

Designed Especially for:

Goose Creek Consolidated Independent School District



# Accident Indemnity Plus



## Receive a Benefit if You Have an Accident

### An Accident Indemnity Plan:

- Covers 24 Hour (on and off the job) accidents
- Can cover you, your spouse and your children
- Pays benefits directly to you, in addition to any other coverage you may have, unless otherwise designated
- No limit to the number of accidents covered in a specified time frame\*

### Why Do I Need Accident Coverage?

“Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during leisure activities, and 44 percent occurred in or around the home.”

— Source: [www.CDC.gov/nchs/fastats/accident-insury.htm](http://www.CDC.gov/nchs/fastats/accident-insury.htm); May 8, 2020

### INITIAL CARE BENEFITS

Benefit Name and Description	Custom Premier
<b>Urgent Care</b> Payable for initial treatment within 60 days of a covered accident.	\$100
<b>Doctor's Office Care</b> Payable for initial treatment within 60 days of a covered accident.	\$100
<b>Emergency Room Care*</b> Payable for initial treatment within 30 days of a covered accident.	\$175
<b>Ground Ambulance</b> Payable when covered person receives transportation in an ambulance by ground for an injury received as a result of a covered accident. Must be to a hospital or from hospital to covered person's home. One trip per accident.	\$350
<b>Air Ambulance</b> Payable when covered person receives transportation in an ambulance by air for an injury received as a result of a covered accident. Must be to a hospital. One trip per accident.	\$1,250

### DIAGNOSTIC BENEFITS

<b>Diagnostic Benefits</b> Payable for x-ray, medical imaging (MRI, CT Scan) or EEG performed in a doctor's office or hospital. Pays once per covered accident.	<b>X-rays</b> \$75 <b>MRI/CT Scan/EEG</b> \$150
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\*Coverage for ER visits is limited to five per person per calendar year. Benefits and riders may vary by state and may not be available in all states.

Policy: M-8036

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## IN-PATIENT CARE BENEFITS

Benefit Name and Description	Custom Premier
<b>Hospital Daily Non-ICU Confinement (Accident)</b> Pays 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 amount paid will be based on the location of the initial hospital confinement. Max benefit is 365 days per accident.	\$250
<b>Hospitalization Non-ICU Admission (Accident)</b> Benefit is limited to one per calendar year for each covered person. Hospital admission must be due to a covered accident and at the direction of and under the supervision of a doctor. The amount paid will be based on the location of the initial hospital admission. If the confinement is a Non-ICU Admission, the covered person must be admitted to the hospital within 90 days after the accident for this benefit to be payable. If Non-ICU admission benefit is paid then the ICU admission benefit will not be payable.	\$1,250
<b>Hospitalization ICU Admission (Accident)</b> Benefit is limited to one per calendar year for each covered person. Hospital admission must be due to a covered accident and at the direction of and under the supervision of a doctor. The amount paid will be based on the location of the initial hospital admission. If the confinement is an ICU Admission, the covered person must be admitted to the hospital within 10 days after the accident for this benefit to be payable. If ICU admission benefit is paid then the Non-ICU admission benefit will not be payable.	\$2,500
<b>Hospital Daily ICU Confinement (Accident)</b> Pays 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 amount paid will be based on the location of the initial hospital. Max benefit is 365 days per accident.	\$500
<b>Rehabilitation Admission</b> Payable when a covered person is transferred to a hospital Rehabilitation Unit.	\$250
<b>Rehabilitation Confinement</b> Payable for each day a covered person is confined to a hospital Rehabilitation Unit for up to 30 days. Calendar year maximum 60 days.	\$100
FOLLOW-UP CARE/TREATMENT BENEFITS	
<b>Physical/Occupational/Speech Therapy</b> Payable if: started within 90 days; completed within one year; prescribed by a doctor; rendered by a licensed therapist; and performed in an office or on an outpatient basis. Pays up to 10 visits per accident. Not payable if Accident Follow-Up is paid.	\$40
<b>Follow-Up Treatment</b> Payable if: initial treatment was received within 30 days; it is doctor prescribed; and it occurs within 90 days of hospital discharge (if applicable). Maximum of three visits per accident.	\$85
<b>Chiropractic Treatment</b> Available if started within 60 days and completed within 180 days. Pays up to 10 visits per accident.	\$40

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## MEDICALLY NECESSARY BENEFITS

Benefit Name and Description	Custom Premier
<b>Blood and Plasma</b> Payable if received within 90 days.	\$400
<b>Prosthesis - One</b> Payable for a covered device the covered person uses when needed, due to a covered accident. This includes one payment per accident based on the one or multiple prosthesis benefit.	\$750
<b>Prosthesis - Multiple</b> Payable for covered devices the covered person uses when needed, due to a covered accident. This includes one payment per accident based on the one or multiple prosthesis benefit.	\$1,500
<b>Medical Appliances</b> Payable for appliances used for aid in personal locomotion (crutches, wheelchairs, leg braces, back braces and walkers). Max one payment per covered accident.	\$200

