

Group Accident Insurance



Summary of Benefits	
	Plan 1 Insured Benefit
Type of Coverage	24-Hour Coverage
Funding	Voluntary
Spouse or Partner Coverage	Included, Spouse or Partner benefit amounts are 100% of the insured's benefit amount, unless otherwise stated.
Dependent Child(ren) Coverage	Included, dependent child(ren) benefit amounts are 100% of the insured's benefit amount, unless otherwise stated.
Continuation Coverage	Included, coverage will be continued for 12 months following the date the insured ceased active employment.
Portability Coverage	Included, age 79 or younger
Post-Accident Time Frame Requirement Unless otherwise defined, confinement, stay, treatment, therapy, diagnosis, surgery, paralysis, dismemberment, death or prescription of covered items must occur within the defined number of days after a covered accident.	90 day(s)
Hospital Benefits	
Hospital Admission	\$1,250/1 day(s) Payable only once per day, even if the confinement or observation long stay is the result of more than one injury.
Hospital Confinement	\$250/365 day(s)
ICU Admission	\$2,500/1 day(s) Payable only once per day, even if the confinement is the result of more than one injury.
ICU Confinement	\$500/30 day(s)
Initial Treatment Benefits	
Emergency Room Treatment	\$300/3 day(s)
Urgent Care Treatment	\$150/2 day(s)
Physician's Office Treatment	\$100/3 day(s)
Telemedicine	\$35/10 day(s)
Diagnostic Benefits	
X-ray	\$300/1 day(s)
Major Diagnostic Exam	\$250/1 day(s)
Therapy Benefits	
Inpatient Rehabilitation	\$150/30 day(s)
Physical Therapy	\$50/10 day(s)
Extended Treatment	\$50/5day(s) Benefits includes Chiropractic Therapy, Acupuncture Therapy, Mental Health Services
Coma and Paralysis Benefits	
Coma	\$12,500 Coma must continue for at least 7 day(s) before a benefit is payable
Quadriplegia	\$60,000 Paralysis must continue for at least 60 day(s) before a benefit is payable

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Paraplegia	\$30,000 Paralysis must continue for at least 60 day(s) before a benefit is payable
Uniplegia	\$15,000 Paralysis must continue for at least 60 day(s) before a benefit is payable
Accidental Death Benefits	
Accidental Death - Insured	\$60,000
Accidental Death - Spouse or Partner	\$30,000
Accidental Death - Dependent Child(ren)	\$15,000
Common Carrier Accidental Death - Insured	\$120,000
Common Carrier Accidental Death -Spouse or Partner	\$60,000
Common Carrier Accidental Death -Dependent Child(ren)	\$30,000
Accidental Death Seatbelt - Insured	\$10,000
Accidental Death Seatbelt - Spouse or Partner	\$5,000
Accidental Death Seatbelt - Dependent Child(ren)	\$2,500
Accidental Death Seatbelt and Airbag -Insured	\$15,000
Accidental Death Seatbelt and Airbag -Spouse or Partner	\$7,500
Accidental Death Seatbelt and Airbag -Dependent Child(ren)	\$3,750
Dismemberment Benefits	
Double Dismemberment	\$60,000
Single Dismemberment	\$30,000
Finger/Toe Dismemberment	\$15,000
Dislocation Benefits	
Dislocation (open reduction)	
Hip	\$15,000
Knee (except Patella)	\$9,000
Ankle/Bones of the foot (excluding toes)	\$7,500
Collarbone (Clavicle, Sternum)	\$3,000
Elbow	\$3,000
Lower jaw	\$3,000
Bones of the hand (excluding fingers)	\$2,250
Shoulder (Glenohumeral)	\$2,250
Wrist	\$2,250
Collarbone (Acromioclavicular and Separation)	\$1,500
Rib	\$1,125
One finger or toe	\$1,125

