

Accident Insurance Plan Description

Eligibility

- Employees:** Each Active Full-Time Employee working 30 hours or more per week, except any person working on a temporary or seasonal basis.
Employee must be under age 70 to enroll.
- Spouse:** An Eligible employee's legal spouse. Spouse must be under age 70 to enroll.
Coverage for domestic partners may be available upon request, unless prohibited by state law. Domestic and civil union partner coverage is automatically included on the plan where required by state law.
- Dependent Children** Dependent Child means an Eligible employee's child(ren), from Birth to 26 years, including natural children, legally adopted children, children who are dependent on the Eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the Eligible employee's custody to be considered a Dependent.
Also included are the Eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the Eligible employee for support and maintenance.

Employee must be insured under the Policy for Dependent spouse and/or children to be insured. A person may not have coverage as both an employee and a dependent.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you would like us to consider them in the eligibility.

Plan Design

- All Employees** Eligible to elect only Plan A
Coverage: 24 Hour

Included Benefits

TYPE OF BENEFIT	PLAN A
<i>Ambulance Transportation</i>	\$100 Ground \$500 Air
<i>Blood/Plasma/Platelets</i>	\$200
<i>Burns</i>	
<i>2nd Degree Burns</i>	
<i>Covering less than 10% of the body</i>	\$100
<i>Covering 10% but less than 25% of the body</i>	\$200

Accident Insurance Plan Description

TYPE OF BENEFIT	PLAN A
<i>Covering 25% but less than 35% of the body</i>	\$400
<i>Covering 35% or greater of the body</i>	\$800
<i>3rd Degree Burns</i>	
<i>Covering less than 10% of the body</i>	\$800
<i>Covering 10% but less than 25% of the body</i>	\$1,600
<i>Covering 25% but less than 35% of the body</i>	\$3,200
<i>Covering 35% or greater of the body</i>	\$6,400
<i>Chiropractic Services (Limit 12 per calendar year per family)</i>	\$25 per session, 6 sessions maximum
<i>Coma</i>	\$5,000
<i>Concussion</i>	\$100
<i>Dental Injury</i>	\$150 for Crown; \$50 for Extraction
<i>Diagnostic Examination</i>	\$100 per CT/MRI scan
<i>Dislocations</i>	Non-Surgical / Surgical
<i>Ankle</i>	\$600 / \$1,200
<i>Collarbone</i>	\$600 / \$1,200
<i>Elbow</i>	\$300 / \$600
<i>Finger</i>	\$100 / \$200
<i>Foot</i>	\$600 / \$1,200
<i>Hand</i>	\$300 / \$600
<i>Hip</i>	\$1,600 / \$3,200
<i>Knee</i>	\$1,000 / \$2,000
<i>Lower Jaw</i>	\$300 / \$600
<i>Shoulder</i>	\$300 / \$600
<i>Toe</i>	\$100 / \$200
<i>Wrist</i>	\$300 / \$600
<i>Partial Dislocation (Amount of benefit for non-surgical dislocation)</i>	25%
<i>Multiple Dislocations (Percent of highest benefit for any one dislocation among all dislocations sustained)</i>	100%
<i>Emergency Treatment</i>	\$150
<i>Epidural Anesthesia Injections</i>	\$100 per injection, 2 maximum
<i>Eye Injury</i>	\$100 for removal of foreign object, \$200 for surgical repair