## TRANSPORTATION/LODGING BENEFITS

<b>Transportation</b> Payable if the covered person needs care not available locally. The benefit is payable if a covered person is injured and requires a 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. Hospital treatment or diagnostic study must be greater than 50 miles from the covered person's residence. Maximum one trip per accident.	<b>Train or Plane</b> \$300 <b>Bus</b> \$300
<b>Family Member Lodging</b> Payable per night for an adult family member if the covered person is hospitalized more than 100 miles from home for a maximum of 30 nights per covered accident.	\$200

## MAJOR ACCIDENT BENEFITS

<b>Accidental Death</b> Payable to the named beneficiary. The employee is the beneficiary for all covered dependents. Spouse receives 100% of amount shown and child receives 50% of amount shown.	\$25,000
<b>Dismemberment</b> Payable according to a schedule based on the specific loss incurred. Spouse receives 100% of amount shown and child receives 50% of amount shown.	\$20,000
<b>Common Carrier</b> Provides an additional benefit if accident occurs while a fare paying passenger is on a commercial airline, passenger train or intercity bus line.	\$75,000

## BURN BENEFITS

<b>Burns</b> Payable for second and third degree burns according to a schedule if treatment is received within 30 days.	<b>2<sup>nd</sup> Degree</b> \$500 - \$1,000 <b>3<sup>rd</sup> Degree</b> \$2,500 - \$18,000
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## EMERGENCY DENTAL/VISION BENEFITS

Benefit Name and Description	Custom Premier
<p><b>Eye Injuries</b> Payable if surgical repair is performed within 90 days or a foreign body is removed from the eye, by a doctor, with or without anesthesia.</p>	<p><b>Surgical Repair</b> \$300</p> <p><b>Removal of Foreign Body</b> \$150</p>
<p><b>Emergency Dental Work</b> Payable for injury to sound natural teeth as a result of a covered accident.</p>	<p><b>Repaired with Crown</b> \$225</p> <p><b>Resulting in Extraction</b> \$75</p>

## LACERATION BENEFITS

<p><b>Laceration Benefit</b> Payable according to schedule of length provided that treatment is received within 30 days.</p>	<p><b>Over 6 Inches</b> \$600</p> <p><b>2 – 6 Inches</b> \$500</p> <p><b>Under 2 Inches</b> \$75</p> <p><b>Not Requiring Stitches</b> \$25</p>
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## ORTHOPEDIC BENEFITS

<p><b>Fracture</b> Payable according to a schedule if diagnosed and treated by a doctor within 90 days. A chipped bone is 25% of scheduled benefit. Open reduction is 200% of closed reduction.</p>	<p><b>Minimum</b> \$225</p> <p><b>Maximum</b> \$4,500</p>
<p><b>Dislocation</b> Payable according to a schedule if diagnosed and treated by a doctor within 90 days. A partial dislocation is 25% of scheduled benefit. Open reduction is 200% of closed reduction.</p>	<p><b>Minimum</b> \$150</p> <p><b>Maximum</b> \$4,500</p>
<p><b>Repaired Ligaments</b> Payable if treatment is received within 60 days and surgical repair is performed within 90 days.</p>	<p><b>Single</b> \$750</p> <p><b>Multiple</b> \$1,500</p>
<p><b>Repaired Knee Cartilage</b> Payable if treatment is received within 60 days and surgical repair is performed within one year.</p>	<p><b>Single</b> \$750</p> <p><b>Multiple</b> \$750</p>
<p><b>Repaired Tendon</b> Payable if treatment is received within 60 days and surgical repair is performed within 90 days.</p>	<p><b>Single</b> \$750</p> <p><b>Multiple</b> \$1,500</p>
<p><b>Repaired Rotator Cuff</b> Payable if surgical repair is performed within one year.</p>	<p><b>Single</b> \$625</p> <p><b>Multiple</b> \$1,250</p>

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## ORTHOPEDIC BENEFITS

Benefit Name and Description	Custom Premier
<b>Ruptured Disc</b> Payable if treatment is received within 60 days and surgical repair is performed within one year.	\$750
<b>Exploratory Surgery Without Repair</b> Payable if an injury received because of a covered accident requires exploratory surgery that doesn't require surgical repair.	\$150

## HEAD AND SPINE BENEFITS

<b>Concussion</b> Payable if diagnosed within 30 days using medical imaging (such as x-ray, CT Scan or MRI).	\$350
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## ADDITIONAL BENEFITS

<b>Coma</b> Payable if the comatose state lasts more than 30 days and diagnosis indicates that permanent neurological deficit is present.	\$10,000
<b>Paralysis (Monoplegia/Paraplegia/Quadriplegia)</b> Payable if paralysis lasts more than 90 days and is diagnosed by a doctor within those 90 days.	<b>Monoplegia</b> \$5,000 <b>Paraplegia</b> \$5,000 <b>Quadriplegia</b> \$10,000
<b>Total Disability Premium Waiver</b> Waives premiums after being disabled for three consecutive months and disability starts before the Certificate anniversary prior to the 65th birthday. Limit of 12 months per disability.	Included
<b>Portability</b> Portable if you leave the company prior to age 70, not totally disabled and as long as the Master Policy remains in force.	Included

