

Caesars
Entertainment
Washington
Residents
Schedule of Benefit Accidental Injury

ACCIDENT INDEMNITY BENEFITS

EMPLOYEE BENEFITS

PLAN 1

INITIAL CARE AND EMERGENCY CARE BENEFITS

<u>Benefit Type</u>	<u>Benefit Amount</u>
Emergency Care Treatment Benefit Amount	\$150
Physician Office Visit Benefit Amount	\$75
Diagnostic Exam Benefit Amount	\$50
Ground Ambulance Benefit Amount	\$100
Water Ambulance Benefit Amount	\$100
Air Ambulance Benefit Amount	\$300

HOSPITALIZATION BENEFITS

Benefit Type

Hospital Admission

Benefit Waiting Period 0 days

Benefit Amount \$1,000

Hospital Stay

Benefit Waiting Period 0 days Benefit

Amount \$100 per day

Maximum Benefit Period Up to 365 days

Intensive Care Unit Stay

Benefit Waiting Period 0 days Benefit

Amount \$200 per day

Maximum Benefit Period Up to 365 days

FRACTURES BENEFIT

Benefit Type

FRACTURES

Must be diagnosed and treated by a physician within 365 days of a Covered Accident

	Non-Surgical	Surgical
	<u>Benefit Amount</u>	<u>Benefit Amount</u>
Skull Pays for non-depressed or depressed skull fractures but not bones of face	\$1,000	\$2,000
Hip or Thigh	\$1,000	\$2,000
Vertebrae or Pelvis Pays for vertebrae, body of vertebrae, or pelvis fracture Will not pay for Coccyx, leg, or vertebral processes fractures	\$1,000	\$2,000
Upper Arm Pays for arm fractures located between elbow and shoulder Will not pay for Shoulder, Lower Arm, or Elbow fractures	\$500	\$1,000
Shoulder or Collarbone Pays for shoulder or collarbone fractures only Will not pay for Upper Arm fractures	\$500	\$1,000
Leg Will not pay for Thigh, knee, or ankle fractures	\$500	\$1,000
Ankle Will not pay for leg, foot, or heel fractures	\$400	\$800
Kneecap Will not pay for leg fractures	\$400	\$800
Lower Arm Pays for arm fractures located to the elbow and below the elbow Will not pay for Upper Arm or Bones of Wrist fractures	\$400	\$800

Foot Will not pay for toe, ankle, or heel fractures	\$400	\$800
Hand or Wrist Will not pay for lower Arm or finger fractures	\$400	\$800
Upper Jaw Will not pay for lower jaw, teeth, or bones of face fractures	\$300	\$600
Lower Jaw Will not pay for Upper Jaw, Teeth, or Bones of face fractures	\$300	\$600
Bones of Face or Nose Will not pay for Upper Jaw, Lower Jaw, or Teeth fractures	\$300	\$600
Vertebral Processes	\$300	\$600
Rib More than 1 rib fracture pays 2 times the Benefit Amount	\$100	\$200
Coccyx We will not pay for Vertebrae or Pelvis fractures	\$100	\$200
Finger More than 1 finger pays 2 times the Benefit Amount. We will not pay for fractures to Hand or Wrist.	\$50	\$100
Toe More than 1 toe fracture pays 2 times the Benefit Amount shown on schedule. We will not pay for Foot, Heel or Ankle fractures.	\$50	\$100
Sternum	\$50	\$100
Heel We will not pay for Foot, Toe, or Ankle fractures	\$50	\$100
Chip Fracture We will not pay in addition to Closed fracture benefit	25% of Closed fracture benefit	N/A
Multiple Fractures We will not pay in addition to single fracture benefits	200% of the single fracture benefit for multiple fractures to the same bone	N/A

DISLOCATIONS BENEFITS

Benefit Type

DISLOCATIONS:

Must be diagnosed and treated by a doctor within 365 days of a Covered Accident

	Non-Surgical	Surgical
	<u>Benefit amount</u>	<u>Benefit amount</u>
Hip Joint	\$1,000	\$2,000
Knee Joint	\$500	\$1,000
Bones of Foot	\$500	\$1,000
Ankle	\$500	\$1,000
We will not pay for Bones of Foot or Toes		
Wrist	\$400	\$800
Elbow	\$300	\$600
Shoulder	\$200	\$400
Hand	\$200	\$400
Collarbone	\$200	\$400
Lower Jaw	\$200	\$400
Finger or Toe	\$50	\$100
More than 1 finger or toe pays 2 times the benefit		

FOLLOW UP CARE

Benefit Type

Benefit Amount

Follow up Physician Office Visit

\$50

Benefit is limited to 10 treatments per Accident

Follow up Physical Therapy Visits

\$25

Benefit is limited to 10 treatments per Accident

ENHANCED ACCIDENT BENEFITS RIDER

All Employee benefits under this Rider are payable at 100% of the Benefit Amount shown for the Eligible Employee.

All Spouse benefits are payable at 100% of the Benefit Amount shown for the Employee.

All Dependent Child(ren) benefits are payable at 100% of the Benefit Amount shown for the Employee.

EMPLOYEE BENEFITS**PLAN 1**

<u>Benefit Type</u>	<u>Benefit Amount</u>
Small Burns (3 rd degree pays 5x multiple)	\$100
Large Burns (3 rd degree pays 5x multiple)	\$300
Skin-Graft Benefit	50% of the applicable Benefit amount for Small Burns or Large Burns
Small Lacerations	\$50
Large Lacerations	\$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
Emergency Dental - Broken Tooth	\$50
Concussion	\$100
Coma	\$5,000
Diagnostic Advanced	\$50
Appliance	\$100
Prosthesis	\$200
Paralysis - Paraplegia	\$1,000
Paralysis - Quadriplegia	\$2,000
Blood, plasma, platelets	\$100
Transportation	\$100
Family Lodging	\$50 per day