

# ACCIDENT MEDICAL COVERAGE OVERVIEW



**KINGSTON  
ADVANTAGE**



## Accident Coverage

GRP ACC + HMB HEALTH EFFICIENCY PLAN						
BENEFIT CATEGORY	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6
<b>PREMIUM</b>	<b>\$600</b>	<b>\$750</b>	<b>\$900</b>	<b>\$1,050</b>	<b>\$1,200</b>	<b>\$1,500</b>
HEALTH MAINTENANCE BENEFIT <small>Benefit Amount</small>	\$500	\$625	\$750	\$875	\$1,000	\$1,200
AME <small>Annual Limit</small>	\$5,000	\$7,500	\$7,500	\$7,500	\$10,000	\$10,000
AMBULANCE	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
OUTPATIENT ER	\$300	\$100	\$100	\$150	\$200	\$300
PHYSICIAN'S OFFICE VISIT	\$100	\$100	\$150	\$150	\$150	\$200
<small>Visits</small>	3	5	5	7	7	10
HOSPITAL ADMISSION	\$1,000	\$1,000	\$1,000	\$1,500	\$2,000	\$2,500
HOSPITAL CONFINEMENT	\$50	\$50	\$50	\$100	\$100	\$150
HOSPITAL MISCELLANEOUS	\$100	\$100	\$100	\$150	\$150	\$200
ICU	\$300	\$100	\$100	\$150	\$250	\$500
PHYSIOTHERAPY	\$50	\$50	\$75	\$100	\$100	\$200
LAB	\$200	\$200	\$200	\$250	\$250	\$500
X-RAY	\$150	\$150	\$150	\$200	\$200	\$350
NURSING	\$75	\$75	\$100	\$100	\$200	\$300
MEDICAL SERVICES & SUPPLIES	\$600	\$600	\$600	\$600	\$600	\$600
DME	\$250	\$250	\$250	\$250	\$250	\$250
MENTAL OR NERVOUS DISORDERS/PSYCHOTHERAPY	\$500	\$500	\$500	\$500	\$500	\$500
<small>Visits</small>	1	1	1	1	2	2
DENTAL TREATMENT FOR INJURY ONLY	\$350	\$350	\$500	\$500	\$500	\$500
OUTPATIENT SURGERY BENEFIT	\$1,000	\$1,500	\$1,500	\$2,000	\$2,500	\$2,500
FAMILY TRANSPORTATION BENEFIT	\$500	\$500	\$500	\$500	\$500	\$500
<small>Payments</small>	2	2	2	3	3	3
OUTPATIENT PRESCRIPTION DRUG BENEFIT	\$75	\$75	\$100	\$125	\$185	\$200

**CLICK HERE**

**NOTES**  
 1.Includes Initial / Follow-up Office Visit and Urgent Care  
 2.Paid in addition to ICU  
 3.Includes Step-Down Unit and Observation Unit  
 4.Miscellaneous services include supplies such as the cost of the operating room, lab tests, X-rays, anesthesia, medication, and other charges.  
 5.Paid in lieu of hospital confinement. Includes Traumatic Brain Injury  
 6.Includes Physical Therapy and Chiropractic Visit  
 7.Includes PTSD, Max filed is \$500 per occurrence  
 8.Includes Blood, Blood Transfusions, and Oxygen  
 9.Includes Crown and Extraction if resulting from an injury; Max field is \$500 per occurrence  
 10.Includes Closed/Partial/Open Dislocation, Closed/Partial/Open Fracture, Chip Fractures, Puncture Wound, Gunshot Wound  
 11.Subject to \$5 Copay

**Excludes:**  
 Home Health Care, Pain Management, Prosthesis, Family Lodging, Occupational Hepatitis, HIV, Organized Sports, Telemedicine, Concussion, Eye Injury, Laceration and other exclusions listed in policy.

## HIGHLIGHTS

01



### ACCIDENT MEDICAL BENEFITS

From ambulance and ER services to hospital confinement, ICU, lab tests, and surgery, this plan covers your full recovery journey. Coverage can reach up to **\$10,000** in Accident Medical Expenses and **\$2,500** for hospital admission.

02



### HEALTH MAINTENANCE BENEFIT

Beyond emergencies, you're supported with Health Maintenance Benefits (up to **\$1,200**) and up to 10 doctor visits per year — promoting both preventive and ongoing care.

03



### EXTRA BENEFITS THAT CARE FOR YOU AND YOUR FAMILY

Includes coverage for Family Transportation, Mental Health Support, and Dental Treatment for Injury, plus physiotherapy and PTSD care — ensuring complete support for physical and emotional recovery.