

Caesars
Entertainment
Schedule of Benefit Accidental Injury

INITIAL CARE AND EMERGENCY CARE

<u>Benefit Type</u>	<u>Benefit Amount</u>
Emergency Care Treatment Limited to 1 per accident, 1 accident per month.	\$100
Physician Office Visit Limited to 1 per accident.	\$50
Diagnostic Exam (x-ray or lab) Limited 1 per accident, 1 accident per month.	\$50
Ground / Water Ambulance (to nearest hospital)	\$100
Air Ambulance Limited 1 per accident, 1 accident per month.	\$300

HOSPITALIZATION

<u>Benefit Type</u>	<u>Benefit Amount</u>
Hospital Admission Limited to 1 per accident, 1 accident per month.	\$1,000
Hospital Stay Limited to 365 days, 1 stay per accident, 1 accident per month.	\$100 per day
Intensive Care Unit Stay Limited to 365 days, 1 stay per accident, 1 accident per month.	\$200 per day

FRACTURES

Limited to 1 per accident.

Benefit Type

	<u>Benefit Amount</u>	
	<u>Non-Surgical</u>	<u>Surgical</u>
Skull	\$1,000	\$2,000
Hip or Thigh	\$1,000	\$2,000
Vertebrae or Pelvis	\$1,000	\$2,000
Upper Arm	\$500	\$1,000
Shoulder or Collarbone	\$500	\$1,000
Leg	\$500	\$1,000
Ankle	\$400	\$800
Kneecap	\$400	\$800
Lower Arm	\$400	\$800
Foot	\$400	\$800
Hand or Wrist	\$400	\$800
Upper Jaw	\$300	\$600
Lower Jaw	\$300	\$600

Bones of Face or Nose	\$300	\$600
Vertebral Processes	\$300	\$600
Rib	\$100	\$200
More than 1 rib fracture pays 2 times the Benefit Amount		
Coccyx	\$100	\$200
Finger	\$50	\$100
More than 1 finger pays 2 times the Benefit Amount		
Toe	\$50	\$100
More than 1 toe fracture pays 2 times the Benefit Amount		
Sternum	\$50	\$100
Heel	\$50	\$100
Chip Fracture	25% of closed fracture benefit	N/A
Multiple Fractures	200% of the single fracture benefit for multiple fractures to the same bone	N/A

DISLOCATIONS

Limited to 1 per accident.

Benefit Type

	<u>Benefit Amount</u>	
	<u>Non-Surgical</u>	<u>Surgical</u>
Hip Joint	\$1,000	\$2,000
Knee Joint	\$500	\$1,000
Bones of Foot	\$500	\$1,000
Ankle	\$500	\$1,000
Wrist	\$400	\$800
Elbow	\$300	\$600
Shoulder	\$200	\$400
Hand	\$200	\$400
Collarbone	\$200	\$400
Lower Jaw	\$200	\$400
Finger or Toe	\$50	\$100

FOLLOW UP CARE

<u>Benefit Type</u>	<u>Benefit Amount</u>
Follow up Physician Office Visit Limited to 10 treatments per accident, 1 accident per month.	\$50
Follow up Physical Therapy Visits Limited to 10 treatments per accident, accident per month.	\$25

ENHANCED ACCIDENT BENEFITS

<u>Benefit Type</u>	<u>Benefit Amount</u>
Limited to 1 per Covered Accident, unless otherwise indicated.	
Small Burns (2 nd or 3 rd degree – 20% or less of body)	\$100
Large Burns (2 nd degree – More than 20% of body)	\$300
Skin-Graft Benefit (if burn benefit paid)	50% of the applicable Benefit amount for Small Burns or Large Burns
Lacerations Limited to 2	
Small Lacerations (<6 inches with 2+ sutures)	\$50
Large Lacerations (>6 inches with 2+ sutures)	\$100
General Anesthesia Benefit	\$100
Medicine Benefit	\$5
Medical Supply Benefit	\$5
Abdominal or Thoracic Surgery	\$1,000
Tendon, Ligament, Rotator Cuff, or Knee Surgery – Repair	\$200
Tendon, Ligament, Rotator Cuff, or Knee Surgery – Exploratory	\$100
Ruptured Disc Surgery – repair	\$500
Eye Injury Surgery	\$200
Eye Injury - Removal of Foreign Object	\$100
Emergency Dental – Extraction	\$100
More than 1 tooth pays 2 times the Benefit Amount	
Emergency Dental - Broken Tooth	\$50
More than 1 tooth pays 2 times the Benefit Amount	
Concussion	\$100
Coma	\$5,000
Diagnostic Advanced	\$50
Appliance (Durable Medical Equipment)	\$100
Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements	
Prosthesis (arm, leg, hand, foot, eye)	\$200
Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements	
Paralysis – Paraplegia (>30 days)	\$1,000
Paralysis – Quadriplegia (>30 days)	\$2,000

Blood, plasma, platelets

\$100

Transportation

\$100

Family Lodging

\$50 per day