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TRUST	ARK ACCIE	DENT INSURAN	CE QUOTE	
		t Lauderdale Lodge #31 Ins		
Regional Salesperson:	Jay Weingart	Producer:	U	SI
Proposal Date:	9/9/2022	Producer Contact:		
	Cas	se Information		
ffective Date:	10/1/2022	NAIC Code:	922	120
f Eligible Lives:	459	NAIC Description:		
Situs:	FL		Police Pr	
Enrollment Method:	Mandatory	Rate Guarantee:	2 Ye	ears
	Plan D	Design and Rates		
Custom Plan A	24 Hour Coverage			
Bi-	Weekly Rates (assum	es deductions of 26 times	per year)	
	Employee Only	Employee + Spouse	Employee + Child	Family
Rate	\$ 14.12			
Commission	S:	1st Year: 60%	Renewal: 5%	
chedule of Benefits:		Surgical Care Benefits (Continued):		
ospital Benefits:		Herniated Disc Surgery		\$500
lospital First Day Stay Benefit	\$3,200	Open Abdominal and Thoracic Surgery		\$2,000
lospital Daily Stay Benefit	\$500	Open Abdominal or Thoracic Surgery Exploratory		\$200
lospital Daily Stay Benefit - ICU	\$1,000	Tendon/Ligament/Rotator Cuff Surgery (Multiple)		\$1,500
Blood Plasma Platelets Benefit	\$600	Tendon/Ligament/Rotator Cuff Surgery (Single)		\$1,000
Coma Benefit	\$5,000	\$5,000 Tendon/Ligament/Rotator Cuff Surgery Exploratory   \$50 Torn Knee Cartilage   Torn Knee Cartilage Exploratory		\$200
Pain Management/Epidural Benefit	\$50			\$500 \$100
		Other (General Anesthesia	•	\$100 \$500
		Other (Conscious Sedatio		\$200 \$200
nitial Benefits:		Injuries:	11)	ψ200
nitial Doctor's Office Benefit	\$200	Burn Benefit		Up to \$25,000
Jrgent Care Benefit	\$200	Skin Graft Benefit		25%
Emergency Room Treatment Benefit	\$150	Concussion Benefit		\$200
Ambulance Benefit - Air	\$2,500		Emergency Dental Benefit - Crown/Extraction	
Ambulance Benefit - Ground	\$600	Eye Injury Benefit		\$450/\$150 \$200
Aajor Diagnostic Testing Benefit	\$200	Gunshot Wound Benefit		\$1,000
K-Ray Benefit	\$100	Laceration Benefit		Up to \$400
Follow-Up Benefits:		Dislocation Benefit		Up to \$12,000
Accident Follow-Up Treatment Benefit	\$200	Fracture Benefit		Up to \$15,000
herapy Benefit (Includes Chiropractic &	\$100			
Acupuncture)	¢ого			
Appliance Benefit - Major	\$250 \$250			
Appliance Benefit - Minor Prosthetic Device/Artificial Limb - Single	\$250 \$1,000			
Prosthetic Device/Artificial Limb - Single	\$2,000 \$2,000	Wellness*:	EE/S	P/CH
	\$2,000 \$200	Routine Screening:	\$50/\$5	
FrekCheck - Lodaina			φ00/ψ0	
	\$500			
rekCheck - Transportation	\$500			
FrekCheck - Lodging FrekCheck - Transportation Surgical Care Benefits: Arthroscopic Surgery	\$500 \$500			
rekCheck - Transportation Surgical Care Benefits:				

\*Routine Screening includes: Immunizations, Routine/Sports Physicals, Vision Tests. No Proof of Loss for wellness claims. No Waiting Period for wellness claims. Maximum of 2 benefit(s) per covered person per year.

Internal Use Only. Benefits may vary by state.