



ACCIDENT INSURANCE FOR

Gainesville ISD

Presented by



WELLFLEET
WORKPLACE

A personalized guide to understanding your Accident coverage



ACCIDENT INSURANCE

Benefit Summary



What is Accident Insurance?

This coverage pays benefits for injuries, such as cuts, broken bones, concussions and related expenses. It can be used to help protect you and your family from the financial challenges that can come from an accident.



Use your benefits any way you like.

Benefit proceeds can be used however you want, whether it's toward your mortgage, medical bills or student loans. It's up to you.



Who can be covered?

The coverage offered by your Employer allows you to cover yourself, and your spouse and children. Note that you may only cover other family members if you are insured by this coverage yourself.

325,000 kids

are treated for sports- and recreation-related concussions each year.¹

Unintentional falls

are the leading cause of nonfatal injuries treated in the emergency room for adults 25+ years old.¹

\$16,133

Average cost of a fractured hip.²



What's the difference between health insurance & Accident Insurance?

Health insurance covers certain medical expenses and pays your provider directly but may leave you responsible for some out-of-pocket costs. The amount paid depends on your coverage, the type of care and whether you've hit your out-of-pocket maximum.

Accident Insurance is supplemental coverage that can complement your health insurance and help cover your out-of-pocket expenses. The benefit amount you receive is based on the covered accident, is paid to you directly and can be used however you like.

Let's say you carry both health insurance and Accident Insurance, and you go to the ER with a broken leg. Your health insurance will pay the treating providers for some or all your medical expenses. Your Accident Insurance will pay you directly for your broken leg and any applicable treatments, such as an ambulance ride. The money you receive from your Accident Insurance can be used any way you choose. You could put it toward uncovered medical expenses, like co-pays, or you could use it to cover your rent or daycare expenses.

Coverage highlights:

- No health questions asked
- Affordable premiums
- Simplified claims-filing with dedicated support
- If you leave your Employer, you may be able to take your coverage with you at the same rate

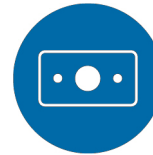
23% of adults had to pay a **major unexpected out-of-pocket medical expense** in the prior year.³

44% of adults say they either **could not cover a \$400 emergency expense,** or would cover it by selling or borrowing money.³



How does it work?

When you carry Accident coverage and have a covered accident, you're paid a total cash benefit that is based on the amount listed for each covered benefit and/or treatment. Check your benefit schedule for more details around the covered accidents and treatments.

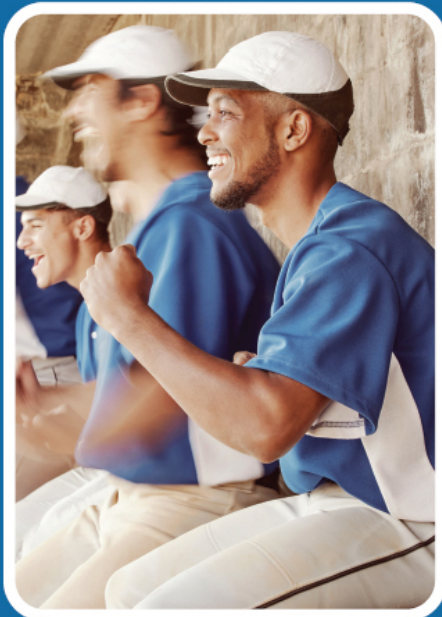


Choose to enroll
in Accident coverage
through your Employer.

File an Accident claim
for a qualifying accident event
online, over the phone or via
US mail or fax.

Benefits are paid
directly to you based on the
injury and treatments.

BENEFIT SNAPSHOT:CHRIS'S HOME RUN



One night while playing a game in his local baseball league, Chris made a run for home that left him with a broken leg and a concussion. Fortunately, he'd enrolled in Accident Insurance through his Employer. The benefit he received helped to offset his medical bills, and cover other expenses and time away from work, while he recovered.

Chris's Accident policy paid these benefits:

| | |
|---------------------------------|---------|
| Ground ambulance: | \$250 |
| Emergency room treatment: | \$150 |
| Fracture (thigh, non-surgical): | \$1,250 |
| Concussion: | \$150 |
| <hr/> | |
| Total benefits paid: | \$1,800 |



What benefits are included in my coverage?

