

Designed Especially for:
City of Helotes



Accident Indemnity Plus



Receive a Benefit if You Have an Accident

An Accident Plan:

- Covers 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.*
- **Includes a \$50 annual wellness screening benefit.**

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.”

~ National Center for Health Statistics

INITIAL CARE BENEFITS			
Benefit	Description	Standard	Enhanced
UrgentCare	Payable for initial treatment within 60 days of a covered accident.	\$100	\$150
Doctor’s Office Care	Payable for initial treatment within 60 days of a covered accident.	\$75	\$100
Emergency Room Care*	Payable for initial treatment within 30 days of a covered accident.	\$75	\$100
Ground Ambulance	Pays a benefit when a covered person requires transportation in an ambulance from a covered accident to a hospital.	\$100	\$200
Air Ambulance	Pays a benefit when a covered person requires transportation in an ambulance from a covered accident to a hospital.	\$600	\$800
DIAGNOSTIC BENEFITS			
Diagnostic Benefits	Payable for x-ray, medical imaging (MRI, CT Scan), or EEG performed in a doctor’s office or hospital.	X-rays \$50	X-rays \$75 MRI/CT Scan/EEG \$100

*Coverage for ER visits is limited to three per person per calendar year. Benefits and riders may vary by state and may not be available in all states.

IN-PATIENT CARE BENEFITS			
Benefit	Description	Standard	Enhanced
Hospital Confinement	Payable for each day a covered person is confined as an inpatient in a hospital. A day is defined as a 24-hour period. Confinement is up to 365 days per accident.	\$125	\$250
First Hospitalization	Payable for the first hospital confinement in a calendar year.	\$500	\$1,000
ICU Admission	Payable if ICU admission is within 48 hours of hospital admission. Limited to one per calendar year for each covered person.	\$1,000	\$2,000
ICU Confinement	Payable for each day a covered person is confined to a hospital Intensive Care Unit up to 30 days per accident.	\$250	\$500
Rehabilitation Admission	Payable when a covered person is transferred to a Rehab Unit of a hospital.	\$500	\$1,000
Rehabilitation Confinement	Payable for each day a covered person is confined to a Hospital Rehabilitation Unit for up to 60 days. Calendar year maximum 60 days.	\$100	\$150
FOLLOW-UP CARE/TREATMENT BENEFITS			
Physical Therapy	Payable if: started within 90 days; completed within one year; prescribed by a doctor; rendered by a Physical Therapist; and performed in an office or on an outpatient basis. Pays up to 10 visits per accident.	\$15	\$30
Follow-up Treatment	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 four follow-up treatments per accident.	\$25 Max per Accident 2	\$25 4
Chiropractic Treatment	Available if started within 60 days and completed within 180 days. Pays up to three visits per accident.	\$30	\$30
MEDICALLY NECESSARY BENEFITS			
Blood and Plasma	Payable if received within 90 days.	\$50	\$100
Prosthesis - One	Payable for a covered device the covered person uses when needed due to a covered accident. One payment per accident based on the one prosthesis benefit.	\$250	\$500
Prosthesis - Multiple	Payable for covered devices the covered person uses when due to a covered accident. One payment per accident based on the multiple prosthesis benefit.	\$500	\$1,000
Medical Appliances	Payable for appliances used for aid in personal locomotion (crutches, wheelchairs, leg braces, back braces, and walkers). Limited to one payment.	\$50	\$100
TRANSPORTATION / LODGING BENEFITS			
Transportation	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 1 trip per accident.	Plane & Train \$100	\$300 Bus \$50
Family Member Lodging	Payable for an adult family member if the covered person is hospitalized more than 100 miles from home for a maximum of 30 nights.	\$50	\$100

