# Help keep your bank account healthy while you heal.

Accident Insurance

## White Oak Independent School District

**Accident Insurance, which we call Accidental Injury Benefits put money in your pocket in the event of a covered accident,** helping alleviate financial stress so you can focus on getting better. Covered incidents include things like broken bones, lacerations, emergency transportation needs and more.

If you have any questions about your benefit options, visit **https://woisd.pasito.ai/r/benefits_package_page**

## What are Accidental Injury Benefits?

To support your financial well-being, White Oak Independent School District is offering Accidental Injury Benefits for all eligible employees. This coverage is paid by you and is available for yourself and your eligible dependents. It offers cash payments for a range of accidental injuries and the services incurred as a result. Cash benefits put you in control. You must be actively at work with your employer on the day your coverage takes effect. Use it for things like:

- **Childcare**
- **Utilities**
- **Groceries**
- **Medical Expenses**

**Our Accidental Injury Benefits cover over 200 types of injuries. Here are some commonly covered benefits.**

| Benefit | Amount |
|---|---|
| | **Plan** |
| **X-ray** | $150 |
| **Follow-up Care** | $150 |
| **Diagnostic Exam** | $400 |
| **Initial Physician Visit** | $200 |
| **Therapy** | $100 |
| **Urgent Care** | $200 |
| **Mobility Aid** | $3,000 |
| **Ground Ambulance** | $1,000 |
| **Hospital Observation/ Short Stay** | $400 |
| **Outpatient Facility Fee** | $200 |

## Stay proactive about your health and get rewarded.

**Health Screening Benefit:** When you or a covered family member complete an eligible preventive screening like an annual physical, mammogram, colonoscopy or biometric blood test, you'll receive $50 per person, per calendar year directly to you. It's a simple way to offset the cost of routine check-ups while maximizing your benefits.

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**Accident Prevention Benefit:** An accident prevention benefit provides cash to cover exams, tests, screenings, and preventative care programs. These services, ranging from eye exams to driver's safety and training programs, help maintain your health and prevent serious illnesses or injuries. Each covered individual under your plan can claim their own benefits.

## How Accidental Injury Benefits work:

### Jayden's Story[1]

Jayden played basketball all through high school and still played as often as he could. One Saturday during a pickup game he tripped and went down hard. When his wrist swelled up and he couldn't stand without feeling dizzy, his friends called an ambulance to transport him to the ER.

He went home with an arm in a cast and instructions on healing from a concussion. It took him some time to recover, but Jayden was able to rest easy. He'd checked the box for Accident insurance, which we call Accidental Injury Benefits, during open enrollment at work. It paid him a cash benefit he used to help cover medical expenses, food and rent while he was recovering.

The plan pays a benefit amount for each covered service as a result of Jayden's accident.

| Service | Accident Plan Pays |
|---|---|
| Ground Ambulance | $1,000 |
| ER | $300 |
| X-ray | $150 |
| CT Scan (Diagnostic exam) | $400 |
| Wrist Fracture | $1,000 |
| Accident Follow-up | $900 ($150/visit x6) |
| Chiropractor | $750 ($75/visit x10) |
| Physical Therapy | $1,000($100/visit x10) |
| **Total** | **$5,500** |

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1This case illustration is fictious and for illustrative purposes only.

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# White Oak Independent School District Accident Benefits

