

# Accident

Protection that surrounds you and your family



## Accident coverage can protect your whole family

An Accident plan offers coverage for accidents, injuries, ambulance services, and accidental death in addition to your primary medical insurance. It is also available to your spouse and children – a plan that can protect your whole family.

## Why do I need Accident coverage?

Here are a few facts to consider from the National Center for Health Statistics:

- 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.
- Where the external cause of nonfatal injuries is specified, falls are the leading cause of inpatient and outpatient care in emergency rooms, outpatient clinics and doctors' offices.
- Injuries due to motor vehicle traffic accidents and striking against or being struck accidentally by objects also make up a large portion of injuries.

## Here's how it works

When you or a covered family member has an Accident, you may seek treatment from a physician, urgent care or hospital. Based on the Accident plan you choose, you will receive a benefit paid directly to you to assist with medical plan deductibles and bills from your provider.

## Benefits and Features

	Enhanced	Premier
Urgent Care	\$150	\$300
Doctor's Office Visit	\$100	\$150
Emergency Room Treatment	\$150	\$300
Ground Ambulance	\$200	\$400
Air Ambulance	\$1,000	\$2,000
First Hospitalization Benefit	\$1,000	\$1,500
Intensive Care Unit Admission	\$2,000	\$3,000
Hospital Confinement	\$250 per day	\$375 per day
Intensive Care Unit Confinement	\$500 per day	\$750 per day
Rehabilitation – Daily Confinement Benefit:	\$1,000 \$150	\$1,500 \$200
Physical Therapy	\$40	\$50
Chiropractic Treatment	\$30 per day	\$45 per day
Accident Follow-Up Treatment	\$25 per visit/max of 4 per accident	\$50 per visit/max of 4 per accident
Blood and Plasma	\$100	\$150
Major Diagnostic – X-Ray:	\$75	\$100
Medical Imaging:	\$150	\$250
EEG:	\$150	\$250
Exploratory Surgery without repair	\$200	\$300
Concussion	\$200	\$300
Coma	\$10,000	\$12,500
Ruptured Disc	\$400	\$500
Medical Appliances	\$100	\$150
Prosthesis – Single:	\$500	\$750
Multiple:	\$1,000	\$1,500
Transportation - Train or Plane:	\$300	\$400
Bus:	\$150	\$200
Family Lodging	\$100 per night	\$150 per night

<b>Accidental Death, Dismemberment, and Loss of Sight (AD&amp;D)</b>	<b>Enhanced</b>	<b>Premier</b>
<b>Loss of Life</b>	\$50,000	\$75,000
<b>Double Dismemberment - Any Combination of Two or More Hands, Feet, or Sight in Both Eyes</b>	\$50,000	\$75,000
<b>Single Dismemberment Loss of Single Hand, Foot or Sight</b>	\$12,500	\$18,750
<b>Loss of Four Fingers of the Same Hand</b>	\$2,500	\$3,750
<b>Loss of Thumb and Index Finger of Same Hand</b>	\$500	\$750
<b>Severance and Reattachment of Hand or Foot</b>	\$500	\$750
<b>Common Carrier Accidental Death</b>	\$100,000	\$150,000

Spouse benefit 50% and dependent child(ren) 25% of the Employee amounts.

<b>Fractures (Closed Reduction)</b>	<b>Enhanced</b>	<b>Premier</b>
<b>Hip/Thigh</b>	\$4,000	\$5,000
<b>Vertebrae (Except Process)</b>	\$3,600	\$4,500
<b>Pelvis</b>	\$3,200	\$4,000
<b>Skull (Depressed)</b>	\$3,000	\$3,750
<b>Skull (Simple)</b>	\$1,400	\$1,750
<b>Leg</b>	\$2,400	\$3,000
<b>Foot/Ankle/Kneecap</b>	\$2,000	\$2,500
<b>Fore/Hand</b>	\$2,000	\$2,500
<b>Lower Jaw</b>	\$1,600	\$2,000
<b>Shoulder Blade/Collar Bone</b>	\$1,600	\$2,000
<b>Upper Arm/Upper Jaw</b>	\$1,400	\$1,750
<b>Facial Bones (Except Teeth)</b>	\$1,200	\$1,500
<b>Vertebral Processes</b>	\$800	\$1,000
<b>Coccyx, Rib, Finger, Toe</b>	\$320	\$400
<b>Chips</b>	25%	25%
<b>Open Reduction</b>	200% of Closed Reduction	200% of Closed Reduction

