

Group accident insurance

Provides a lump sum payment for any covered accident

Benefit amounts

- Off the job coverage
- Employees may elect either the High Plan or the Low Plan
- Spouse and child benefit amounts equal the amounts available to the employee

Guaranteed issue and EOI

- All coverage is guaranteed issue when initially eligible, during annual enrollment periods, and after a family status change. Election or increases in coverage are limited to these events.

Age reductions

- Accident coverage amounts do not reduce or terminate due to age

Covered benefits

Benefits		Low Plan	High Plan
Injuries			
Burn Benefit (varies based on % of body burned)	2 nd degree 3 rd degree	Up to \$500 Up to \$5,000	Up to \$1,500 Up to \$15,000
Child Organized Sports Injury	Live birth to age 18	\$200	\$400
Concussion		\$200	\$400
Dislocation (varies based on type of Dislocation)	Surgical Non-Surgical Partial	Up to \$4,000 Up to \$2,000 Up to \$500	Up to \$8,000 Up to \$4,000 Up to \$1,000
Eye Injury	With Surgery Removal of Foreign Object Without Surgery	\$200 \$50	\$300 \$75
Fracture (varies based on type of Fracture)	Surgical Non-Surgical Chip Fracture	Up to \$6,000 Up to \$3,000 Up to \$750	Up to \$12,000 Up to \$6,000 Up to \$1,500
Lacerations	With stitches or staples Without stitches or staples	\$300 \$75	\$500 \$125
Paralysis (varies based on type of Paralysis)	Principal Amount Quadriplegia (100%) Paraplegia (50%) Hemiplegia (50%) Uniplegia (25%)	\$10,000 \$10,000 \$5,000 \$5,000 \$2,500	\$20,000 \$20,000 \$10,000 \$10,000 \$5,000
Traumatic Brain Injury		\$375	\$750
Emergency Care			
Ambulance	Ground or Water Air	\$200 \$1,000	\$400 \$2,000

Benefits		Low Plan	High Plan
Blood, Plasma or Platelets		\$300	\$600
Emergency Room Treatment		\$150	\$300
Emergency Dental	Crown Extraction	\$150 \$50	\$300 \$100
Initial Physician's Office Visit / Urgent Care Visit		\$75	\$150
Hospital Care			
Coma		\$5,000	\$10,000
Diagnostic Testing	Ultrasound, EEG, CT, CAT, MR, and MRI	\$100	\$200
Hospital Stay – Initial Benefit	Non-ICU ICU	\$1,000 \$2,000	\$1,500 \$3,000
Hospital Stay – Daily Benefit	Non-ICU (365 days) ICU (365 days)	\$100 \$200	\$200 \$400
Spinal Injection for Pain Management		\$50	\$150
Surgical Anesthesia	General Regional	\$50 \$25	\$150 \$75
X-Ray		\$50	\$100
Surgery			
Abdominal or Pelvic		\$1,000	\$2,000
Cranial Surgery		\$1,000	\$2,000
Inpatient Surgery		\$500	\$1,000
Joint Replacement of Elbow, Hip, Knee or Shoulder		\$500	\$1,000
Knee Cartilage Surgery	Open Arthroscopic	\$500 \$250	\$1,000 \$500
Ruptured Disc		\$500	\$1,000
Skin Graft	Percent of applicable burn benefit	50%	50%
Tendon, Ligament or Rotator Cuff	Open Arthroscopic	\$500 \$250	\$1,000 \$500
Thoracic Surgery		\$1,000	
Follow-Up Care			
Adaptive Home and Vehicle		\$1,500	\$2,500
Appliances	Examples: crutches, canes, braces, etc.	\$75	\$150
	Up to 5 visits	\$75	\$100
Prosthetics	One Two or More	\$750 \$1,500	\$1,000 \$2,000
Post-Traumatic Stress Disorder		\$300	\$600
Rehabilitative Therapy (Inpatient)	Up to 30 days	\$75 per day	\$150 per day

Benefits		Low Plan	High Plan
Rehabilitative Therapy (Outpatient)	Up to 1 session	\$300 lump sum	\$600 lump sum
Transportation		\$200 per visit	\$500 per visit
Support Care			
Adult Companion Lodging		\$75 per day	\$150 per day
Family Care		\$50 per day	\$50 per day
Pet Boarding		\$50 per day	\$50 per day

Monthly rates

	Low Plan	High Plan
Employee only	\$3.78	\$5.54
Employee + Spouse	\$6.96	\$9.97
Employee + Child	\$8.55	\$13.25
Employee + Family	\$12.50	\$19.11

Rider

Health and wellness benefit

- Accident: \$50 included for employees, spouses, and each child
- For up to 32 specific wellness screenings, including annual physical exam
- Benefit is paid regardless of the result of any screening
- Maximum of one health and wellness benefit payment per insured per year, with no limit to the number of years an insured can receive a health and wellness benefit