BENEFIT RIDER

	OFF-JOB COVERAGE			24-HOUR COVERAGE		
	BASIC	PLUS	COMPLETE	BASIC	PLUS	COMPLETE
WWOCAR Member	\$ 3.69	\$ 5.10	\$ 6.82	\$ 4.34	\$ 6.07	\$ 8.19
WWOCAR Member & Spouse	\$ 5.41	\$ 7.72	\$ 10.52	\$ 5.82	\$ 8.31	\$ 11.34
WWOCAR Member/Single Parent	\$ 5.83	\$ 8.28	\$ 11.21	\$ 6.26	\$ 8.92	\$ 12.11
WWOCAR Member & Immediate Family	\$ 8.17	\$ 11.85	\$ 16.27	\$ 8.57	\$ 12.44	\$ 17.10

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What this Plan Does Not Cover

No benefits will be payable under this policy for an Injury that is the result of a Covered Accident that occurs:

- During any involvement in any period of any type of armed conflict (this does not include acts of terrorism);
- When riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- While operating, learning to operate, serving as a crew member of our jumping or falling from any aircraft, including those which are not motor-driven. This does not include flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline.
- While engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, or any similar activities;
- While participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received; or
- During the commission of or attempting to commit a felony.

No benefits will be payable for:

- Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of Covered Accident;
- Treatment for a Coma;
- An Injury or death that is caused by an accident that is not a Covered Accident; or
- An Injury that results from a Covered Accident that is an On Job Accident, if this Policy provides coverage only for Off Job Accidents as shown in the schedule of benefits.

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The coverage (s) described herein contain exclusion and limitations as well as terms under which such coverage can be continued or discontinued. Please refer to the policy for a complete description of all benefit features, limitations, and exclusions. For costs and complete details of the plans and services advertised, including availability, please contact your insurance representative.

Underwritten by Professional Insurance Company (In California, PIC Life Insurance Company) (Wellesley Hills, MA) under Policy form series HIPACC 2008, HRMIR 2008, HRROP 2008. Professional Insurance Company (In California, PIC Insurance Company) is a member of the Sun Life Financial group of companies.