| INITIAL & EMERGENCY CARE BENEFITS | | PLAN BENEFITS |
|---|---|---|
| Initial Accident | Once per accident | $200 |
| Initial Medical Professional/ Physician Visit | Once per accident | $200 |
| Urgent Care | Once per accident | $200 |
| Emergency Room | Once per accident | $300 |
| Hospital Observation/Short Stay | Once per accident | $400 |
| Ambulance - Air | Once per accident | $2,000 |
| Ambulance - Ground/Water | Once per accident | $1,000 |
| X-Ray | Once per accident | $150 |
| Diagnostic Exam | Once per accident | $400 |
| **FOLLOW-UP CARE BENEFITS** | | **PLAN BENEFITS** |
| Follow-Up Medical Professional/ Physician Visit | Up to 6 visits per accident | $150 |
| Telemedicine | Once per accident | $0 |
| Therapy Services | Up to 10 visits each per accident | $100 |
| Acupuncture/Chiropractic Care | Up to 10 visits each per accident | Up to $75 |
| Home Health Services | Up to 10 visits each per accident | $100 |
| Medical Travel | Up to 4 days per accident | $600 |
| Companion Lodging | Up to 15 nights per accident | $200 |
| Follow-Up Medical Transportation/Rideshare | Up to 3 trips per accident | $50 |
| Mobility Aid | Once per accident | Up to $3,000 |
| Prescription Drug | Once per accident | $50 |
| Pain Management | Once per accident | Up to $400 |
| Family Care | Up to 30 days per accident | $75 |
| Pet Care | Up to 30 days per accident while insured is confined | $75 |
| Health Screening Benefit or Accident Prevention Benefit | Once per year for each covered person | $50 |
| **HOSPITAL/CONFINEMENT CARE BENEFITS** | | **PLAN BENEFITS** |
| Hospital Admission | Once per accident | $2,000 |
| Hospital Confinement | Up to 90 days per accident | $500 |
| Step Down Unit Confinement | Up to 30 days per accident | $800 |
| ICU Admission | Once per accident | $4,000 |
| ICU Confinement | Up to 15 days per accident | $1,000 |
| Continuous Care Facility Confinement | Up to 90 days per accident | $400 |
| **SPECIFIC INJURY BENEFITS** | | **PLAN BENEFITS** |
| Concussion | Once per accident, up to 3 per year | $300 |
| Severe Traumatic Brain Injury (TBI) | Once per accident | $0 |
| Burn | Once per accident | Up to $25,000 |
| Burn - Skin Graft | Once per accident for third degree burn(s) | 50% of burn benefit |
| Dental | Once per accident | Up to $600 |
| Dislocation | Once per accident | Up to $10,000 |

| | | |
|---|---|---|
| Eye Injury | Once per accident | Up to $750 |
| Fracture | Once per accident | Up to $10,000 |
| Laceration | Once per accident | Up to $1,000 |
| Occupational HIV/Hep Exposure | Once per accident | Up to $0 |
| Ear Injury | Once per ear per lifetime | $500 |
| Gunshot Wound | Once per accident | N/A |
| Puncture Wound | Once per accident | $150 |
| Organized Amateur Sports Injury | -- | 25% increase of non-catastrophic benefits |
| **SURGERY BENEFITS** | | **PLAN BENEFITS** |
| Exploratory or Debridement | Once per accident | $200 |
| Minimally Invasive Surgery (Scope Based) | Once per accident | $750 |
| Abdominal/Cranial/Thoracic Surgery | Once per accident | $4,000 |
| Hernia Repair | Once per accident | $750 |
| Herniated Disc Repair | Once per accident | $2,000 |
| Joint Replacement | Once per accident | $5,000 |
| Knee Cartilage | Once per accident | Up to $2,000 |
| Other Non-Specified Surgery | Once per accident | $750 |
| Tendon/Ligament/Rotator Cuff | Once per accident | Up to $1,500 |
| Inpatient Open Surgery | Once per accident | $0 |
| Inpatient Minimally Invasive Surgery | Once per accident | $0 |
| Outpatient Surgery – Hospital/ ASC | Once per accident | $0 |
| Outpatient Surgery – Physician Office/Urgent Care/Emergency Room | Once per accident | $0 |
| Outpatient Surgery Facility Fee | Once per accident | $200 |
| Blood Products (Blood/ Plasma/ Platelets) | Once per accident | $750 |
| General Anesthesia | Once per accident | $300 |
| **CATASTROPHIC** | | **PLAN BENEFITS** |
| Basic Death | Within 90 days; Spouse @ 50% and child @ 25% | $80,000 |
| Common Carrier Death | Within 90 days | $240,000 |
| Transportation of Remains | Once per lifetime | $3,000 |
| Dismemberment/Functional Loss | Once per accident; Spouse @ 50% and child @ 25% | Up to $80,000 |
| Paralysis | Once per accident | Up to $80,000 |
| Coma | Once per accident | $15,000 |
| Prothesis | Once per accident | Up to $4,000 |
| Residence/Vehicle Reasonable Modifications | Once per accident | $7,500 |