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All Other	\$1,125
Dislocation (closed reduction) percentage <i>Spouse or Partner and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i>	50% of open reduction benefit amount
Partial dislocation percentage <i>Spouse or Partner and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i>	25% of open reduction benefit amount
Fracture Benefits	
Fracture (open reduction)	
Skull, except bones of the face or nose (depressed)	\$15,000
Hip, thigh (Femur)	\$15,000
Skull, except bones of the face or nose (non-depressed)	\$9,000
Vertebrae (excluding vertebral processes)	\$7,500
Pelvis, except Coccyx	\$7,500
Leg (fibula or tibia)	\$7,500
Ankle or wrist	\$6,000
Bones of the face or nose (except mandible or maxilla)	\$3,000
Upper jaw (maxilla), except Alveolar Process	\$3,000
Lower jaw (mandible), except Alveolar Process	\$3,000
Upper arm between elbow and shoulder (humerus)	\$3,000
Collarbone (clavicle or sternum)	\$3,000
Shoulder blade (scapula)	\$2,250
Vertebral processes/sacrum	\$2,250
Forearm (radius and/or ulna)	\$2,250
Kneecap (patella)	\$2,250
Hand/foot, except fingers/toes	\$2,250
Rib	\$1,500
Coccyx	\$1,125
One finger or toe	\$1,125
All Other	\$1,125
Fracture (closed reduction) percentage <i>Spouse or Partner and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i>	50% of open reduction benefit amount
Chip fracture percentage <i>Spouse or Partner and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i>	25% of open reduction benefit amount
Laceration Benefits	
Less than 2 inches in length	\$125/3 day(s)

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2-6 inches in length	\$250/3 day(s)
6 inches or more in length	\$500/3 day(s)
Inpatient Surgery Benefits	
Open Abdominal or Thoracic	\$1,500
Other inpatient surgeries for repair	\$300
General Anesthesia <i>Spouse or Partner and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i>	25% of inpatient surgery benefit amount
Outpatient Surgery Benefits	
Repair of one tendon/ligament/rotator cuff	\$750/1 day(s)
Repair of multiple tendon/ligament/rotator cuff	\$1,500/1 day(s)
Torn knee cartilage	\$750/1 day(s)
Other miscellaneous surgery for repair	\$400/1 day(s)
Exploratory Surgery	\$350/1 day(s)
Brain Injury Benefits	
Concussion	\$100/1 day(s)
Severe Traumatic Brain Injury (TBI)	\$5,000/1 day(s)
Severe Burn Benefits	
2nd degree, more than 35 sq. in.	\$3,000
3rd degree, 10-20 sq. in.	\$2,000
3rd degree, 20-35 sq. in.	\$4,000
3rd degree, more than 35 sq. in.	\$12,000
Skin Graft <i>Spouse or Partner and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i>	50% of severe burn benefit amount
Lodging and Travel Benefits	
Non-Local Transportation & Family Lodging miles	Transportation for treatment for the injured covered person by train, bus, coach or plane must be at least 100 miles from the covered person's primary residence.
Non-Local Transportation	\$600/up to 3 round trip(s)
Family Lodging	\$150/30 night(s)
Ambulance Benefits	
Air Ambulance	\$1,500/3 day(s)
Ground or Water Ambulance	\$200/3 day(s)
Emergency Dental & Vision Treatment Benefits	
Emergency dental extraction of a broken sound, natural tooth	\$100
Emergency repair of a broken sound, natural tooth with a crown	\$400

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Eye surgery or removal of a foreign object	\$300
Appliance and Prosthesis Benefits	
Wheelchair or motorized scooter	\$300/1 day(s)
Walker or walking boot	\$125/1 day(s)
Any other medical device used for mobility, including a brace, cane and crutches	\$125/1 day(s)
Prosthesis - One device	\$750
Prosthesis - Multiple devices	\$1,500
Other Benefits	
Auto & Home Modification	\$2,500/1 time(s)
Blood/Plasma/Platelets	\$300/1 day(s)
Epidural/Pain Management	\$100/2 day(s)
Family Care - Dependent child(ren) are not eligible for this benefit.	\$60/10 day(s)
Gunshot Wound	\$1,000
Injury-Free	\$150 Payable after the completion of a full claim period of 3 years.
Organized Sports Benefit Booster <i>Spouse or Partner and/or dependent child(ren) benefit percentage is the same as the insured's benefit percentage.</i>	25%
Post-Traumatic Stress Disorder (PTSD)	\$500
Accident Screening Benefit	
Accident Screening <i>Spouse or Partner and/or dependent child(ren) benefit amount is the same as the insured's benefit amount shown.</i>	\$50/2 per covered person, up to 4 per family. Additional screening tests included