

<u>BASE COVERAGE</u>	<u>K&K Plan 3</u>	<u>K&K Plan 4</u>
Maximum Benefit per Insured per Injury	\$25,000	\$25,000
Base Benefit Period	2 years	2 years
First Expense Incurred Within	180 days	180 days
Accidental Death	\$10,000	\$10,000
Room & Board (Inpatient)	100% U&C	100% U&C
Hospital Misc Expenses (Inpatient)	100% U&C	\$5,000 Max
Hospital Misc Expenses (Outpatient)	100% U&C	\$1,000 Max
Day Surgery Miscellaneous	100% U&C	\$5,000 Max
Registered Nurse Services	100% U&C	100% U&C
Emergency Room Services	100% U&C	100% U&C
Physician Non-Surgical Services	100% U&C	100% U&C
Physician Surgical Services (Inpatient or Outpatient)	100% U&C	100% U&C
Consultant Physician (Requested & Approved)	100% U&C	100% U&C
Assistant Surgeon	100% U&C	100% U&C
Anesthetist Services (Not including supervision)	100% U&C	100% U&C
X-rays	100% U&C	\$500 Max - Combined with Diagnostic Imaging
Diagnostic Imaging (MRIs & CAT Scans)	100% U&C	\$500 Max - Combined with X- rays
Laboratory Services	100% U&C	100% U&C
Combined Ground & Air Ambulance Services	100% U&C	100% U&C
Orthopedic Appliances	100% U&C	\$500 Max
Physical Therapy - Outpatient Only	\$1,000 Max	\$40/visit, Max \$400
Prescription Drugs	100% U&C	\$100/injury
Dental (10-year benefit period)	100% U&C	\$500/tooth/injury
<u>CATASTROPHIC COVERAGE</u>	<u>Zurich</u>	<u>Zurich</u>
Accidental Death	\$10,000.00	\$10,000.00
Accidental Dismemberment	\$20,000 Max	\$20,000 Max
Deductible*	\$25,000	\$25,000
Catastrophic Benefit Period	10 years	10 years
Catastrophic Maximum Benefit	\$7,500,000 Max	\$7,500,000 Max
*Catastrophic deductible satisfied by Base Coverage		
NOTE: These policies contain some benefits that are scheduled. This comparison represents a summary of benefits. Please refer to the actual policy for a complete description of limitations and benefits.		