

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million
emergency
department visits
every year are
caused by youth
sports.¹

Coppell Independent School District

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit
www.thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

You have a choice of two accident plans, which allows you the flexibility to enroll for the coverage that best meets your needs. This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		PLAN 1	PLAN 2
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
BENEFITS		PLAN 1	PLAN 2
EMERGENCY, HOSPITAL & TREATMENT CARE			
Accident Follow-Up	Up to 3 visits per accident	\$150	\$200
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	Up to \$100	Up to \$125
Ambulance – Air	Once per accident	\$2,000	\$2,500
Ambulance – Ground	Once per accident	\$1,000	\$1,250
Blood/Plasma/Platelets	Once per accident	\$400	\$500
Child Care	Up to 30 days per accident while insured is confined	\$75	\$100
Daily Hospital Confinement	Up to 365 days per lifetime	\$500	\$750
Daily ICU Confinement	Up to 30 days per accident	\$750	\$1,000
Diagnostic Exam	Once per accident	\$400	\$500
Emergency Dental	Once per accident	Up to \$600	Up to \$900
Emergency Room	Once per accident	\$250	\$250
Health Screening Benefit or Accident Prevention Benefit	Once per year for each covered person	\$50	\$50
Hospital Admission	Once per accident	\$2,000	\$2,500
Initial Physician Office Visit	Once per accident	\$250	\$250
Lodging	Up to 30 nights per lifetime	\$150	\$200
Medical Appliance	Once per accident	\$300	\$450
Rehabilitation Facility	Up to 15 days per lifetime	\$400	\$600
Transportation	Up to 3 trips per accident	\$600	\$800
Urgent Care	Once per accident	\$250	\$250
X-ray	Once per accident	\$150	\$200
SPECIFIED INJURY & SURGERY		PLAN 1	PLAN 2
Abdominal/Thoracic Surgery	Once per accident	\$4,000	\$5,000
Arthroscopic Surgery	Once per accident	\$750	\$1,000
Burn	Once per accident	Up to \$15,000	Up to \$20,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit	50% of burn benefit
Concussion	Up to 3 per year	\$200	\$400
Dislocation	Once per joint per lifetime	Up to \$10,000	Up to \$12,000

Eye Injury	Once per accident	Up to \$750	Up to \$1,000
Fracture	Once per bone per accident	Up to \$10,000	Up to \$12,000
Hernia Repair	Once per accident	\$750	\$1,000
Joint Replacement	Once per accident	\$5,000	\$7,500
Knee Cartilage	Once per accident	Up to \$2,000	Up to \$3,000
Laceration	Once per accident	Up to \$1,000	Up to \$1,500
Ruptured Disc	Once per accident	\$2,000	\$3,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$3,000	Up to \$4,000
CATASTROPHIC		PLAN 1	PLAN 2
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$75,000	\$100,000
Common Carrier Death	Within 90 days	\$225,000	\$300,000
Coma	Once per accident	\$15,000	\$20,000
Dismemberment	Once per accident	Up to \$75,000	Up to \$100,000
Home Health Care	Up to 30 days per accident	\$100	\$125
Paralysis	Once per accident	Up to \$75,000	Up to \$100,000
Prosthesis	Once per accident	Up to \$4,000	Up to \$5,000
Organized Amateur Sports Injury Enhancement Benefit		25% of non-catastrophic benefits	25% of non-catastrophic benefits

PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year):⁴

COVERAGE TIER	PLAN 1	PLAN 2
Employee Only	\$8.46 (\$0.28 per day)	\$15.98 (\$0.53 per day)
Employee & Spouse/Partner	\$16.05 (\$0.53 per day)	\$26.74 (\$0.88 per day)
Employee & Child(ren)	\$19.00 (\$0.62 per day)	\$35.31 (\$1.16 per day)
Employee & Family	\$24.93 (\$0.82 per day)	\$46.08 (\$1.51 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You have a choice of plan options. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

¹National Health Statistics Reports, November 2019. CDC/National Center for Health Statistics: <https://www.cdc.gov/nchs/data/nhsr/nhsr133-508.pdf>, as viewed as of 10/14/2020

⁴Rates and/or benefits may be changed on a class basis.

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LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP ACCIDENT INSURANCE

LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

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This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. **IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

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