

# **ACCIDENT INSURANCE FOR**

# **Bowie ISD**



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 sportsand recreation-related concussions each year.<sup>1</sup>

#### Unintentional falls

are the leading cause of nonfatal injuries treated in the emergency room for adults 25+ years old.<sup>1</sup> \$16,133

Average cost of a fractured hip.<sup>2</sup>



# 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 outof-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 to toward uncovered medical expenses, like co-pays, or you could use it 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.<sup>3</sup>

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



#### 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 acciden

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:	\$400
Emergency room treatment:	\$250
Fracture (thigh, non-surgical):	\$5,500
Concussion:	\$250
Total benefits paid:	\$6,400



## 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.

ACCIDENT PLAN BENEFITS		
Emergency and Initial Accident Treatment Benefits	Low	High
Ambulance		
Ground	\$150.00	\$400.00
Air	\$750.00	\$2,000.00
Water	\$750.00	\$2,000.00
Emergency Room Treatment	\$150.00	\$250.00
Urgent Care	\$75.00	\$125.00
Major Diagnostic Imaging	\$150.00	\$250.00
X-ray	\$50.00	\$100.00
Hospital Benefits		
Hospital Admission	\$1,000.00	\$2,000.00
Hospital Confinement	\$150.00	\$300.00
Maximum per accident	365 days	365 days
Intensive Care Admission	\$2,000.00	\$4,000.00
ICU Confinement	\$300.00	\$600.00
Maximum per accident	365 days	365 days
Observation Unit	\$150.00	\$300.00
Specific Injury Benefit		
Fractures		
Closed/Non-Surgical Treatment		
Skull (except Bones of Face or Nose) Depressed	\$2,500.00	\$5,500.00
Hip, Thigh (Femur)	\$2,500.00	\$5,500.00
Vertebrae, Body of (excluding Vertebral Process)	\$2,500.00	\$5,500.00
Pelvis	\$2,500.00	\$5,500.00
Leg (Tibia and/or Fibula}	\$2,500.00	\$5,500.00
Upper Arm (Humerus)	\$2,000.00	\$4,500.00
Shoulder Blade	\$2,000.00	\$4,500.00
Collarbone	\$2,000.00	\$4,500.00
Upper Jaw, Maxilla (except Alveolar Process)	\$1,500.00	\$3,500.00
Lower Jaw, Mandible (except Alveolar Process)	\$1,500.00	\$3,500.00
Vertebral Process	\$1,000.00	\$2,500.00
Forearm {Ulna and/or Radius)	\$1,000.00	\$2,500.00
Hand, Wrist (except Fingers)	\$1,000.00	\$2,500.00
Kneecap	\$1,000.00	\$2,500.00



Foot (except Toes)	\$1,000.00	\$2,500.00
Ankle	\$1,000.00	\$2,500.00
Rib	\$250.00	\$400.00
Соссух	\$250.00	\$400.00
Finger, Toe	\$250.00	\$400.00
Enhancement for Open/Surgical Reduction	2X	2X
Chip Fractures	25%	25%
Dislocations		
Closed/Non-Surgical Treatment		
Нір	\$2,000.00	\$4,000.00
Knee (other than Kneecap)	\$1,500.00	\$3,000.00
Shoulder	\$1,500.00	\$3,000.00
Кпеесар	\$750.00	\$1,250.00
Ankle bone or bones of the foot	\$750.00	\$1,250.00
Elbow	\$750.00	\$1,250.00
Wrist	\$750.00	\$1,250.00
Bone or bones of the hand	\$750.00	\$1,250.00
Jawbone	\$750.00	\$1,250.00
Collarbone	\$750.00	\$1,250.00
One toe or finger	\$250.00	\$350.00
Enhancement for Open/Surgical Reduction	2X	2X
Partial Dislocations	25%	25%
Lacerations		
No Repair	\$60.00	\$80.00
Repair - up to 2 inches	\$60.00	\$80.00
Repair - over 2 inches, up to 6 inches	\$150.00	\$250.00
Repair - over 6 inches	\$300.00	\$500.00
Burns		
2nd Degree Burns		
At least 1%, but less than 20% of skin surface	\$250.00	\$550.00
20% or greater of skin surface	\$750.00	\$1,250.00
3rd Degree Burns		
Less than 5% of skin surface	\$750.00	\$1,250.00
At least 5%, but less than 20% of skin surface	\$3,000.00	\$5,000.00
20% or greater of skin surface	\$9,000.00	\$15,000.00
Skin Graft		
Due to Burns (% of applicable Burn benefit)	25%	50%
Not due to Burns		
At least 1%, but less than 20% of skin surface	\$150.00	\$250.00
20% or greater of skin surface	\$300.00	\$500.00
Concussion and Other Brain Injuries	\$150.00	\$250.00
Dental Benefit	\$350.00	\$600.00