MAJOR ACCIDENT BENEFITS		
Benefit	Description	Standard Enhanced
Accidental Death	Payable to the named beneficiary. The employee is the beneficiary for all covered dependents. Spouse receives 50% of amount shown and child receives 25% of amount shown.	\$50,000
Dismemberment	Payable according to a schedule based on the specific loss incurred. Spouse receives 50% of amount shown and child receives 25% of amount shown.	\$500 - \$50,000
Common Carrier	Provides an additional benefit if accident occurs while a fare paying passenger on a commercial airline, passenger train, or intercity bus line.	\$100,000
BURN BENEFITS		
Burns	Payable for second and third degree burns according to a schedule if treatment is received within 30 days.	<p>2nd Degree \$100 - \$200 - \$1,000 \$2,000</p> <p>3rd Degree \$500 - \$1,000 - \$10,000 \$20,000</p>
EMERGENCY DENTAL / VISION BENEFITS		
Eye Injuries	Payable if surgical repair is performed within 90 days or a foreign body is removed from the eye, with or without anesthesia.	<p>Surgical Repair \$125 \$250</p> <p>Removal of Foreign Body \$25 \$50</p>
Emergency Dental Work	Payable for injury to sound natural teeth.	<p>Repaired with Crown \$100 \$200</p> <p>Resulting in Extraction \$30 \$60</p>
LACERATION BENEFITS		
Laceration Benefit	Payable according to schedule of length provided that treatment is received within 30 days.	<p>Over 6 in \$200 \$400</p> <p>2 - 6 in \$100 \$200</p> <p>Under 2 in. or not requiring stitches \$25 \$50</p>
ORTHOPEDIC BENEFITS		
Fracture	Payable according to a schedule if diagnosed and treated by a doctor within 90 days.	<p>Minimum \$160 \$320</p> <p>Maximum \$2,000 \$4,000</p> <p>A chipped bone is 25% of scheduled benefit.</p> <p>Open reduction is 200% of scheduled benefit.</p>

ORTHOPEDIC BENEFITS (continued)		
Benefit	Description	Standard Enhanced
Dislocation	Payable according to a schedule if diagnosed and treated by a doctor within 90 days.	Minimum \$120 \$240 Maximum \$1,350 \$2,700 A partial dislocation is 25% of scheduled benefit. Open reduction is 200% of scheduled benefit.
Repaired Ligaments	Payable if treatment is received within 60 days and surgical repair is performed within 90 days.	Single \$200 \$400 Multiple \$300 \$600
Repaired Knee Cartilage	Payable if treatment is received within 60 days and surgical repair is performed within one year.	Single \$200 \$400 Multiple \$300 \$600
Repaired Tendon	Payable if treatment is received within 60 days and surgical repair is performed within 90 days.	Single \$200 \$400 Multiple \$300 \$600
Repaired Rotator Cuff	Payable if surgical repair is performed within one year.	Single \$125 \$250 Multiple \$250 \$500
Ruptured Disc	Payable if treatment is received within 60 days and surgical repair is performed within one year.	\$200 \$400
Exploratory Surgery Without Repair	Payable if the injury does not require surgical repair.	\$100 \$200
HEAD AND SPINE BENEFITS		
Concussion	Payable if diagnosed within 30 days using medical imaging (such as x-ray, CT Scan, or MRI).	\$100 \$200
Coma	Payable if the comatose state lasts more than 30 days and diagnosis indicates that permanent neurological deficit is present.	\$5,000 \$10,000
Paralysis (Paraplegic/Quadriplegic)	Payable if paralysis lasts more than 90 days and is diagnosed by a doctor within those 90 days.	Two limbs \$2,500 \$5,000 Multiple \$5,000 \$10,000
ADDITIONAL BENEFITS		
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.	\$50
Total Disability Premium Waiver	Waives premiums after being disabled for three consecutive months and disability starts before the Certificate anniversary prior to the 65th birthday	Included
Portability	Portable if you leave the company prior to age 70 as long as the Master Policy remains in force.	Included

Policy: M-8026 | Well-Being Benefit: M-1775

Underwritten by ManhattanLife Insurance and Annuity Company

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www.manhattanlife.com

ADDITIONAL BENEFITS (continued)		
Benefit	Description	Standard Enhanced
Ambulatory Surgical	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.	\$500
Anesthesia	Pays the benefit shown on the schedule page if any insured person receives general anesthesia administered by a nurse anesthetist or Doctor within 90 days of an accident for surgery due do an accident for which a Surgical Care benefit is paid.	\$200
Epidural Pain Management	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.	\$100
Open Abdominal/Thoracic Cranial Surgery	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.	\$1,900

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. 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

Displaying Monthly (12) payroll deductions.

Monthly (12) premium

Benefit	Employee	Employee & Spouse	Employee & Child(ren)	Family
Standard	\$5.25	\$8.41	\$11.85	\$14.97
Enhanced	\$6.74	\$13.49	\$15.17	\$21.92

Note: Final implementation rate may vary slightly due to rounding

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