Your Accident Insurance includes a range of covered accidents and additional benefits, as outlined below. For additional details, see your certificate.

| Specific Injury Benefit | Acc Plan 1 | Acc Plan 2 |
|--|-------------------|-------------------|
| Fractures | | |
| Closed/Non-Surgical Treatment | | |
| Skull (except Bones of Face or Nose), Depressed | \$1,250 | \$4,000 |
| Hip, Thigh (Femur) | \$1,250 | \$5,000 |
| Vertebrae, Body of (excluding Vertebral Process) | \$1,250 | \$4,000 |
| Pelvis | \$1,250 | \$3,500 |
| Leg (Tibia and/or Fibula) | \$1,250 | \$2,750 |
| Upper Arm (Humerus) | \$750 | \$2,500 |
| Shoulder Blade | \$750 | \$2,250 |
| Collarbone | \$750 | \$2,250 |
| Upper Jaw, Maxilla (except Alveolar Process) | \$500 | \$1,750 |
| Lower Jaw, Maxilla (except Alveolar Process) | \$500 | \$1,750 |
| Vertebral Process | \$400 | \$1,750 |
| Forearm (Ulna and/or Radius) | \$400 | \$2,250 |
| Hand, Wrist (except Fingers) | \$400 | \$2,250 |
| Kneecap | \$400 | \$2,500 |
| Foot (except Toes) | \$400 | \$2,250 |
| Ankle | \$400 | \$2,250 |
| Rib | \$100 | \$450 |
| Coccyx | \$100 | \$450 |
| Finger, Toe | \$100 | \$450 |
| Enhancement for Open/Surgical Reduction | 2x | 2x |
| Chip Fractures | 25% | 25% |
| Dislocations | Acc Plan 1 | Acc Plan 2 |
| Closed/Non-Surgical Treatment | | |
| Hip | \$1,000 | \$4,000 |
| Knee (other than Kneecap) | \$750 | \$2,500 |
| Shoulder | \$750 | \$2,000 |
| Kneecap | \$500 | \$1,250 |
| Ankle Bone or Bones of the Foot | \$500 | \$1,750 |
| Elbow | \$500 | \$1,250 |
| Wrist | \$500 | \$1,250 |
| Bone or Bones of the Hand | \$500 | \$1,250 |
| Jawbone | \$500 | \$1,250 |
| Collarbone | \$500 | \$1,250 |
| 1 Toe or Finger | \$200 | \$300 |



| | | |
|--|-------------------|-------------------|
| Enhancement for Open/Surgical Reduction | 2x | 2x |
| Partial Dislocations | 25% | 25% |
| Lacerations | | |
| No Repair | \$50 | \$50 |
| Repair - up to 2" | \$50 | \$100 |
| Repair - over 2", up to 6" | \$100 | \$350 |
| Repair - over 6" | \$200 | \$750 |
| Burns | | |
| 2nd-Degree Burns | | |
| At least 1%, but less than 20% of Skin Surface | \$100 | \$500 |
| 20% or greater of Skin Surface | \$500 | \$1,500 |
| 3rd-Degree Burns | | |
| Less than 5% of Skin Surface | \$500 | \$1,500 |
| At least 5%, but less than 20% of Skin Surface | \$2,000 | \$9,000 |
| 20% or greater of Skin Surface | \$6,000 | \$20,000 |
| Skin Grafts | | |
| Due to Burns (% of applicable Burn Benefit) | 25% | 50% |
| Not due to Burns | | |
| At least 1%, but less than 20% of Skin Surface | \$100 | \$200 |
| 20% or greater of Skin Surface | \$200 | \$400 |
| Concussion & Other Brain Injuries | \$150 | \$350 |
| Dental Benefit | \$250 | \$400 |
| Eye Injury Benefit | \$150 | \$250 |
| Emergency & Initial Accident Treatment Benefits | Acc Plan 1 | Acc Plan 2 |
| Ambulance | | |
| Ground | \$250 | \$550 |
| Air | \$1,000 | \$2,000 |
| Water | \$1,000 | \$2,000 |
| Emergency Room Treatment | \$150 | \$325 |
| Urgent Care | \$150 | \$250 |
| Major Diagnostic Imaging | \$150 | \$300 |
| X-Ray | \$50 | \$100 |

