

Accident

Protection that surrounds you and your family



Accident coverage can protect your whole family

An Accident plan offers coverage for accidents, injuries, ambulance services, and accidental death in addition to your primary medical insurance. It is also available to your spouse and children – a plan that can protect your whole family.

Why do I need Accident coverage?

Here are a few facts to consider from the National Center for Health Statistics:

- Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during sports or leisure activities, and 44 percent occurred in or around the home.
- Where the external cause of nonfatal injuries is specified, falls are the leading cause of inpatient and outpatient care in emergency rooms, outpatient clinics and doctors' offices.
- Injuries due to motor vehicle traffic accidents, overexertion, and strenuous movements, and striking against or being struck accidentally by objects also make up a large portion of injuries.

Here's how it works

When you or a covered family member has an Accident, you may seek treatment from a physician, urgent care or hospital. Based on the Accident plan you choose, you will receive a benefit paid directly to you to assist with medical plan deductibles and bills from your provider.

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Accident Indemnity Plus Coverage

Coverage type	There are no annual maximums. Benefits start all over with each accident and are paid in addition to any other coverage in place. Payroll deduction for your premiums makes it easy, too.		
Product	Policy Type:	Group	
	Policy Name:	Accident Indemnity Plus Insurance	
	Policy Form:	M-8026	
Eligibility	Issue Ages:	Employee:	18 – 70
		Spouse:	18 – 70
		Child:	Under age 26
	Criteria:	<ul style="list-style-type: none"> Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage. Spouse includes domestic partner where allowed by state and Employer. 	
	Termination Age:	<ul style="list-style-type: none"> Employee: Age 70 unless actively at work, then on last day of active employment. Spouse: Age 70, or when Employee terminates, whichever is earlier. Child: Age 26, or when Employee terminates, whichever is earlier. 	
	Guarantee Issue		
Underwriting Offer	Employee:	Guarantee Issue	
	Spouse:	Guarantee Issue	
	Child(ren):	Guarantee Issue	
Target Participation	Minimum to Issue:	2 enrolled	
	Guarantee Issue	2 enrolled	

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Benefits and Features

	Enhanced	Premier
Urgent Care	\$150	\$200
Doctor's Office Visit	\$100	\$150
Emergency Room Treatment	\$100	\$150
Ground Ambulance	\$200	\$300
Air Ambulance	\$800	\$1,000
First Hospitalization Benefit	\$1,000	\$1,500
Intensive Care Unit Admission	\$2,000	\$3,000
Hospital Confinement	\$250 per day	\$375 per day
Intensive Care Unit Confinement	\$500 per day	\$750 per day
Rehabilitation – Admission:	\$1,000	\$1,500
Daily Benefit/Confinement:	\$150	\$200
Physical Therapy	\$30	\$45
Chiropractic Treatment	\$30 per day	\$45 per day
Accident Follow-Up Treatment	\$25 per visit/max of 4 per accident	\$50 per visit/max of 4 per accident
Blood and Plasma	\$100	\$150
Major Diagnostic – X-Ray:	\$75	\$100
Medical Imaging:	\$150	\$200
EEG:	\$150	\$200
Exploratory Surgery without repair	\$200	\$300
Concussion	\$200	\$300
Coma	\$10,000	\$12,500
Ruptured Disc	\$400	\$500
Medical Appliances	\$100	\$150
Prosthesis – Single:	\$500	\$750
Multiple:	\$1,000	\$1,500
Transportation - Train or Plane:	\$300	\$400
Bus:	\$150	\$200
Family Lodging	\$100 per night	\$150 per night

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Accidental Death, Dismemberment, and Loss of Sight (AD&D)	Enhanced	Premier
Loss of Life	\$50,000	\$75,000
Double Dismemberment - Any Combination of Two or More Hands, Feet, or Sight in Both Eyes	\$50,000	\$75,000
Single Dismemberment Loss of Single Hand, Foot or Sight	\$12,500	\$18,750
Loss of Four Fingers of the Same Hand	\$2,500	\$3,750
Loss of Thumb and Index Finger of Same Hand	\$500	\$750
Severance and Reattachment of Hand or Foot	\$500	\$750
Common Carrier Accidental Death, Dismemberment and Loss of Sight	\$100,000	\$150,000

Spouse benefit 50% and dependent child(ren) 25% of the Employee amounts.

