VOLUNTARY BENEFITS

As a Burlington CSD employee, you have access to employee-paid supplemental life and health benefits for yourself and your family to preserve your well-being and pay for expenses that exceed what health insurance may cover if a covered injury or illness occurs.

Voluntary benefits can help you pay for expenses such as:

- Funeral and burial costs
- Rent or mortgage payments
- Tuition and loans
- Credit Card bills
- Medical expenses
- Retirement savings

Accident Insurance

Benefits are paid for the care and treatment needed as a result of a broad range of injuries.

Madison National Life Accident – Group Insurance

Benefit	Amount	Benefit	Amount
EMERGENCY AND HOSPITALIZATION BENEFITS			
Hospital Inpatient Admission	$1,000 1 per year	**Intensive Care Unit Admission**	$1,500 Max 1 per year
Daily Inpatient Admission	$200 Max 365 days	**Intensive Care Unit Confinement**	$350 Max 30 days per year
Inpatient Rehabilitation	$200 Max 60 per year		
INITIAL CARE BENEFITS			
Initial Doctor's Office Benefit (includes clinic & telemed)	$100 Max 3 per year	**X-Ray Benefit**	$300 Max 3 per year
Urgent Care Benefit	$250 Max 3 per year	**Major Diagnostic Testing Benefit**	$200 Max 3 per year
Ambulance Benefit–Air Ground/Water	$1,500 $450 Max 3 per year		
FOLLOW-UP CARE BENEFITS			
Accident Follow-Up Treatment Benefit (up to 10 visits)	$80	**Prosthetic Device or Artificial Limb Benefit – Single**	$750
Therapy Benefit (Includes Chiropractic)	$60 Max 10 per year	**Prosthetic Device or Artificial Limb Benefit – Multiple**	$1,500
Appliance Benefit	$50- $400 Max 3 per year	**Family Lodging** (per night up to 30 nights)	$125
		Transportation (up to 3 trips)	$350 round trip

Accident Insurance Continued

Benefit	Amount	Benefit	Amount
SURGICAL CARE BENEFITS			
Arthroscopic Surgery Max 2 per year	$350	**Tendon/Ligament/Rotator Cuff Surgery (1)**	$500
Cranial Surgery Max 2 per year	$750	**General Anesthesia Conscious Sedation Max 2 per year**	$300 $150
Hernia Surgery Max 2 per year	$350		
INJURIES BENEFITS			
Burn Benefit		**Eye Injury Benefit**	$350
Minor	$200	**Laceration Benefit**	Max 2 per year
Moderate	$200	**Not Requiring stitches/sutures**	$50
Severe	$5,000	**Less Than 2 in**	$200
Skin Graft	50%of burn benefit	**2 in – 6 in**	$300
Coma	$5,000	**Greater Than 6 in**	$600
Concussion Benefit	$250		
Emergency Dental Benefit – Crown	$500		
DISLOCATION BENEFITS CLOSED REDUCTIONS			
Ankle	$1,000	**Hand** (except fingers)	$750
Collarbone (sternoclavicular)	$750	**Hip**	$3,000
Collarbone (acromioclavicular and separation)	$250	**Knee** (except patella)	$1,500
Elbow	$500	**Lower Jaw**	$750
Finger	$150	**Shoulder Blade**	$800
Foot (except toes)	$1,000	**Toe**	$150
FRACTURE BENEFITS CLOSED REDUCTIONS			
Skull (Depressed)	$2,700	**Skull** (Simple, Non-depressed)	$1,250
Hip	$3,500	**Body of Vertebrae**	$2,700
Pelvis	$2,500	**Femur**	$3,500
Bones of Face or Nose	$1,000	**Upper Jaw**	$1,250
Lower Jaw	$600	**Shoulder Blade, Sternum**	$1,250
Vertebral Process	$600	**Forearm, hand**	$1,500
Wrist	$1,500	**Kneecap**	$1,500
Foot (except toes)	$1,500	**Ankle**	$1,500
Rib	$400	**Coccyx**	$300
Finger, toe	$150	**Chip Fracture– percent of closed benefit**	25%
ACCIDENTAL DEATH AND CATASTROPHIC BENEFITS			
Accident Death Benefit	$50,000	**Common Carrier**	Equal to 2x Accidental death benefit
WELLNESS BENEFIT			
Routine Screening Benefit	$50		

Accident Insurance Continued

Accident Insurance Monthly Employee Costs

	Employee Only	Employee+ Spouse	Employee+ Child(ren)	Family
Rates	$17.50	$28.50	$39.00	$55.00

This is a brief description of benefits under forms AO 620 C and AO 620 C MET. An application for insurance must be completed to obtain coverage. Benefit amounts shown are samples and not a guarantee. Benefit amount payable varies by injury/service and may vary by state. Benefits are payable only as the result of a covered accident. Most benefits are paid once per person per covered accident according to the provisions of the certificate. Your certificate will contain a complete schedule. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Elimination periods may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademark of Trustmark Insurance Company. NOTE: If you have previously elected Trustmark accident coverage, your existing policy may differ from what is described here.

The additional benefit amount applies to covered treatment benefits and does not apply to an Accidental Death, Catastrophic Accident or Wellness benefit if included in the plan.