



Your Employee Benefits Proposal

Prepared for: Lancaster ISD

Presented by: First Financial Group of America

Proposal Prepared on:
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[Accident Insurance](#)

Proposed Effective Date:
September 1, 2023

[Standard Insurance Company](#)





F i n a l S o l d P r o p o s a l

Accident Insurance -Employee Choice

Nobody plans to have an accident - and most people don't budget for one, either. Accident insurance pays benefits directly to employees for treatment they receive due to an accident. It helps cover employee's out-of-pocket costs like medical deductibles and co-pays.

Covered Members

A regular employee of the Employer working 20 hrs per week

	Enhanced - Plan 9	Premier - Plan 10
Minimum Employee Participation	10 Lives	10 Lives
Employer Contribution	0%	0%
Policy Situs State	TX	TX
Type of Coverage	24 Hour	24 Hour
Ages Eligible for Coverage	18-99 for Employee and Spouse; Birth to age 26 for children	18-99 for Employee and Spouse; Birth to age 26 for children
Termination Age	None for Employee and Spouse; 26 for children	None for Employee and Spouse; 26 for children

Plan Design

	Enhanced - Plan 9	Premier - Plan 10
Emergency Care Benefits		
Air Ambulance	\$800	\$1,500
Blood, Plasma, Platelets	\$300	\$600
Emergency Dental (Crown)	\$200	\$350
Emergency Dental (Extraction)	\$100	\$150
Emergency Room Benefit	\$150	\$200
Ground Ambulance	\$300	\$600
Initial Physician's Office	\$50	\$60
Major Diagnostic Exam	\$200	\$300
Urgent Care	\$50	\$60
X-Ray	\$50	\$60
Specific Injury Benefits		
Burns, 2nd Degree, <15%	\$200	\$500
Burns, 2nd Degree, >15%	\$1,000	\$1,500
Burns, 3rd Degree, <15%	\$5,000	\$7,500



Plan Design (continued)

	Enhanced - Plan 9	Premier - Plan 10
Burns, 3rd Degree, >15%	\$10,000	\$12,500
Coma	\$7,500	\$15,000
Concussion	\$150	\$200
Eye Injury	\$200	\$300
Lacerations, < 2"	\$75	\$100
Lacerations, 2" - 6"	\$200	\$400
Lacerations, > 6"	\$500	\$800
Skin Graft	25% of Burn Benefit	50% of Burn Benefit
Fracture Benefits Non-Surgical/Surgical		
Ankle, Arm, Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist	\$550/\$1,100	\$650/\$1,300
Bones of Face, Coccyx, Nose, Vertebrae	\$500/\$1,000	\$750/\$1,500
Finger, Toe	\$100/\$200	\$200/\$400
Hip	\$2,500/\$5,000	\$3,000/\$6,000
Leg (hip to knee)	\$2,000/\$4,000	\$3,000/\$6,000
Leg (knee to ankle), Pelvis, Vertebral Column	\$1,200/\$2,400	\$1,700/\$3,400
Rib	\$400/\$800	\$500/\$1,000
Skull (Depressed)	\$4,000/\$8,000	\$5,250/\$10,500
Skull (Non-Depressed)	\$1,500/\$3,000	\$2,000/\$4,000
Chip Fracture	25% of Non-Surgical Fracture Amount	25% of Non-Surgical Fracture Amount
Dislocation Benefits Non-Surgical/Surgical		
Ankle, Collarbone (Sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$800/\$1,600	\$1,000/\$2,000
Collar Bone (Acromioclavicular)	\$400/\$800	\$500/\$1,000
Finger, Rib, Toe	\$150/\$300	\$200/\$400
Hip	\$2,500/\$5,000	\$3,500/\$7,000
Knee	\$900/\$1,800	\$1,000/\$2,000
Spine	\$400/\$800	\$500/\$1,000
Partial Dislocation	25% of Non-Surgical Dislocation Amount	25% of Non-Surgical Dislocation Amount
Surgical Benefits		
Knee Cartilage Repair	\$750	\$1,000



Plan Design (continued)