Dutpatient Surgery Benefit   Facilities other than Physician Office or Emergency   \$300.00   \$600.00   Physician Office or Emergency Room   \$150.00   \$300.00   \$300.00   Internal Injuries Surgical Benefits   \$150.00   \$250.00   \$250.00   Exploratory without Repair   \$155.00   \$225.00	Eye Injury Benefit	\$200.00	\$350.00
Facilities other than Physician Office or Emergency Room	Surgery Benefits		
Physician Office or Emergency Room	Outpatient Surgery Benefit		
Internal Injuries Surgical Benefits	Facilities other than Physician Office or Emergency Room	\$300.00	\$600.00
Open Abdominal & Thoracic	Physician Office or Emergency Room	\$150.00	\$300.00
Hernia	Internal Injuries Surgical Benefits		
Exploratory without Repair   \$125.00   \$225.00	Open Abdominal & Thoracic	\$1,000.00	\$2,000.00
Single	Hernia	\$150.00	\$250.00
Single	Exploratory without Repair	\$125.00	\$225.00
Multiple         \$825.00         \$1,275.00           Exploratory without Repair         \$275.00         \$425.00           Torn Knee Cartilage Surgery Benefit         \$725.00         \$725.00           Torn with Surgical Repair         \$475.00         \$725.00           Exploratory without Repair         \$150.00         \$300.00           Diagnosis only with no surgery or repair         \$75.00         \$125.00           Ruptured Disc with Surgical Repair         \$475.00         \$725.00           Anesthesia Benefit         \$175.00         \$275.00           Epidural or Regional Anesthesia         \$75.00         \$125.00           Medical Benefits         \$400.00         \$500.00           Prosthetic Device Benefit         \$400.00         \$500.00           Prosthetic Device Benefit         \$400.00         \$800.00           Two or more         \$1,200.00         \$1,600.00           Appliances         \$125.00         \$300.00           Pain Management Benefit         \$75.00         \$125.00           Prescription Drug Benefit         \$20.00         \$30.00           Maximum number of payments         5         5           Follow-Up Care and Transportation Benefits         \$75.00         \$125.00           Maximum number of visit	Tendon/Ligament/Rotator Cuff Surgical Benefit		
Exploratory without Repair   \$275.00   \$425.00     Torn Knee Cartilage Surgery Benefit   Torn with Surgical Repair   \$475.00   \$725.00     Exploratory without Repair   \$150.00   \$300.00     Diagnosis only with no surgery or repair   \$75.00   \$125.00     Ruptured Disc with Surgical Repair   \$475.00   \$725.00     Ruptured Disc with Surgical Repair   \$475.00   \$275.00     Anesthesia Benefit   \$175.00   \$125.00     Medical Benefits   \$400.00   \$500.00     Medical Benefits   \$400.00   \$500.00     Prosthetic Device Benefit   \$400.00   \$800.00     Two only   \$600.00   \$800.00     Two only   \$600.00   \$1,600.00     Appliances   \$125.00   \$300.00     Pain Management Benefit   \$75.00   \$125.00     Prescription Drug Benefit   \$20.00   \$30.00     Maximum number of payments   5   5     Follow-Up Care and Transportation Benefits   \$75.00   \$125.00     Maximum number of visits   4   4     Post-Traumatic Stress Disorder Benefit   \$75.00   \$100.00     Maximum number of visits   8   8     Therapy Services Benefit (Occupational, Physical, Speech Therapy)   \$30.00   \$40.00     Maximum number of visits   12   12	Single	\$550.00	\$850.00
Torn Knee Cartilage Surgery Benefit           Torn with Surgical Repair         \$475.00         \$725.00           Exploratory without Repair         \$150.00         \$300.00           Diagnosis only with no surgery or repair         \$75.00         \$125.00           Ruptured Disc with Surgical Repair         \$475.00         \$725.00           Anesthesia Benefit         \$175.00         \$275.00           General Anesthesia         \$175.00         \$275.00           Epidural or Regional Anesthesia         \$75.00         \$125.00           Medical Benefits         \$400.00         \$500.00           Medical Benefit         \$400.00         \$500.00           Prosthetic Device Benefit         \$400.00         \$500.00           Prosthetic Device Benefit         \$600.00         \$800.00           Two or more         \$1,200.00         \$1,600.00           Appliances         \$125.00         \$300.00           Pain Management Benefit         \$75.00         \$125.00           Prescription Drug Benefit         \$20.00         \$30.00           Maximum number of payments         5         5           Follow-Up Care and Transportation Benefits         \$75.00         \$125.00           Maximum number of visits         4         4 </td <td>Multiple</td> <td>\$825.00</td> <td>\$1,275.00</td>	Multiple	\$825.00	\$1,275.00