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Fractures (Closed Reduction)	Enhanced	Premier
Hip/Thigh	\$4,000	\$5,000
Vertebrae (Except Process)	\$3,600	\$4,500
Pelvis	\$3,200	\$4,000
Skull (Depressed)	\$3,000	\$3,750
Skull (Simple)	\$1,400	\$1,750
Leg	\$2,400	\$3,000
Foot/Ankle/Kneecap	\$2,000	\$2,500
Fore/Hand	\$2,000	\$2,500
Lower Jaw	\$1,600	\$2,000
Shoulder Blade/Collar Bone	\$1,600	\$2,000
Upper Arm/Upper Jaw	\$1,400	\$1,750
Facial Bones (Except Teeth)	\$1,200	\$1,500
Vertebral Processes	\$800	\$1,000
Coccyx, Rib, Finger, Toe	\$320	\$400
Chips	25%	25%
Open Reduction	200% of Closed Reduction	200% of Closed Reduction

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Dislocations (Closed Reduction)	Enhanced	Premier
Hip	\$2,700	\$3,600
Knee (Excluding Patella)	\$1,950	\$2,600
Shoulder	\$1,500	\$2,000
Foot/Ankle	\$1,200	\$1,600
Ankle Joint	\$600	\$800
Hand	\$1,050	\$1,400
Lower Jaw	\$900	\$1,200
Wrist	\$750	\$1,000
Elbow	\$600	\$800
Finger/Toe	\$240	\$320
Partial	25%	25%
Open Reduction	200% of Closed Reduction	200% of Closed Reduction
Repaired Ligament – Single:	\$400	\$500
Multiple:	\$600	\$750
Repaired Knee Cartilage –		
Single:	\$400	\$500
Multiple:	\$600	\$750
Repaired Tendon – Single:	\$400	\$500
Multiple:	\$600	\$750
Repaired Rotator Cuff – Single:	\$250	\$375
Multiple:	\$500	\$750

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	Enhanced	Premier
Burns - Second Degree (<10%):	\$200	\$300
Second Degree (10%-25%):	\$400	\$600
Second Degree (25%-35%):	\$1,000	\$1,500
Second Degree (>35%):	\$2,000	\$3,000
Third Degree (<10%):	\$1,000	\$1,500
Third Degree (10%-25%):	\$6,000	\$9,000
Third Degree (25%-35%):	\$10,000	\$15,000
Third Degree (>35%):	\$20,000	\$30,000
Paralysis Benefit – Quadriplegia:	\$10,000	\$12,500
Paraplegia:	\$5,000	\$6,250
Eye Injury Benefit - Surgical Repair:	\$250	\$375
Removal of Foreign Body:	\$50	\$75
Laceration Benefit - Over 6”:	\$400	\$600
2”-6”:	\$200	\$300
Under 2”:	\$50	\$75
Lacerations not Requiring Stitches:	\$50	\$75
Emergency Dental Work – Repaired with Crown:	\$200	\$300
Resulting in Extraction:	\$60	\$90
Total Disability Premium Waiver	Included	
Portability	Included	

Employer Elected Optional Benefits

On the Job (24 Hour Insurance) Benefit	Included
Wellness Screening	\$50

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Benefit Definitions

ACCIDENT FOLLOW-UP TREATMENT: For an injury received as a result of a Covered Accident, a benefit will be paid if the covered person receives initial treatment within 72 hours after covered accident, receives doctor prescribed follow up treatment, and the follow up treatment begins within 90 days after the covered accident or discharge from the hospital.

GROUND AMBULANCE: Pays a benefit when a covered person requires transportation in an ambulance from a covered accident. The total amount payable for all ground ambulance services in connection with anyone covered accident will not exceed the benefit chosen. The benefit is limited to one trip per accident.

AIR AMBULANCE: Pays a benefit when a covered person requires transportation in an ambulance from a covered accident. The total amount payable for all ground ambulance services in connection with anyone covered accident will not exceed the benefit chosen. The benefit is limited to one trip per accident.

HOSPITAL CONFINEMENT: Pays a benefit if a covered person is confined as an inpatient in a hospital for an injury received because of a covered accident, for each day of Hospital Confinement starting with the first full day of confinement. A day is a 24-hour period. The benefit is limited to 365 days per accident.

FIRST HOSPITALIZATION BENEFIT: Pays benefit amount for covered person's first hospital confinement for an injury received as a result of a covered accident; must be admitted for at least 24 hours and be at the direction of and under the supervision of a doctor. Benefit limited to one (1) per calendar year for each covered person.

INTENSIVE CARE UNIT ADMISSION: Pays a benefit amount if a covered person is confined to a hospital and is placed in a hospital intensive care unit (ICU) within the first 48 hours of admission for an injury received as a result of a covered accident. This benefit is payable in addition to the First Hospital Admission Benefit. Limited to one (1) per calendar year for each covered person.