| | | |
|---|-------------------|-------------------|
| Hospital Benefits | Acc Plan 1 | Acc Plan 2 |
| Hospital Admission | \$1,000 | \$2,000 |
| Daily Hospital Confinement (max 365 days) | \$100 | \$375 |
| Intensive Care Admission | \$2,000 | \$2,000 |
| ICU Daily Confinement (max 365 days) | \$200 | \$600 |
| Observation Unit | \$150 | \$350 |

| | | |
|--|-------------------|-------------------|
| Surgery Benefits | Acc Plan 1 | Acc Plan 2 |
| Outpatient Surgery Benefit | | |
| Facilities other than Physician Office or ER | \$200 | \$250 |
| Physician Office or ER | \$100 | \$250 |



| | | |
|--|-------------------|-------------------|
| Internal Injuries Surgical Benefits | | |
| Open Abdominal & Thoracic | \$500 | \$1,500 |
| Hernia | \$100 | \$200 |
| Exploratory without Repair | \$75 | \$200 |
| Tendon/Ligament/Rotator Cuff Surgical Benefit | | |
| Single | \$400 | \$1,000 |
| Multiple | \$600 | \$1,500 |
| Exploratory without Repair | \$200 | \$200 |
| Torn Knee Cartilage Surgery Benefit | | |
| Torn with Surgical Repair | \$350 | \$900 |
| Exploratory without Repair | \$75 | \$200 |
| Diagnosis only with no Surgery or Repair | \$50 | \$100 |
| Ruptured Disc with Surgical Repair | \$350 | \$1,000 |
| Anesthesia Benefit | | |
| General Anesthesia | \$125 | \$250 |
| Epidural or Regional Anesthesia | \$50 | \$125 |
| Medical Benefits | Acc Plan 1 | Acc Plan 2 |
| Blood, Plasma & Platelets Benefit | \$300 | \$500 |
| Prosthetic Device Benefit | | |
| 1 only | \$500 | \$1,250 |
| 2 or more | \$1,000 | \$2,500 |
| Appliances | \$150 | \$300 |
| Pain Management Benefit | \$50 | \$100 |
| Prescription Drug Benefit | \$15 | \$20 |

| | | |
|--|-------------------|-------------------|
| Follow-Up Care & Transportation Benefits | Acc Plan 1 | Acc Plan 2 |
| Physician Office Visit | \$50 | \$125 |
| Maximum number of visits | 2 | 2 |
| Post-Traumatic Stress Disorder Benefit (max 8 visits) | \$50 | \$50 |
| Therapy Services Benefit (Occupational, Physical, Speech Therapy) (max 12 visits) | \$50 | \$60 |
| Chiropractor & Alternate Therapy (max 8 visits) | \$50 | \$60 |
| Rehabilitation Unit Confinement (max 90 days) | \$75 | \$225 |
| Home Health Care (max 30 visits) | \$50 | \$75 |
| Skilled Nursing Facility (max 30 days) | \$0 | \$0 |
| Private Duty Nursing (max 6 visits) | \$0 | \$0 |
| Residence/Vehicle Modification Benefit | \$0 | \$0 |
| Transportation (per mile, min. 100 miles from residence) | \$0.30 | \$0.60 |
| Lodging (max 30 days) | \$100 | \$200 |
| | | |
| Accidental Death Benefits | Acc Plan 1 | Acc Plan 2 |
| Accidental Death | | |
| Employee | \$25,000 | \$50,000 |
| Spouse | \$12,500 | \$25,000 |



| | | |
|--|----------|-----------|
| Children | \$12,500 | \$25,000 |
| Common Carrier Accidental Death | | |
| Employee | \$50,000 | \$100,000 |
| Spouse | \$25,000 | \$50,000 |
| Children | \$25,000 | \$50,000 |
| Organ Donor Benefit | \$5,000 | \$5,000 |

| Accidental Dismemberment Benefits | Acc Plan 1 | Acc Plan 2 |
|---|------------|------------|
| Dismemberment | | |
| Loss of: Both Hands, or Both Feet, or 1 Hand & 1 Foot | \$15,000 | \$30,000 |
| Loss of 1 Hand or Loss of 1 Foot | \$7,500 | \$15,000 |
| Partial Dismemberment | | |
| Loss of 1 or More Fingers or Toes | \$300 | \$750 |
| Partial Amputation of Finger or Toe | \$100 | \$250 |
| | | |
| Catastrophic Benefits | Acc Plan 1 | Acc Plan 2 |
| Catastrophic Loss | | |
| Loss of Sight in Both Eyes or Hearing in Both Ears | \$10,000 | \$30,000 |
| Loss of Speech or Sight in 1 Eye or Hearing in 1 Ear | \$5,000 | \$15,000 |
| Coma | \$10,000 | \$20,000 |
| Paralysis | | |
| Paraplegia | \$10,000 | \$20,000 |
| Quadriplegia | \$20,000 | \$40,000 |