Torn with Surgical Repair	Exploratory without Repair	\$275.00	\$425.00
Exploratory without Repair	Torn Knee Cartilage Surgery Benefit		
Diagnosis only with no surgery or repair   \$75.00   \$125.00	Torn with Surgical Repair	\$475.00	\$725.00
Ruptured Disc with Surgical Repair	Exploratory without Repair	\$150.00	\$300.00
Anesthesia Benefit         \$175.00         \$275.00           Epidural or Regional Anesthesia         \$75.00         \$125.00           Medical Benefits         \$400.00         \$500.00           Blood, Plasma & Platelets Benefit         \$400.00         \$500.00           Prosthetic Device Benefit         \$600.00         \$800.00           Two or more         \$1,200.00         \$1,600.00           Appliances         \$125.00         \$300.00           Pain Management Benefit         \$75.00         \$125.00           Prescription Drug Benefit         \$20.00         \$30.00           Maximum number of payments         5         5           Follow-Up Care and Transportation Benefits         \$75.00         \$125.00           Maximum number of visits         4         4           Post-Traumatic Stress Disorder Benefit         \$75.00         \$100.00           Maximum number of visits         8         8           Therapy Services Benefit (Occupational, Physical, Speech Therapy)         \$30.00         \$40.00           Maximum number of visits         12         12	Diagnosis only with no surgery or repair	\$75.00	\$125.00
Sepect   Anesthesia   \$175.00   \$275.00	Ruptured Disc with Surgical Repair	\$475.00	\$725.00
Epidural or Regional Anesthesia	Anesthesia Benefit		
Medical Benefits         \$400.00         \$500.00           Prosthetic Device Benefit         \$600.00         \$800.00           Two or more         \$1,200.00         \$1,600.00           Appliances         \$125.00         \$300.00           Pain Management Benefit         \$75.00         \$125.00           Prescription Drug Benefit         \$20.00         \$30.00           Maximum number of payments         5         5           Follow-Up Care and Transportation Benefits         \$75.00         \$125.00           Maximum number of visits         4         4         4           Post-Traumatic Stress Disorder Benefit         \$75.00         \$100.00           Maximum number of visits         8         8           Therapy Services Benefit (Occupational, Physical, Speech Therapy)         \$30.00         \$40.00           Maximum number of visits         12         12	General Anesthesia	\$175.00	\$275.00
Second   S	Epidural or Regional Anesthesia	\$75.00	\$125.00
Prosthetic Device Benefit           One only         \$600.00         \$800.00           Two or more         \$1,200.00         \$1,600.00           Appliances         \$125.00         \$300.00           Pain Management Benefit         \$75.00         \$125.00           Prescription Drug Benefit         \$20.00         \$30.00           Maximum number of payments         5         5           Follow-Up Care and Transportation Benefits         \$75.00         \$125.00           Maximum number of visits         4         4           Post-Traumatic Stress Disorder Benefit         \$75.00         \$100.00           Maximum number of visits         8         8           Therapy Services Benefit (Occupational, Physical, Speech Therapy)         \$30.00         \$40.00           Maximum number of visits         12         12	Medical Benefits		
One only         \$600.00         \$800.00           Two or more         \$1,200.00         \$1,600.00           Appliances         \$125.00         \$300.00           Pain Management Benefit         \$75.00         \$125.00           Prescription Drug Benefit         \$20.00         \$30.00           Maximum number of payments         5         5           Follow-Up Care and Transportation Benefits         \$75.00         \$125.00           Maximum number of visits         4         4           Post-Traumatic Stress Disorder Benefit         \$75.00         \$100.00           Maximum number of visits         8         8           Therapy Services Benefit (Occupational, Physical, Speech Therapy)         \$30.00         \$40.00           Maximum number of visits         12         12	Blood, Plasma & Platelets Benefit	\$400.00	\$500.00