INTENSIVE CARE UNIT CONFINEMENT: Pays a benefit if a covered person is confined as an inpatient in a hospital intensive care unit (ICU) for an injury received because of a covered accident. The benefit is limited to 30 days per accident.

EMERGENCY ROOM TREATMENT: Pays a benefit amount chosen for an injury because of a covered accident when a covered person requires examination and treatment by a doctor in a hospital emergency room within 72 hours after the covered accident. This benefit is paid once per covered accident and limited to 5 covered accidents per covered person per calendar year.

URGENT CARE: Pays a benefit if a covered person receives initial treatment and/or advice by a doctor in an urgent care facility for an injury received because of a covered accident. Treatment must be within 60 days of covered accident and must be the result of the covered accident, and not for routine examinations or preventative testing. Benefit paid once per covered accident and is not payable if Emergency Room Treatment benefit is paid for the same covered accident.

DOCTOR'S OFFICE VISIT: Pays a benefit if a covered person receives initial treatment and/or advice by a doctor in a doctor's office for an injury received because of a covered accident. Treatment must be within 60 days of covered accident and must be the result of the covered accident, and not for routine examinations or preventative testing. Benefit paid once per covered accident and is not payable if Emergency Room Treatment benefit is paid for the same covered accident.

CHIROPRACTIC TREATMENT: Pays a benefit if a covered person suffers a structural imbalance for an injury received because of a covered accident and receives Chiropractic Care Services by a Chiropractor in a chiropractor's office. Treatment must begin within 60 days after the covered accident and must be completed within 180 days after the covered accident. Maximum of 3 visits per accident.

PHYSICAL THERAPY: Pays a benefit amount for each day a covered person receives physical therapy for an Injury received because of a covered accident. Therapy must begin within 90 days after the covered accident and be completed within 1 year after the covered accident. Benefit is not payable for the same visit that the Accident Follow-Up benefit is paid.

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TRANSPORTATION: Pays a benefit for train, plane, or bus transportation. This benefit is payable if, because of an Injury received because of a Covered Accident, a Covered Person: is injured and requires doctor-recommended hospital treatment or diagnostic study that is not available in the covered person's resident city. Use of such transportation must begin within 90 days after the covered accident date. The distance to the hospital treatment or diagnostic study must be greater than 50 miles from the Covered Person's residence. Max of 1 trip.

FAMILY LODGING: Pays a benefit each night's lodging in a motel/hotel room for an adult family member of a covered person. Benefit is payable for an injury received as a result of a covered accident: the covered person must be confined to a hospital for treatment of an injury, the hospital and motel/hotel must be more than 100 miles from the covered person's residence; and the treatment must be prescribed by the covered person's local doctor. Max 30 nights per covered accident.

BLOOD AND PLASMA: Pays a benefit for an injury received because of a covered accident, the covered person is injured and receives blood or plasma within 90 days after the covered accident.

PROSTHESIS: Pays a benefit for each covered prosthetic device the covered person uses when needed due to a covered accident. Benefit paid will be based on the number (single or multiple) of prosthetics received and is limited to one (1) payment per covered accident.

MEDICAL APPLIANCES: Pays a benefit if a doctor advises a covered person to use a medical appliance. The medical appliance must be used for an injury received because of a covered accident. It must be used as an aid in personal locomotion. Benefit is limited to one (1) payment per covered accident.

MAJOR DIAGNOSTIC: Pays a benefit if a covered person receives one of the following exams for an Injury received as a result of a covered accident CT (computerized tomography) scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), or X-rays. Exams must be performed in a hospital or a doctor's office. Benefit amount paid once per covered accident.

EXPLORATORY SURGERY: Pays a benefit if an injury received because of a covered accident requires a covered person to have exploratory surgery (without repair).

CONCUSSION: Pays a benefit if a covered person has a concussion from an injury received as a result of a covered accident. The concussion must be diagnosed by a doctor within 72 hours after the Covered Accident using any type of medical imaging such as x-ray (computerized tomography) scan; CT (computerized tomography); or MRI (magnetic resonance imaging).

RUPTURED DISC: Pays a benefit if a covered person receives an injury as a result of a covered accident and ruptures a disc in the spine, receives treatment from a doctor within 60 days after the covered accident, and has surgical repair by a doctor within one year after the Covered Accident.

COMA: If a Covered Person is in a coma lasting 30 days or more from an injury received because of a covered accident, a benefit is payable based on the amount selected. The diagnosis of a coma must indicate that permanent neurological deficit is present. This benefit is paid once per covered person per covered accident.