| Additional Options | Benefit Range | |
|--|--|--|
| | Acc Plan 1 | Acc Plan 2 |
| Organized Athletic Activity Benefit: Benefit payment is increased by a set percentage for an accident resulting from participating in a covered athletic event, such as: club sports; collegiate sports; competitions; team practices; trainings & workout sessions | 25% up to \$1500 per accident | 25% up to \$1500 per accident |
| Health Screening Benefit: Benefit paid for eligible health screening tests & employer sponsored wellness initiatives | \$75 up to 1 accidents per person/year | \$75 up to 1 accidents per person/year |

| Examples of Eligible Screening Events | | | |
|---------------------------------------|---|---|---------------------------|
| Annual exams for adults | Chicken pox immunization | Genetic screening testing for medical diagnosis and treatment | Serum cholesterol HDL/LDL |
| Blood tests for triglycerides | Colonoscopy | Hepatitis B immunization | Sports physicals |
| Bone marrow testing | Concussion baseline testing | HPV immunization | Stress test |
| Bone density screening | Dermatological screenings for skin cancer | Mammography | Tetanus |
| Breast MRI | Fasting blood glucose test | Pap smear | Virtual colonoscopy |
| Carotid ultrasound | Flu vaccination | Pneumonia immunization | Well child visits |



How much does it cost?

See the rate chart below to calculate your coverage costs.

| Monthly premium | | |
|-----------------------|------------|------------|
| | Acc Plan 1 | Acc Plan 2 |
| Employee only | \$7.19 | \$12.08 |
| Employee & spouse | \$11.19 | \$18.81 |
| Employee & child(ren) | \$12.12 | \$19.70 |
| Family | \$16.95 | \$26.43 |



How do I enroll?

You can enroll in your group's Accident Insurance during eligible enrollment period. To get started, follow the steps outlined by your plan administrator.



Who provides my coverage?

Your Accident coverage is provided by Wellfleet, a Berkshire Hathaway company. Wellfleet is focused on providing customer-centric insurance solutions that protect people against risk through every stage of life - from birth to college, the workplace and beyond.



Exclusions & limitations

This is not a complete disclosure of plan qualifications and limitations. Benefits and riders may vary by state and may not be available in all states. In addition to any benefit-specific exclusion, benefits will not be paid for any loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in insurance certificate:

- Intentionally self-inflicted injury, suicide, or any attempt or threat while sane or insane.
- Participating in war or any act of war whether declared or undeclared.
- Commission or attempt to commit a felony.
- Commission of or active participation in a riot, insurrection, or terrorist activity.
- Engaging in an illegal activity or occupation.
- Flight in, boarding, or alighting from an aircraft or any craft designed to fly above the earth's surface, including any travel beyond the earth's atmosphere except a fare-paying passenger on a regularly scheduled commercial or charter airline.
- Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the covered person receives any compensation or remuneration.
- Sickness, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- Voluntary ingestion or inhalation of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage.
- Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the State in which the covered accident occurred.
- Care that is not recommended and approved by a physician.



Questions?

Contact your plan administrator with questions about the offered Accident coverage.

1 Centers for Disease Control & Prevention. (2017). National Estimates of the 10 Leading Causes of Nonfatal Injuries Treated in Hospital Emergency Departments, United States - 2017.

2 Matthew, Michael. (2018, May 1). The 35 most expensive reasons you might have to visit a hospital in the US - and how much it costs if you do. Retrieved from: <https://www.businessinsider.com/most-expensive-health-conditions-hospital-costs-2018-2>.

3 Federal Reserve. (May 2017). Report on the Economic Well-Being of U.S. Households in 2016. Retrieved from: <https://disabilitycanhappen.org/disability-statistic/>.

This document is meant to highlight some, but not all the features Wellfleet coverage provides. It is not an insurance contract. Wellfleet Workplace Benefits provide limited benefits and is not a substitute for mandated ACA healthcare coverage. Like most supplemental offerings these benefits may have state-specific variations, and some product offerings and details may not be available in all states.

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