<b>Dislocations (Closed Reduction)</b>	<b>Enhanced</b>	<b>Premier</b>
<b>Hip</b>	\$2,700	\$3,600
<b>Knee (Excluding Patella)</b>	\$1,950	\$2,600
<b>Shoulder</b>	\$1,500	\$2,000
<b>Foot/Ankle</b>	\$1,200	\$1,600
<b>Ankle Joint</b>	\$600	\$800
<b>Hand</b>	\$1,050	\$1,400
<b>Lower Jaw</b>	\$900	\$1,200
<b>Wrist</b>	\$750	\$1,000
<b>Elbow</b>	\$600	\$800
<b>Finger/Toe</b>	\$240	\$320
<b>Partial</b>	25%	25%
<b>Open Reduction</b>	200% of Closed Reduction	200% of Closed Reduction

<b>Surgical Repair Benefits</b>	<b>Enhanced</b>	<b>Premier</b>
<b>Repaired Ligament – Single:</b>	\$400	\$500
<b>Multiple:</b>	\$600	\$750
<b>Repaired Knee Cartilage – Single:</b>	\$400	\$500
<b>Multiple:</b>	\$600	\$750
<b>Repaired Tendon – Single:</b>	\$400	\$500
<b>Multiple:</b>	\$600	\$750
<b>Repaired Rotator Cuff – Single:</b>	\$250	\$375
<b>Multiple:</b>	\$500	\$750

	Enhanced	Premier
<b>Burns - Second Degree (&lt;10%):</b>	\$200	\$300
<b>Second Degree (10%-25%):</b>	\$400	\$600
<b>Second Degree (25%-35%):</b>	\$1,000	\$1,500
<b>Second Degree (&gt;35%):</b>	\$2,000	\$3,000
<b>Third Degree (&lt;10%):</b>	\$1,000	\$1,500
<b>Third Degree (10%-25%):</b>	\$6,000	\$9,000
<b>Third Degree (25%-35%):</b>	\$10,000	\$15,000
<b>Third Degree (&gt;35%):</b>	\$20,000	\$30,000
<b>Paralysis Benefit – Quadriplegia:</b>	\$10,000	\$12,500
<b>Paraplegia:</b>	\$5,000	\$6,250
<b>Eye Injury Benefit - Surgical Repair:</b>	\$250	\$375
<b>Removal of Foreign Body:</b>	\$50	\$75
<b>Laceration Benefit - Over 6”:</b>	\$400	\$600
<b>2”-6”:</b>	\$200	\$300
<b>Under 2”:</b>	\$50	\$75
<b>Lacerations not Requiring Stitches:</b>	\$50	\$75
<b>Emergency Dental Work – Repaired with Crown:</b>	\$200	\$300
<b>Resulting in Extraction:</b>	\$60	\$90
<b>Total Disability Premium Waiver</b>	Included	
<b>Portability</b>	Included	

## Union Elected Optional Benefits

<b>Youth Organized Sports Benefit</b>	Additional 25% up to \$1,500
<b>Catastrophic Benefit</b>	\$100,000
<b>On the Job (24 Hour Insurance) Benefit</b>	Included
<b>Wellness Screening</b>	\$50
<b>Ambulatory Surgical</b>	\$300
<b>Anesthesia</b>	\$200
<b>Epidural Pain Management</b>	\$200
<b>Open Abdominal/Thoracic/Cranial Surgery</b>	\$3,000

## Benefit Definitions

**ACCIDENT FOLLOW-UP TREATMENT:** For an injury received as a result of a Covered Accident, a benefit will be paid if the covered person receives initial treatment within 72 hours after covered accident, receives doctor prescribed follow up treatment, and the follow up treatment begins within 90 days after the covered accident or discharge from the hospital.

**GROUND AMBULANCE:** Pays a benefit when a covered person requires transportation in an ambulance from a covered accident. The total amount payable for all ground ambulance services in connection with anyone covered accident will not exceed the benefit chosen. The benefit is limited to one trip per accident.

**AIR AMBULANCE:** Pays a benefit when a covered person requires transportation in an ambulance from a covered accident. The total amount payable for all ground ambulance services in connection with anyone covered accident will not exceed the benefit chosen. The benefit is limited to one trip per accident.

**HOSPITAL CONFINEMENT:** Pays a benefit if a covered person is confined as an inpatient in a hospital for an injury received because of a covered accident, for each day of Hospital Confinement starting with the first full day of confinement. A day is a 24-hour period. The benefit is limited to 365 days per accident.

**FIRST HOSPITALIZATION BENEFIT:** Pays benefit amount for covered person's first hospital confinement for an injury received as a result of a covered accident; must be admitted for at least 24 hours and be at the direction of and under the supervision of a doctor. Benefit limited to one (1) per calendar year for each covered person.

