

## Accident 1.0

This voluntary accident insurance policy is a medical indemnity plan that provides employees and their families with hospital, doctor, accidental death and catastrophic accident benefits in the event of a covered accident.

This policy offers six plan choices with varying benefit amounts and three optional riders:

- Basic
- Basic with Health Screening Benefit
- Preferred
- Preferred with Health Screening Benefit
- Premier
- Premier with Health Screening Benefit

Each of the plans listed above may be offered as On/Off-Job or Off-Job Only.

Optional Rider:

- On/Off-Job Accident Disability Rider

## Benefits

Base Policy Benefits	Basic	Preferred	Premier
<b>Accident Emergency Treatment</b> For treatment in a doctor's office, urgent care facility or emergency room within the first 72 hours of the accident. If initially treated after 72 hours, please see Accident Follow-up Doctor's Visit	\$75	\$125	\$125
<b>Accident Follow-Up Doctor Visit</b>	\$50/visit up to 2 visits per accident	\$50/visit up to 3 visits per accident	\$50/visit up to 4 visits per accident
<b>Accidental Death</b>	\$30,000 Employee \$30,000 Spouse \$6,000 Child(ren)	\$40,000 Employee \$40,000 Spouse \$8,000 Child(ren)	\$70,000 Employee \$70,000 Spouse \$14,000 Child(ren)
<b>Accidental Death: Common Carrier</b>	\$80,000 Employee \$80,000 Spouse \$16,000 Child(ren)	\$100,000 Employee \$100,000 Spouse \$20,000 Child(ren)	\$200,000 Employee \$200,000 Spouse \$40,000 Child(ren)
<b>Accidental Dismemberment:</b> (Loss of Finger/Toe/Hand/Foot or Sight)	\$600- \$12,000	\$750- \$15,000	\$1,200-\$24,000
<b>Ambulance - Air</b>	\$1,200	\$2,000	\$2,000
<b>Ambulance - Ground</b>	\$120	\$200	\$200
<b>Appliances</b> (such as wheelchair, crutches)	\$75	\$100	\$100
<b>Blood/Plasma/Platelets</b>	\$300	\$300	\$300
<b>Burns</b> (based on size and degree)	\$1,000- \$12,000	\$1,000- \$12,000	\$1,000- \$12,000
<b>Burns - Skin Graft</b>	50% of burn benefit	50% of burn benefit	50% of burn benefit

<b>Base Policy Benefits</b>	<b>Basic</b>	<b>Preferred</b>	<b>Premier</b>
<b>Catastrophic Accident –</b> Prior to 65 (For severe injuries that result in the total and irrevocable: loss of one hand and one foot; loss of both hands or both feet; loss of sight in both eyes; loss of hearing of both ears; loss of the ability to speak.) 365 day elimination period Amounts reduced for covered persons over age 65	\$25,000 EE/SP \$12,500 CH	\$50,000 EE/SP \$25,000 CH	\$37,500 EE/SP \$37,500 CH
<b>Concussion</b>	\$60	\$60	\$60
<b>Dislocation</b> (Based on joint and if repaired by open or closed reduction)	\$100-\$4,000	\$120 - \$4,800	\$130 - \$5,200
<b>Emergency Dental Work</b>	\$200 (crown, implant or denture) or \$50 (extract)	\$300 (crown, implant or denture) or \$75 (extract)	\$400 (crown, implant or denture) or \$100 (extract)
<b>Eye Injury</b>	\$200	\$300	\$300
<b>Fractures</b> (Based on bone and if repaired by open or closed reduction)	\$100 - \$5,000	\$120 - \$6,000	\$130 - \$6,500
<b>Hospital Admission*</b>	\$1,000/accident	\$1,250/accident	\$1,500/accident
<b>Hospital Confinement</b> (Per day up to 365 days)	\$165	\$165	\$165
<b>Hospital ICU Admission*</b>	\$2,000/accident	\$2,500/accident	\$3,000/accident
<b>Hospital ICU Confinement</b> (Up to 15 days per accident)	\$385	\$385	\$385
<b>Knee Cartilage - Torn</b>	\$500	\$750	\$750
<b>Laceration</b> (based on size and repair)	\$30-\$500	\$30-\$500	\$30-\$500
<b>Lodging (Companion)</b>	\$100 per day up to 30 days	\$125 per day up to 30 days	\$150 per day up to 30 days
<b>Medical Imaging Study</b> Limit one accident per year	\$100 per accident	\$150 per accident	\$200 per accident
<b>Prosthetic Device/Artificial Limb</b>	\$500 (1); \$1,000 (2 or more)	\$500 (1); \$1,000 (2 or more)	\$750 (1); \$1,500 (2 or more)
<b>Rehabilitation Unit Confinement</b> Up to 15 days per confinement per covered accident. Maximum of 30 days per calendar year.	\$100/day	\$100/day	\$150/day
<b>Ruptured Disc</b>	\$500	\$750	\$750
<b>Surgery-Cranial, Open Abdominal, Thoracic</b>	\$1,000:	\$1,500	\$1,500
<b>Surgery- Hernia</b>	\$100	\$150	\$150

\* We will pay either the Hospital Admission or Hospital ICU Admission benefit, but not both.