## RIDERS

<b>Organized Sports Benefit</b> Pays an additional 25% of the total benefit paid when Covered Person/Eligible Dependent Child suffers an injury received as a result of a covered accident, while the Covered Person/Eligible Dependent Child is participating in an organized sports event or scheduled practice. The dependent child is age 18 or younger. The certificate holder provides proof of the Covered Person/Eligible Dependent Child's registration in the organized sports event. The benefit is paid once per covered accident per Covered Person/Eligible Dependent Child.	Additional 25% up to \$1,000
<b>Wellness Screening</b> 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.	\$75

**RIDERS**

Benefit Name and Description	Custom Premier
<p><b>Ambulatory Surgical</b> Pays a benefit for the day surgery is performed in an Ambulatory Surgical Center Facility or Outpatient Hospital Facility on an insured person because of a covered accident. This benefit is payable only once per covered accident. Two or more surgeries performed during the same ambulatory surgery session are considered one surgery.</p>	\$300
<p><b>Epidural Pain Management</b> Pays a benefit if any insured person is prescribed, receives and incurs a charge for an epidural administered for pain management in a hospital or doctor's office for injuries sustained in an accident. This benefit is not payable for an epidural administered during a surgical procedure. The benefit is paid once per accident per insured person.</p>	\$100
<p><b>Gunshot Wound</b> Pays a benefit if the primary insured is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. The wound(s) must require treatment by a doctor, including confinement within 24 hours and surgery within 72 hours after the injury. This benefit will only be paid once per accident.</p>	\$1,500
<p><b>Open Abdominal/Thoracic/Cranial Surgery</b> Pays a benefit if any insured person has an open abdominal, thoracic or cranial surgery provided by a doctor to repair an internal injury within 72 hours of the accident. This benefit is payable once per accident. Two or more surgeries performed during the same ambulatory surgery session will be considered one surgery. Hernia repair will not be covered.</p>	\$1,500
<p><b>Walk-In Clinic/Telemedicine</b> Provides a benefit if a covered person receives initial treatment and/or advice by a doctor in a walk-in clinic or by way of a telemedicine consultation for an injury received as a result of a covered accident. The treatment must be within 60 days of the covered accident, and the services provided must be the result of a covered accident and not for routine examinations or preventative testing. This benefit is not payable if the Emergency Room Treatment benefit is paid for the same covered accident. Pays benefit one time per covered accident.</p>	\$150
<p><b>Animal Bite Treatment Benefit</b> Provides a benefit if the covered person sustains an animal bite and needs an anti-venom, tetanus or rabies shot. Treatment must take place within 30 days after the Accidental Injury. If more than one type of shot is received, only the benefit of the highest amount is payable. Maximum of one benefit per accident.</p>	<p><b>Tetanus Shot</b> \$100</p> <p><b>Anti-Venom Shots</b> \$200</p> <p><b>Rabies Shot</b> \$300</p>
<p><b>Home and Vehicle Altercation Benefit</b> Provides a benefit if the covered person sustains an injury that results in dismemberment or paralysis and the following conditions are met: 1) a doctor must prescribe that the covered person have their primary home or vehicle altered to maintain an independent lifestyle, 2) the installation is done by a licensed contractor who is not the covered person or their family member, and 3) a written receipt for the alteration is received within 365 days after the covered accident. Maximum of 1 alteration per covered accident.</p>	\$1,500

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## RIDERS

Benefit Name and Description	Custom Premier
<b>Service Dog Benefit</b> Provides a benefit if a doctor recommends that the covered person would benefit from a service dog due to an accidental injury and a service dog is placed with them. The covered person must be a covered person when the service dog is placed with them, the service dog must be purchased from an organization accredited by Assistance Dogs International (ADI) or the International Guide Dog Federation (IGDF) and must provide proof of purchase. Max of one service dog per lifetime.	\$1,500
<b>Post-Traumatic Stress Disorder (PTSD)</b> Pays a benefit if the covered person receives a diagnosis of PTSD from a doctor due to accidental injury. The diagnosis of PTSD must be received within 365 days after the accidental injury. This benefit is payable for the diagnosis only, and not payable for treatment of PTSD. Maximum of one diagnosis per lifetime.	\$500
<b>On-the-Job Coverage</b> Pays a benefit for injuries, due to an accident, that are covered by Worker's Compensation or occupational disease law.	Included

Benefits and riders may vary by state and may not be available in all states.

**IMPORTANT NOTICE:** The Insurance coverage provided under the policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and it does not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Act. This is not a complete disclosure of plan qualifications and limitations. For a complete list of limitations and exclusions, please refer to [www.ManhattanLife.com/Disclosure](http://www.ManhattanLife.com/Disclosure). Please review this information before applying for coverage. The benefits provided depend on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS.

## Accident Rates

### Goose Creek Consolidated Independent School District

#### Semi-Monthly (24) Premium

Benefit	Employee Only	Employee & Spouse	Employee & Children	Family
Premier	\$2.78	\$5.56	\$6.66	\$7.90

**Note:** Final implementation rate may vary slightly due to rounding.

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