**INTENSIVE CARE UNIT ADMISSION:** Pays a benefit amount if a covered person is confined to a hospital and is placed in a hospital intensive care unit (ICU) within the first 48 hours of admission for an injury received as a result of a covered accident. This benefit is payable in addition to the First Hospital Admission Benefit. Limited to one (1) per calendar year for each covered person.

**INTENSIVE CARE UNIT CONFINEMENT:** Pays a benefit if a covered person is confined as an inpatient in a hospital intensive care unit (ICU) for an injury received because of a covered accident. The benefit is limited to 30 days per accident.

**EMERGENCY ROOM TREATMENT:** Pays a benefit amount chosen for an injury because of a covered accident when a covered person requires examination and treatment by a doctor in a hospital emergency room within 72 hours after the covered accident. This benefit is paid once per covered accident and limited to 5 covered accidents per covered person per calendar year.

**URGENT CARE:** Pays a benefit if a covered person receives initial treatment and/or advice by a doctor in an urgent care facility for an injury received because of a covered accident. Treatment must be within 60 days of the covered accident and must be the result of the covered accident, and not for routine examinations or preventative testing. Benefit paid once per covered accident and is not payable if Emergency Room Treatment benefit is paid for the same covered accident.

**DOCTOR'S OFFICE VISIT:** Pays a benefit if a covered person receives initial treatment and/or advice by a doctor in a doctor's office for an injury received because of a covered accident. Treatment must be within 60 days of the covered accident and must be the result of the covered accident, and not for routine examinations or preventative testing. Benefit paid once per covered accident and is not payable if Emergency Room Treatment benefit is paid for the same covered accident.

**CHIROPRACTIC TREATMENT:** Pays a benefit if a covered person suffers a structural imbalance for an injury received because of a covered accident and receives Chiropractic Care Services by a Chiropractor in a chiropractor's office. Treatment must begin within 60 days after the covered accident and must be completed within 180 days after the covered accident. Maximum of 3 visits per accident.

**PHYSICAL THERAPY:** Pays a benefit amount for each day a covered person receives physical therapy for an Injury received because of a covered accident. Therapy must begin within 90 days after the covered accident and be completed within 1 year after the covered accident. Benefit is not payable for the same visit that the Accident Follow-Up benefit is paid. Maximum of 6 visits per accident.

**TRANSPORTATION:** Pays a benefit for train, plane, or bus transportation. This benefit is payable if, because of an Injury received because of a Covered Accident, a Covered Person: is injured and requires 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. The distance to the hospital treatment or diagnostic study must be greater than 50 miles from the Covered Person's residence. Maximum of 1 trip.

**FAMILY LODGING:** Pays a benefit each night's lodging in a motel/hotel room for an adult family member of a covered person. Benefit is payable for an injury received as a result of a covered accident: the covered person must be confined to a hospital for treatment of an injury, the hospital and motel/hotel must be more than 100 miles from the covered person's residence; and the treatment must be prescribed by the covered person's local doctor. Max 30 nights per covered accident.

**BLOOD AND PLASMA:** Pays a benefit for an injury received because of a covered accident, the covered person is injured and receives blood or plasma within 90 days after the covered accident.

**PROSTHESIS:** Pays a benefit for each covered prosthetic device the covered person uses when needed due to a covered accident. Benefit paid will be based on the number (single or multiple) of prosthetics received and is limited to one (1) payment per covered accident.

**MEDICAL APPLIANCES:** Pays a benefit if a doctor advises a covered person to use a medical appliance. The medical appliance must be used for an injury received because of a covered accident. It must be used as an aid in personal locomotion. Benefit is limited to one (1) payment per covered accident.

**MAJOR DIAGNOSTIC:** Pays a benefit if a covered person receives one of the following exams for an Injury received as a result of a covered accident CT (computerized tomography) scan, MRI (magnetic resonance imaging), EEG (electroencephalogram), or X-rays. Exams must be performed in a hospital or a doctor's office. Benefit amount paid once per covered accident.

**EXPLORATORY SURGERY:** Pays a benefit if an injury received because of a covered accident requires a covered person to have exploratory surgery (without repair).

**CONCUSSION:** Pays a benefit if a covered person has a concussion from an injury received as a result of a covered accident. The concussion must be diagnosed by a doctor within 72 hours after the Covered Accident using any type of medical imaging such as x-ray (computerized tomography) scan; CT (computerized tomography); or MRI (magnetic resonance imaging).

**RUPTURED DISC:** Pays a benefit if a covered person receives an injury as a result of a covered accident and ruptures a disc in the spine, receives treatment from a doctor within 60 days after the covered accident, and has surgical repair by a doctor within one year after the Covered Accident.

**COMA:** If a Covered Person is in a coma lasting 30 days or more from an injury received because of a covered accident, a benefit is payable based on the amount selected. The diagnosis of a coma must indicate that permanent neurological deficit is present. This benefit is paid once per covered person per covered accident.