Accident Insurance Plan Description

TYPE OF BENEFIT	PLAN A
<i>Fractures</i>	Non-Surgical / Surgical
<i>Ankle</i>	\$300 / \$600
<i>Arm</i>	\$300 / \$600
<i>Bones of Face</i>	\$150 / \$300
<i>Coccyx</i>	\$150 / \$300
<i>Collarbone</i>	\$300 / \$600
<i>Elbow</i>	\$300 / \$600
<i>Finger</i>	\$50 / \$100
<i>Foot</i>	\$300 / \$600
<i>Hand</i>	\$300 / \$600
<i>Hip</i>	\$1,600 / \$3,200
<i>Kneecap</i>	\$300 / \$600
<i>Leg</i>	\$800 / \$1,600
<i>Jaw</i>	\$300 / \$600
<i>Nose</i>	\$150 / \$300
<i>Pelvis</i>	\$800 / \$1,600
<i>Rib</i>	\$150 / \$300
<i>Shoulder Blade</i>	\$300 / \$600
<i>Skull (Except bones of face or nose -Depressed)</i>	\$2,500 / \$5,000
<i>Skull (Simple)</i>	\$750 / \$1,500
<i>Sternum</i>	\$300 / \$600
<i>Toe</i>	\$50 / \$100
<i>Vertebrae</i>	\$300 / \$600
<i>Vertebral Column</i>	\$800 / \$1,600
<i>Wrist</i>	\$300 / \$600
<i>Chip Fractures</i> <i>(Amount of benefit for non- surgical fracture)</i>	25%
<i>Multiple Fracture</i> <i>(Amount of the highest benefit for any one fracture among all fractures sustained)</i>	100%
<i>Hospitalization</i>	
<i>Initial Hospital Admission</i>	\$500
<i>Initial ICU Hospital Admission</i>	\$1,000
<i>Hospital Confinement</i>	\$200 per day, 365 days maximum
<i>ICU Confinement</i>	\$400 per day, 30 days maximum

Accident Insurance Plan Description

TYPE OF BENEFIT	PLAN A
<i>Lacerations</i>	
<i>No Sutures Required</i>	\$25
<i>Sutures Required (Total length of all sutured Lacerations)</i>	Less than 2" long \$50
	2" but less than 6" long \$200
	6" long or greater \$400
<i>Medical Appliances</i>	\$100
<i>Organized Youth Sports Benefit</i> <i>(% of benefit amount, excluding the AD&D benefit, if applicable)</i>	5%
<i>Paralysis Benefits</i>	\$10,000 quadriplegia; \$5,000 paraplegia / hemiplegia
<i>Physical Therapy</i>	\$25 per session; 6 sessions maximum
<i>Physician Office Visit</i>	\$50 Initial, \$50 Follow-up
<i>Prosthesis</i>	\$500 for one, \$1,000 for two or more
<i>Rehabilitation Facility Confinement</i>	\$50 per day, 30 days maximum
<i>Surgery Benefits</i>	
<i>Abdominal or Thoracic</i>	\$1,000
<i>Exploratory Surgery (no repair)</i>	\$100
<i>Knee Cartilage (surgically repaired)</i>	\$300
<i>Ruptured Disc (surgically repaired)</i>	\$500
<i>Rotator Cuff (one surgically repaired)</i>	\$300
<i>Rotator Cuff (two or more surgically repaired)</i>	\$600
<i>Tendon or Ligament (one surgically repaired)</i>	\$300
<i>Tendon or Ligament (two or more surgically repaired)</i>	\$600
<i>Transportation</i>	\$300, if more than 100 miles from residence
<i>X-rays (per covered accident)</i>	\$25
<i>Additional Features</i>	
<i>Portability</i>	Unlimited

Accident Insurance Plan Description

The Dependent spouse Amount of Insurance will reduce in the same manner as the Insured employee's Amount of Insurance upon the Dependent spouse's attainment of the reducing age.

The Child Amount of Insurance will continue at the percentage reflected on the Plan Description of the Insured employee's Amount of Insurance prior to any reductions due to age.

Participation Requirement and Rate Guarantee

Participation Requirement

You must have the minimum participation of 10% or 10 Insured employee lives, whichever is greater.

Rate Guarantee

We guarantee the final premium rates for 24 months from the Policy effective date.

Renewability

The Policy is optionally renewable.

Rates

	Standard
Employee Only	\$13.12
Employee and Spouse	\$23.36
Employee and Child(ren)	\$20.94
Family	\$31.18