Base Policy Benefits	Basic	Preferred	Premier
Surgery – Exploratory or Arthroscopic	\$150	\$200	\$200
Tendon/Ligament/Rotator Cuff	\$500 (1); \$1,000 (2 or more)	\$750 (1); \$1,500 (2 or more)	\$750 (1); \$1,500 (2 or more)
Therapy - Occupational and Physical Therapy Benefit	\$25 per day (10 visits/accident)	\$35 per day (10 visits/accident)	\$45 per day (10 visits/accident)
Transportation up to 3 trips per accident	\$400 per trip	\$500 per trip	\$600 per trip
X-Ray Benefit	\$20	\$30	\$40

## Health Screening Benefit

### Available on selected plans

- \$50 per covered person per calendar year.
- Provides a benefit if the covered person has one of the health screening tests performed. This benefit is payable once per calendar year per covered person and is subject to a 30-day waiting period. Available to each covered person.

### Tests include:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- Carotid doppler
- CEA (blood test for colon cancer)
- Chest x-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Skin cancer biopsy
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

## Features

- Base plans are guaranteed issue so there is no health underwriting.
- Benefits are paid directly to the insured unless specified otherwise.
- Benefits are paid in addition to other insurance your employees may have.
- Benefits are level for employee, spouse and children except for accidental death and catastrophic accident benefits.
- Base coverage is guaranteed renewable for life as long as premiums are paid when they are due.
- Coverage is portable. An employee can take this coverage with him if he changes jobs or leaves your company.
- Spouse and/or dependent children can purchase coverage without the employee having to purchase coverage. Premiums are payroll deducted through employee's paycheck.
- Spouse can purchase optional accident only disability rider.
- The spouse's signature is not required on the application in most states.
- Coverage is worldwide. The Disability riders are subject to the Geographical Limitations provision.
- Disability riders provide Total Disability and Partial Disability benefits.
- If a disability rider is purchased, the Waiver of Premium benefit applies after 90 continuous days of disability or the elimination period has been satisfied whichever is greater.

## Eligibility Requirements

### *Accident Base Plans*

- Permanent benefit-eligible employees between the ages of 17-80, working 20 hours per week.
- Employee's spouse between the ages of 17-80.
- Child(ren) between the ages of 0-29

### *Optional Riders*

- Disability Income Rider: Permanent benefit-eligible employees and spouses between the ages of 17-69, working 20 or more hours per week.

## Participation Requirements

To offer this plan, we require that only 3 eligible employees apply.

## Definitions

**Totally Disabled\*** means you are: unable to perform the material and substantial duties of your job; not, in fact, working at any job; and under the regular and appropriate care of a doctor.

**Partially Disabled\*** means you are unable to perform the material and substantial duties of your job for 20 hours or more per week; you are able to work at your job or your place of employment for less than 20 hours per week; your employer will allow you to return to your job or place of employment for less than 20 hours per week; and you are under the regular and appropriate care of a doctor.

**Waiver of Premium Benefit\*:** After you have been totally disabled or qualify for Partial Disability benefits as the result of a covered accident or a covered sickness for more than 90 consecutive days while this rider is in effect, or after the elimination period shown on the Rider Schedule, whichever is greater, we will waive the premium beginning on the next premium due date for the policy and any attached rider(s) for as long as you remain disabled, up to the benefit period shown on the Rider Schedule. You must pay all premiums to keep the policy and any attached rider(s) in force until you have been totally disabled or qualify for Partial Disability benefits for 90 consecutive days while this rider is in effect, or for the elimination period shown on the Rider Schedule, whichever is greater.

**Geographical Limitations\*:** If you become totally disabled as the result of a covered accident or a covered sickness while you are outside the covered geographical areas and you are totally disabled longer than the elimination period shown on the Rider Schedule, your maximum benefit period for total disability and partial disability combined while outside the covered geographical areas will be limited to 60 days.

Covered geographical areas are less than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahama Islands, the Virgin Islands, Bermuda or Jamaica.

\*Applicable to the Disability Income Rider only.

## What is Not Covered

**Accident Base Plans** will not provide benefits for losses that are caused by or are the result of any insured's:

- Hazardous avocations
- Illegal occupations
- Professional sports
- Sickness
- Suicide or self-inflicted injuries
- War or act of war

In addition to the exclusions listed above, we also will not pay the **Catastrophic Accident benefit** for injuries that are caused by or are the result of:

- Birth
- Intoxication

In addition to the base plan exclusions listed above, the **Accident Only Disability Rider** will not provide benefits for losses that are caused by or which occur as the result of:

- Intoxicants and Narcotics
- Mental or Emotional Disorder

## Premium Information

- Premiums for the base plans and rider are not age banded.
- Premium levels are available for Employee, Spouse or Child as the Named Insured, Employee/Spouse, One-Parent and Two-Parent family coverage.



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## Sample Monthly Premiums

Coverage Type	Plan	Optional Rider(s)	Disability Benefit Amount	Monthly Premium
Employee Only	Basic Off-Job Only Coverage	None	None	\$11.98 (base)
Employee Only	Preferred with Health Screening On- & Off- Job Coverage	On/Off-Job Accident Disability Income Rider 6 month benefit 0 day elimination	\$1,000 per month for employee	\$21.15 (base) \$22.00 (DI rider) <b>Total Monthly Premium</b> \$43.15
Employee/ Spouse	Premier with Health Screening On- & Off-Job Only Coverage	On/Off-Job Accident Disability Income Rider for Spouse 12 month benefit 14 elimination	\$800 per month for spouse	\$36.32 (base) \$14.40 (DI rider) <b>Total Monthly Premium</b> \$50.72
Two-Parent Family	Preferred Off-Job Only Coverage	None	None	\$29.31(base)

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