**REHABILITATION DAILY/CONFINEMENT AND ADMISSION:** Pays a benefit for an Injury received as a result of a Covered Accident if the Covered Person is admitted for a Hospital Confinement, is transferred to a bed in a Rehabilitation Unit of a Hospital for Treatment and incurs a charge. Benefit is limited to 30 days for each covered person per period of hospital confinement. Benefit is also limited to a Calendar Year Max of 60 days.

**ACCIDENTAL DEATH, DISMEMBERMENT, AND LOSS OF LIFE:** Pays a benefit chosen based on loss of life of covered person or dismemberment of covered person based on a covered accident.

**FRACTURE BENEFITS:** Fracture is a break in a bone that can be seen by X-ray. If a bone is fractured in an injury received because of a covered accident and is diagnosed and treated by a doctor within 90 days of the accident, pays benefit selected based upon the fracture benefit listed.

**DISLOCATION BENEFITS:** Dislocation refers to a completely separated joint. If a joint is dislocated in an injury received because of a covered accident and is diagnosed and treated by a doctor within 90 days of the accident, pays benefit selected based upon the dislocation benefit listed.

**BURNS BENEFIT:** Pays a benefit if a Covered Person receives burns because of a covered accident, according to the percentage of body surface burned. Must be treated for burns by a Doctor within 72 hours after the Covered Accident. First-degree burns are not covered.

**PARALYSIS BENEFIT:** Pays a benefit for an Injury received as a result of a covered accident where the injury causes paralysis which lasts more than 90 days, and the paralysis is diagnosed by a doctor within 90 days after the Covered Accident. The amount paid will be based on the number of limbs paralyzed.

**EYE INJURY BENEFIT:** Pays a benefit for eye injuries requiring surgical repair, for an Injury received as a result of a Covered Accident and the insured injures an eye, doctor repairs the eye through surgery, and the eye surgery occurs within 90 days after the Covered Accident. For eye injuries requiring removal of a foreign body, benefit pays the amount selected if a Doctor removes a foreign body from the eye.

**LACERATION BENEFIT:** Pays a benefit if a covered person receives a laceration from an injury received because of a covered accident. Laceration must be repaired with stitches by a doctor within 72 hours after the covered accident. The amount paid will be based on the length of the laceration. The covered person may receive a laceration that does not require stitches. If treated by a doctor within 72 hours after the covered accident, the benefit will pay the appropriate amount shown in the certificate.

**EMERGENCY DENTAL WORK:** Pays a benefit if the covered person has an injury to sound natural teeth as the result of a covered accident.

**TOTAL DISABILITY PREMIUM WAIVER:** If the insured becomes disabled before age 65, and as results of injuries suffered in an accident, premiums will be waived after 90 days of total and continuous disability. Limit 12 months per disability.

**LIMITED PORTABILITY:** Employees are able to continue their coverage if they leave their Employer, as long as master contract remains in force. Coverage is portable assuming the following parameters are met, Employee is less than 70, Insured is not totally disabled, and Master Policy issued to the Employer is active. Employees on ported coverage terminate at age 70. Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25, or when the primary insured's insurance terminates.

**YOUTH ORGANIZED SPORTS BENEFIT:** Pays an additional 25% of the total benefit paid when the dependent child suffers an injury received as a result of a covered accident, while the dependent child is participating in an organized sports event or scheduled practice. The dependent child is age 18 or younger. The certificate holder provides proof of the dependent child's registration in the organized sports event. The benefit is paid once per covered accident per dependent child. Applicable to dependent children only.

**CATASTROPHIC ACCIDENT:** Pays a benefit at the end of the elimination period, if a covered person sustains a catastrophic loss as the result of an Injury received as a result of a covered accident, is under the regular care of a doctor during the elimination period, and remains alive at the end of the elimination period, the period of 365 days after the date of a Covered Accident. The Catastrophic Accident benefit will be payable once per lifetime for any Covered Person. This benefit reduces by 50% at Age 70.

**ON-THE-JOB COVERAGE:** Pays a benefit for injuries, due to an Accident, that are covered by Worker's Compensation or occupational disease law.

**WELLNESS SCREENING:** Pays a cash benefit when a Employee has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.



**AMBULATORY SURGICAL CENTER OR OUTPATIENT HOSPITAL FACILITY BENEFIT:** 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. Employer selectable rider.

**ANESTHESIA BENEFIT:** 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. Employer selectable rider.

**EPIDURAL PAIN MANAGEMENT BENEFIT:** 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. Employer selectable rider.

**OPEN ABDOMINAL, THORACIC OR CRANIAL SURGERY BENEFIT:** 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. Employer selectable rider.