

RESUMEN DE LA COBERTURA MÉDICA POR ACCIDENTE



**KINGSTON
ADVANTAGE**



Accident Coverage

GRP ACC + HMB HEALTH EFFICIENCY PLAN						
BENEFIT CATEGORY	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6
PREMIUM	\$600	\$750	\$900	\$1,050	\$1,200	\$1,500
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	\$100	\$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	\$100	\$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

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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.

REFLEJOS

01



PRESTACIONES MÉDICAS POR ACCIDENTE

Desde servicios de ambulancia y urgencias hasta hospitalización, UCI, análisis clínicos y cirugía, este plan cubre todo su proceso de recuperación. La cobertura puede alcanzar hasta \$10,000 en gastos médicos por accidente y \$2,500 por hospitalización.

02



BENEFICIO DE MANTENIMIENTO DE LA SALUD

Más allá de las emergencias, usted cuenta con el respaldo de Beneficios de Mantenimiento de la Salud (hasta \$1,200) y hasta 10 visitas al médico por año, lo que promueve tanto la atención preventiva como la continua.

03



BENEFICIOS ADICIONALES QUE CUIDAN DE USTED Y SU FAMILIA

Incluye cobertura para transporte familiar, apoyo para la salud mental y tratamiento dental por lesiones, además de fisioterapia y atención para el TEPT, lo que garantiza un apoyo completo para la recuperación física y emocional.