Livingston Parish School Board

ManhattanLife™
Standing By You. Since 1850.

Accident



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 due to accidental injuries.
- Has 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 sports or leisure activities, and 44 percent occurred in or around the home."

~ National Center for Health Statistics

What does accident coverage do?

Benefit	Description	Level 1	Level 2
Accident Medical Expense	• Pays actual charges, up to the amount selected • Pays for doctor's treatment or treatment in an emergency room *	$500	$1,000
Ambulance	• Pays actual charges, up to the amount selected	$75 Ground/$150 Air	$150 Ground/$300 Air
Hospital Confinement	• Pays a daily benefit • Payable for up to 30 days per accident	$75/day	$150/day
First Hospitalization	• Pays upon initial hospitalization • Payable once per calendar year	$250	$500
Hospital Intensive Care	• Pays a daily benefit • Payable for up to 30 days per accident.	$150	$300
AD&D **	• Pays a benefit due to an accidental death*** • Pays a percentage of the benefit according to schedule for dismemberment or loss of sight	Up to $25,000	Up to $50,000
Bone Fracture and Dislocation	• Pays a percentage of the benefit according to schedule	$750	$1,500

***Accident Medical Expense benefit - Coverage for ER visits is limited to three per person per calendar year.**
**** AD&D Benefit - Spouse benefit 50% and dependent child(ren) 25% of the Employee amounts.**
***** Common Carrier Death benefit benefit doubles the accidental death benefit listed above.**

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.

Policy: M-8016

Underwritten by ManhattanLife Insurance and Annuity Company

Fractures and Dislocation Benefits

**Pays percentage of the benefit listed depending on location of Fracture or Dislocation.

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Fractures	
Hip Bone (Pelvis) or femur:	100%
Vertebra:	75%
Skull (depressed or ping-pong fracture):	65%
Leg (tibia or fibula):	50%
Bones of foot, ankle, kneecap, hand, wrist or forearm (radius or ulna):	40%
Lower jaw, shoulder blade, collar bone:	35%
Upper arm, upper jaw, skull (simple, non-depressed fracture):	25%
Facial bones (or nose):	20%
Finger, toe, rib, coccyx:	6%

Dislocations	
Hip:	100%
Knee (except patella):	50%
Foot (except toes):	35%
Ankle, Shoulder	35%
Hand (except fingers):	20%
Lower Jaw	20%
Wrist, elbow	20%
Finger, toe:	6%

Total Disability Premium Waiver	Included
Portability	Included

Plan Eligibility

- **Issue age:** Employee and Spouse 18-69 and Child(ren) Under age 26
- **Termination Ages:** Employee age 70 unless actively at work, Spouse age 70, or when employee terminates whichever is earlier and Child age 26 or when employee terminates whichever is earlier.
- **Portability:** Full portability available assuming the following parameters are met: less than age 70, not totally disabled and is no longer actively at work as an employee. Ported coverages for all covered members end when primary insured turns age 70. Or earlier for dependents, Spouse attained age 70 or the child attained age is 5, or when the primary insured's insurance terminates.

Accident Rates

ARIZONA

Displaying Monthly (12) payroll deductions.

Benefit: **LEVEL ONE BENEFIT**

AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-69	$10.15	$20.30	$24.15	$34.30

Benefit: **LEVEL TWO BENEFIT**

AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-69	$12.60	$25.20	$30.00	$42.60