GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS

THE HARTFORD

Nearly 3 million emergency department visits every year are caused by youth sports.[1]

Princeton ISD

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.

To learn more about Accident insurance, visit **www.thehartford.com/employee-benefits/employees**

COVERAGE INFORMATION

You have a choice of two accident plans, which allows you the flexibility to enroll for the coverage that best meets your needs. This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		Custom Plan 1	Custom Plan 2
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
BENEFITS		**Custom Plan 1**	**Custom Plan 2**
EMERGENCY, HOSPITAL & TREATMENT CARE			
Accident Follow-Up	Up to 3 visits per accident within 90 days	$200	$300
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident within 365 days	$75	$100
Ambulance – Air	Once per accident within 72 hours	$1,500	$2,500
Ambulance – Ground	Once per accident within 90 days	$750	$1,250
Blood/Plasma/Platelets	Once per accident within 90 days	$300	$500
Child Care	Up to 30 days per accident while insured is confined	$75	$100
Daily Hospital Confinement	Up to 365 days per lifetime	$300	$750
Daily ICU Confinement	Up to 30 days per accident	$600	$1,000
Diagnostic Exam	Once per accident within 90 days	$300	$500
Emergency Dental	Once per accident within 90 days	Up to $300	Up to $900
Emergency Room	Once per accident within 72 hours	$200	$250
Health Screening Benefit or Accident Prevention Benefit	Once per year for each covered person	$100	$100
Hospital Admission	Once per accident within 90 days	$1,500	$2,500
ICU Admission	Once per accident within 90 days	$3,000	$5,000
Initial Physician Office Visit	Once per accident within 90 days	$150	$250
Lodging	Up to 30 nights per lifetime	$200	$300
Medical Appliance	Once per accident within 90 days	$300	$500
Rehabilitation Facility	Up to 15 days per lifetime within 90 days	$75	$125
Transportation	Up to 3 trips per accident	$600	$800
Urgent Care	Once per accident within 72 hours	$200	$250
X-ray	Once per accident within 90 days	$150	$250
SPECIFIED INJURY & SURGERY		**Custom Plan 1**	**Custom Plan 2**
Abdominal/Thoracic Surgery	Once per accident within 90 days	$3,000	$5,000
Arthroscopic Surgery	Once per accident within 90 days	$500	$1,000
Burn	Once per accident within 72 hours	Up to $10,000	Up to $20,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit	50% of burn benefit
Concussion	Up to 3 per year within 72 hours	$200	$400

Dislocation	Once per joint per lifetime	Up to $8,000	Up to $12,000
Eye Injury	Once per accident within 90 days	Up to $500	Up to $1,000
Fracture	Once per bone per accident within 90 days	Up to $8,000	Up to $12,000
Hernia Repair	Once per accident within 365 days	$500	$1,000
Joint Replacement	Once per accident within 90 days	$2,500	$7,500
Knee Cartilage	Once per accident within 12 months	Up to $1,000	Up to $3,000
Laceration	Once per accident within 72 hours	Up to $500	Up to $1,500
Ruptured Disc	Once per accident within 365 days	$1,000	$3,000
Tendon/Ligament/Rotator Cuff	Once per accident within 365 days	Up to $2,000	Up to $4,000
CATASTROPHIC		**Custom Plan 1**	**Custom Plan 2**
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	$50,000	$100,000
Common Carrier Death	Within 90 days	3 times death benefit	3 times death benefit
Coma	Once per accident within 90 days	$10,000	$20,000
Dismemberment	Once per accident within 90 days	Up to $50,000	Up to $100,000
Home Health Care	Up to 30 days per accident	$75	$125
Paralysis	Once per accident within 90 days	Up to $50,000	Up to $100,000
Prosthesis	Once per accident within 365 days	Up to $3,000	Up to $5,000
FEATURES		**Custom Plan 1**	**Custom Plan 2**
Organized Amateur Sports Injury Enhancement Benefit		25% of non-catastrophic benefits	25% of non-catastrophic benefits
Ability Assist® EAP[2] – 24/7/365 access to help for financial, legal or emotional issues		Included	Included
HealthChampion[SM3] – Administrative & clinical support following serious illness or injury		Included	Included

PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year):[4]

COVERAGE TIER	Custom Plan 1	Custom Plan 2
Employee Only	**$8.46** ($0.28 per day)	**$15.98** ($0.53 per day)
Employee & Spouse/Partner	**$14.38** ($0.47 per day)	**$26.74** ($0.88 per day)
Employee & Child(ren)	**$19.00** ($0.62 per day)	**$35.31** ($1.16 per day)
Employee & Family	**$24.93** ($0.82 per day)	**$46.08** ($1.51 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You have a choice of plan options. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

[1]National Health Statistics Reports, November 2019. CDC/National Center for Health Statistics: https://www.cdc.gov/nchs/data/nhsr/nhsr133-508.pdf, as viewed as of 10/14/2020
[2]AbilityAssist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Ability Assist is a registered trademark of The Hartford. Services may not be available in all states. Visit https://www.thehartford.com/employee-benefits/value-added-services for more information.
[3]HealthChampion services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford doesn't provide basic hospital, basic medical, or major medical insurance. HealthChampion specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Health Champion is a service mark of ComPsych. Services may not be available in all states.
Visit https://www.thehartford.com/employee-benefits/value-added-services for more information.
[4]Rates and/or benefits may be changed on a class basis.

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LIMITATIONS & EXCLUSIONS

This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP ACCIDENT INSURANCE

LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person’s sickness or bacterial infection
- A covered person’s participation in bungee jumping or hang gliding
- A covered person’s participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying,racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

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This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

5962g NS 05/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

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