

Accident Indemnity Plus



The policy provides a benefit payment after a covered accident that results in specific injuries and treatments. Each benefit feature pays an indemnity amount based on the type of accident treatment provided. Benefits start over with each accident, and are paid in addition to any other coverage the member has. This is a group product.

Please note: All treatment and services received under this plan must be for a Covered Person as a result of injuries from a Covered Accident.

Coverage Type

Accident Insurance provides multiple indemnity amounts based on the treatment provided. It provides on and off-the-job benefits for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the insured, spouse, and children.

PLAN PROVISIONS

Eligibility

- Member issue ages 18-70.
- Members actively at work full-time, benefit eligible members working at least 20 hours per week.
- Spouse issue ages 18-70; ineligible if member is denied.
- Child issue ages 0-25; ineligible if member is denied.

Termination Age

- Age 71 unless actively at work, then on last day of active employment.
- Spouse remains active as long as member coverage is active.
- Child coverage terminates at age 26.

Portability

Prior to age 70, members can take their coverage with them if they leave their employer, are not totally disabled and provided the master policy remains in effect.

Benefits & Features

	Enhanced	Premier
First Hospitalization	\$1,000	\$1,500
Daily Benefit/Confinement	\$250	\$375
Intensive Care Unit Admission	\$2,000	\$3,000
Intensive Care Unit Confinement	\$500 per day	\$750 per day
Fractures & Dislocations	Up to \$8,000 <i>(\$4,000 for closed and 200% of closed for open.)</i>	Up to \$10,000 <i>(\$5,000 for closed and 200% of closed for open)</i>
Rehabilitation Admission	\$1,000	\$1,500
Rehabilitation Daily Confinement	\$150	\$200
Catastrophic Benefit	\$100,000	
Accidental Death and Dismemberment	Up to \$50,000	Up to \$75,000
Laceration Benefit	Up to \$400 ¹	Up to \$600 ¹
Urgent Care/Doctor's Office	\$150	\$300
Physical Therapy and Chiropractic Care	\$40 per day	\$50 per day
Emergency Room Treatment	\$150	\$300
Ground Ambulance	\$200	\$400
Air Ambulance	\$1,000	\$2,000
Accident Follow-up	\$25 per visit/max 4 per accident	\$50 per visit/max 4 per accident

¹ Benefit is contingent on length of laceration

Union Elected Benefits

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

Benefits and riders may vary by state and may not be available in all states.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit product at Disclosure.ManhattanLife.com. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS.

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

Underwritten by ManhattanLife Insurance and Annuity Company

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