Two or more         \$1,200.00         \$1,600.00           Appliances         \$125.00         \$300.00           Pain Management Benefit         \$75.00         \$125.00           Prescription Drug Benefit         \$20.00         \$30.00           Maximum number of payments         5         5           Follow-Up Care and Transportation Benefits           Physician Office Visit         \$75.00         \$125.00           Maximum number of visits         4         4           Post-Traumatic Stress Disorder Benefit         \$75.00         \$100.00           Maximum number of visits         8         8           Therapy Services Benefit (Occupational, Physical, Speech Therapy)         \$30.00         \$40.00           Maximum number of visits         12         12	Prosthetic Device Benefit		
Appliances         \$125.00         \$300.00           Pain Management Benefit         \$75.00         \$125.00           Prescription Drug Benefit         \$20.00         \$30.00           Maximum number of payments         5         5           Follow-Up Care and Transportation Benefits           Physician Office Visit         \$75.00         \$125.00           Maximum number of visits         4         4           Post-Traumatic Stress Disorder Benefit         \$75.00         \$100.00           Maximum number of visits         8         8           Therapy Services Benefit (Occupational, Physical, Speech Therapy)         \$30.00         \$40.00           Maximum number of visits         12         12	One only	\$600.00	\$800.00
Pain Management Benefit \$75.00 \$125.00  Prescription Drug Benefit \$20.00 \$30.00  Maximum number of payments 5 5  Follow-Up Care and Transportation Benefits  Physician Office Visit \$75.00 \$125.00  Maximum number of visits 4 4  Post-Traumatic Stress Disorder Benefit \$75.00 \$100.00  Maximum number of visits 8 8  Therapy Services Benefit (Occupational, Physical, \$30.00 \$40.00  Maximum number of visits 12 12	Two or more	\$1,200.00	\$1,600.00
Prescription Drug Benefit \$20.00 \$30.00  Maximum number of payments 5 5  Follow-Up Care and Transportation Benefits  Physician Office Visit \$75.00 \$125.00  Maximum number of visits 4 4  Post-Traumatic Stress Disorder Benefit \$75.00 \$100.00  Maximum number of visits 8 8  Therapy Services Benefit (Occupational, Physical, Speech Therapy)  Maximum number of visits 12 12	Appliances	\$125.00	\$300.00
Maximum number of payments 5 5  Follow-Up Care and Transportation Benefits  Physician Office Visit \$75.00 \$125.00  Maximum number of visits 4 4  Post-Traumatic Stress Disorder Benefit \$75.00 \$100.00  Maximum number of visits 8 8  Therapy Services Benefit (Occupational, Physical, \$30.00 \$40.00  Maximum number of visits 12 12	Pain Management Benefit	\$75.00	\$125.00
Physician Office Visit \$75.00 \$125.00  Maximum number of visits 4 4  Post-Traumatic Stress Disorder Benefit \$75.00 \$100.00  Maximum number of visits 8 8  Therapy Services Benefit (Occupational, Physical, Speech Therapy)  Maximum number of visits 12 12	Prescription Drug Benefit	\$20.00	\$30.00
Physician Office Visit \$75.00 \$125.00  Maximum number of visits 4 4  Post-Traumatic Stress Disorder Benefit \$75.00 \$100.00  Maximum number of visits 8 8  Therapy Services Benefit (Occupational, Physical, \$30.00 \$40.00  Maximum number of visits 12 12	Maximum number of payments	5	5
Maximum number of visits  Post-Traumatic Stress Disorder Benefit  Maximum number of visits  Therapy Services Benefit (Occupational, Physical, Speech Therapy)  Maximum number of visits  12  4  4  4  F75.00  \$100.00  \$40.00	Follow-Up Care and Transportation Benefits		
Post-Traumatic Stress Disorder Benefit \$75.00 \$100.00  Maximum number of visits 8 8  Therapy Services Benefit (Occupational, Physical, \$30.00 \$40.00  Maximum number of visits 12 12	Physician Office Visit	\$75.00	\$125.00
Maximum number of visits  8 8  Therapy Services Benefit (Occupational, Physical, Speech Therapy)  Maximum number of visits  12 12	Maximum number of visits	4	4
Therapy Services Benefit (Occupational, Physical, Speech Therapy)  Maximum number of visits  \$30.00 \$40.00	Post-Traumatic Stress Disorder Benefit	\$75.00	\$100.00
Speech Therapy) \$30.00 \$40.00  Maximum number of visits 12 12	Maximum number of visits	8	8
Speech Therapy)  Maximum number of visits 12 12	Therapy Services Benefit (Occupational, Physical,	\$30.00	\$40.00
	Speech Therapy)	ψ30.00	ψ40.00
Chiropractor and Alternate Therapy \$60.00 \$80.00	Maximum number of visits	12	12
	Chiropractor and Alternate Therapy	\$60.00	\$80.00
Maximum number of visits 8 8	Maximum number of visits	8	8
Rehabilitation Unit Confinement \$100.00 \$150.00	Rehabilitation Unit Confinement	\$100.00	\$150.00