REHABILITATION DAILY/CONFINEMENT AND ADMISSION: Pays a benefit for an Injury received as a result of a Covered Accident if the Covered Person is admitted for a Hospital Confinement, is transferred to a bed in a Rehabilitation Unit of a Hospital for Treatment, and incurs a charge. Benefit is limited to 30 days for each covered person per period of hospital confinement. Benefit is also limited to a Calendar Year Max of 60 days.

ACCIDENTAL DEATH, DISMEMBERMENT, AND LOSS OF LIFE: Pays a benefit chosen based on loss of life of covered person or dismemberment of covered person based on a covered accident.

FRACTURE BENEFITS: Fracture is a break in a bone that can be seen by X-ray. If a bone is fractured in an injury received because of a covered accident and is diagnosed and treated by a doctor within 90 days of the accident, pays benefit selected based upon the fracture benefit listed.

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DISLOCATION BENEFITS: Dislocation refers to a completely separated joint. If a joint is dislocated in an injury received because of a covered accident and is diagnosed and treated by a doctor within 90 days of the accident, pays benefit selected based upon the dislocation benefit listed.

BURNS BENEFIT: Pays a benefit if a Covered Person receives burns because of a covered accident, according to the percentage of body surface burned. Must be treated for burns by a Doctor within 72 hours after the Covered Accident. First-degree burns are not covered.

PARALYSIS BENEFIT: Pays a benefit for an Injury received as a result of a covered accident where the injury causes paralysis which lasts more than 90 days, and the paralysis is diagnosed by a doctor within 90 days after the Covered Accident. The amount paid will be based on the number of limbs paralyzed.

EYE INJURY BENEFIT: Pays a benefit for eye injuries requiring surgical repair, for an Injury received as a result of a Covered Accident and the insured injures an eye, doctor repairs the eye through surgery, and the eye surgery occurs within 90 days after the Covered Accident. For eye injuries requiring removal of a foreign body, benefit pays the amount selected if a Doctor removes a foreign body from the eye.

LACERATION BENEFIT: Pays a benefit if a covered person receives a laceration from an injury received because of a covered accident. Laceration must be repaired with stitches by a doctor within 72 hours after the covered accident. The amount paid will be based on the length of the laceration. The covered person may receive a laceration that does not require stitches. If treated by a doctor within 72 hours after the covered accident, benefit will pay the appropriate amount shown in the certificate.

EMERGENCY DENTAL WORK: Pays a benefit if the covered person has an injury to sound natural teeth as the result of a covered accident.

TOTAL DISABILITY PREMIUM WAIVER: If the insured becomes disabled before insured's 65th birthday, and results of injuries suffered in a covered accident, premiums will be waived after the 30th day of total disability, and the covered disability lasts for at least 90 days. Limit 12 months per disability.

LIMITED PORTABILITY: Employees are able to continue their coverage if they leave their Employer, as long as master contract remains in force. Coverage is portable assuming the following parameters are met:

- Employee is less than 70
- Insured is not totally disabled
- Master Policy issued to the Employer is active

Employees on ported coverage terminate at age 70. Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25, or when the primary insured's insurance terminates.

ON-THE-JOB COVERAGE: Pays a benefit for injuries, (including Total Disability Premium Waiver), due to an Accident, that are covered by Worker's Compensation or occupational disease law.

WELLNESS SCREENING: Pays a cash benefit when a member has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.

Accident Rates

Rate Assumption Information

Rate Structure:	Composite
Tobacco Status:	Uni-Tobacco
Rate Guarantee Period:	One (1) Year
Contributions:	100% Employee paid
Commissions:	Heaped
Coverage Type:	24 Hour Coverage
Benefits Included:	As shown above in the Benefits and Optional Benefits sections.
Participation Expectation:	2 enrolled

	Monthly (12) premium			
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Enhanced	\$12.06	\$20.02	\$25.10	\$33.27

Note: Final implementation rate may vary slightly due to rounding

	Monthly (12) premium			
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
Premier	\$16.27	\$27.14	\$34.51	\$45.66

Note: Final implementation rate may vary slightly due to rounding

PRODUCT QUALIFICATIONS AND CONTINGENCIES

- If benefit is elected, they are included on all covered lives.
- Group may elect a maximum of two coverage plans.
- Riders apply to all accident plans chosen.
- If spouse is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If both parents are Employees of the company, then the child(ren) may be covered under only one parent, not both.
- Offer is based on no other accident plans are in force.
- Please refer to certificate/policy for full benefit and limitation information.

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