	Enhanced - Plan 9	Premier - Plan 10
Knee Cartilage Exploratory Surgery	\$200	\$250
Tendon, Ligament, Rotator Cuff Repair of One	\$750	\$1,000
Tendon, Ligament, Rotator Cuff Repair of Two or More	\$1,000	\$1,500
Tendon, Ligament, Rotator Cuff Exploratory Surgery	\$200	\$250
Ruptured Disk, Repair	\$750	\$1,000
Abdominal/Thoracic Exploratory Surgery	\$200	\$400
Abdominal/Thoracic Laparoscopic Surgery	\$750	\$1,000
Abdominal/Thoracic Open Surgery	\$1,500	\$2,000
Outpatient Surgical Facility	\$150	\$500
Hospital Benefits		
Critical Care Unit Admission	\$750	\$1,000
Daily Rehabilitation Facility (up to 90 days per Accident)	\$100/day	\$150/day
Daily Critical Care Unit Confinement (up to 15 days)	\$200/day	\$200/day
Daily Hospital Confinement (up to 365 days)	\$200/day	\$400/day
Hospital Admission	\$1,000	\$1,500
Follow-Up Care Benefits		
Medical Appliance	\$100	\$200
Chiropractic	\$50 up to 2 days	\$60 up to 2 days
Follow-Up Care Treatment	\$50 up to 2 days	\$70 up to 3 days
Hearing Device	\$500	\$600
Prosthesis, One	\$500	\$1,000
Prostheses, Two or More	\$1,000	\$2,000
Therapy Services	\$50 up to 3 days	\$50 up to 4 days
Additional Benefits		
Youth Organized Sports	25% Additional of total benefits	25% Additional of total benefits
Health Maintenance Screening Benefit	\$200	\$200
Lodging (up to 30 days per Accident)	\$175/per day	\$200/per day
Transportation (up to 30 days per Accident)	\$150/per day	\$200/per day



Plan Design (continued)

	Enhanced - Plan 9	Premier - Plan 10
Accidental Death & Dismemberment Benefits		
Accidental Death – Employee	\$50,000	\$100,000
Accidental Death – Spouse	\$25,000	\$50,000
Accidental Death – Child	\$12,500	\$25,000
Accidental Death & Dismemberment Benefits		
	Percentage of Accidental Death Benefits	Percentage of Accidental Death Benefits
Common Carrier	100%	100%
Loss of Two or More Fingers or Toes	5%	5%
Loss of One Finger or One Toe	2%	2%
Loss of Both Hands, or Both Feet	30%	30%
Loss of One Hand or One Foot	15%	15%
Loss of One Hand and One Foot	30%	30%
Loss of Sight for Both Eyes	30%	30%
Loss of Hearing of Both Ears	30%	30%
Loss of Sight in One Eye	15%	15%
Loss of Hearing in One Ear	15%	15%
Accidental Impairment Benefits		
	Percentage of Accidental Death Benefits	Percentage of Accidental Death Benefits
Uniplegia	15%	15%
Paraplegia	30%	30%
Triplegia	30%	30%
Hemiplegia	30%	30%
Quadriplegia	50%	50%
Airbag Benefit	10%	10%
Helmet Benefit	10%	10%
Seatbelt Benefit	10%	10%
Repatriation Benefit	10%	10%



Additional Plan Design Details

- A Youth Organized Sports benefit is included with EE+CH and Family coverage. If a covered child 18 age or younger is injured while playing an organized sport, the Standard pays an additional 25% of the total benefits for treatment received.
- If multiple fractures and/or dislocations are sustained in a covered accident, the Standard pays for each fracture and/or each dislocation.
- Critical Care Admission and Critical Care Confinement pay in addition to the Hospital Admission and Hospital Confinement daily benefit.
- Auto-pay is available for the Health Maintenance Screening benefit when covered screenings are completed by employees at their employer's Health Fair.
- The Health Maintenance Screening Benefit pays an annual benefit when the insured receives one of the twenty-two covered health screening tests, including novel infectious disease testing (including COVID-19), lipid panel, mammography, and colonoscopy.
- Portability is automatically included. Employees are able to take their Accident coverage with no change in coverage or rates.
- Benefits paid under the Accident Insurance policy when purchased with employee post-tax income are excluded from claimant gross income under current federal tax law.
- 24 hour - Coverage includes accidents that occur anytime, including work related accidents.



Cost

	Monthly Premium -Employee Choice	
	Enhanced - Plan 9	Premier - Plan 10
Employee	\$11.40	\$16.38
Employee and Spouse	\$19.08	\$26.68
Employee and Child(ren)	\$20.95	\$30.40
Employee and Family	\$33.22	\$47.99

- To convert monthly rates to deductions, multiply by twelve, then divide by the number of deductions per year and round to two decimals.

Assumptions

- No Underwriting required.
- This proposal assumes 893 eligible lives.
- Proposal assumes coverage is not currently inforce.

Conditions

- Minimum of 10 lives enrolled is required.
- The proposed rates are guaranteed for 36 months.
- No competing Accident plan will be offered on payroll deduction.
- Proposed rate includes electronic documents.
- New hires will be enrolled on a perpetual basis.

Exclusions

- Benefits are not payable if the accident was caused or contributed by the following:
 - War or act of war.
 - Suicide or other intentionally self-inflicted Injury, while sane or insane.
 - Committing or attempting to commit an assault, felony, act of terrorism, or actively participating in a violent disorder or riot.
 - The voluntary use or consumption of any poison, chemical compound, drug, or alcohol in excess of the legal limit in the state in which the accident occurred, unless used or consumed according to the directions of a health care provider.
 - Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness.
 - Travel or flight in or on any aircraft (certain exceptions apply, including as a fare paying passenger on a regularly scheduled commercial flight).