Maximum number of days	90	90
Home Health Care	\$75.00	\$125.00
Maximum number of visits	30	30
Skilled Nursing Facility	\$275.00	\$350.00
Maximum number of visits	30	30
Private Duty Nursing	\$100.00	\$150.00
Maximum number of visits	6	6
Residence/Vehicle Modification Benefit	\$2,500.00	\$5,000.00
Transportation (minimum of 100 miles from	<b>A.</b> 00/ 11	Φ.00/ ''
residence, up to 3 round trips)	\$.30/mile	\$.60/mile
Lodging	\$150.00	\$200.00
Maximum number of days	30	30
Accidental Death Benefits		
Accidental Death		
Employee	\$40,000.00	\$75,000.00
Spouse	\$40,000.00	\$75,000.00
Child(ren)	\$40,000.00	\$75,000.00
Common Carrier Accidental Death		
Employee	\$80,000.00	\$150,000.00
Spouse	\$40,000.00	\$75,000.00
Child(ren)	\$40,000.00	\$75,000.00
Organ Donor Benefit	\$5,000.00	\$5,000.00
Accidental Dismemberment Benefits		
Dismemberment		
Loss of Both Hands, or Loss of Both Feet, or Loss of One Hand and One Foot	\$20,000.00	\$30,000.00
Loss of One Hand or Loss of One Foot	\$10,000.00	\$15,000.00
Partial Dismemberment		
Loss of One or More Fingers or Toes	\$450.00	\$750.00
Partial Amputation of Finger or Toe	\$150.00	\$250.00
Catastrophic Benefits		
Loss of Sight in both eyes or Hearing in both ears	\$15,000.00	\$25,000.00
Coma	\$15,000.00	\$25,000.00
Paralysis		
Paraplegia	\$12,500.00	\$20,000.00
Quadriplegia	\$25,000.00	\$40,000.00
Riders		
Health Screening Benefit Rider:	\$50.00	\$50.00
Number of payments per year, per covered	1	1
person.	050/	0=0/
Organized Athletic Activity Rider (Enhancement%)	25%	25%
Maximum benefit per accident	\$1,500.00	\$1,500.00



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			
	Low	High	
Employee only	\$8.80	\$15.84	
Employee & spouse	\$15.00	\$27.86	
Employee & child(ren)	\$19.75	\$29.85	
Family	\$26.00	\$41.87	



#### 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 anytravel 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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