



## What is it?

Accident insurance is a supplemental health product that may provide benefits if you or your covered dependent suffers a covered injury. Accident insurance events, diagnosis and hospital stays that occur prior to insurance taking effect are not covered.

## Why is this coverage valuable?

This coverage provides you a lump sum cash benefit to help manage unexpected expenses. How you spend it is completely up to you — from everyday bills or childcare to other expenses.

## Your accident coverage

| Eligibility description  | All Full-Time Employees            |
|--------------------------|------------------------------------|
| Contribution             | You pay the cost of your coverage. |
| Emergency treatment      |                                    |
| Ambulance                | \$600                              |
| Air ambulance            | \$2,000                            |
| Emergency care/treatment | \$250                              |
| Initial care visit       | \$250                              |
| Major diagnostic         | \$300                              |
| X-ray                    | \$75                               |
| Fractures                |                                    |
| Ankle                    | \$1,800                            |
| Arm (shoulder to elbow)  | \$1,800                            |
| Arm (elbow to wrist)     | \$1,800                            |
| Coccyx                   | \$1,200                            |
| Collarbone               | \$1,800                            |
| Elbow                    | \$1,800                            |
| Bones of the face        | \$1,200                            |
| Fingers                  | \$240                              |
| Foot (except toes)       | \$1,800                            |
| Hand (except fingers)    | \$1,800                            |
| Hip                      | \$3,500                            |
| Jaw upper                | \$1,800                            |
| Jaw lower                | \$1,800                            |
| Kneecap                  | \$1,800                            |
| Leg (hip to knee)        | \$3,000                            |
| Leg (knee to ankle)      | \$3,200                            |
| Nose                     | \$1,200                            |



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| Pelvis                                                                | \$3,200                       |
| Rib                                                                   | \$500                         |
| Shoulder blade                                                        | \$1,800                       |
| Skull depressed                                                       | \$5,250                       |
| Skull non-depressed                                                   | \$2,000                       |
| Sternum                                                               | \$1,800                       |
| Toes                                                                  | \$240                         |
| Vertebral body                                                        | \$3,200                       |
| Vertebral process                                                     | \$1,200                       |
| Wrist                                                                 | \$1,800                       |
| Surgical treatment surgery                                            | Two times nonsurgical benefit |
| Chip fracture                                                         | 25% of fracture benefit       |
| <b>Dislocations</b>                                                   |                               |
| Ankle                                                                 | \$1,500                       |
| Collarbone (acromion and separation)                                  | \$1,100                       |
| Collarbone (sternoclavicular)                                         | \$1,500                       |
| Elbow                                                                 | \$1,500                       |
| Fingers                                                               | \$275                         |
| Foot (except toes)                                                    | \$1,500                       |
| Hand (except fingers)                                                 | \$1,500                       |
| Hip                                                                   | \$3,850                       |
| Lower jaw                                                             | \$1,500                       |
| Knee (except kneecap)                                                 | \$2,400                       |
| Shoulder                                                              | \$1,500                       |
| Toes                                                                  | \$275                         |
| Wrist                                                                 | \$1,500                       |
| Surgical treatment                                                    | Two times nonsurgical benefit |
| Partial dislocation                                                   | 25% of dislocation benefit    |
| <b>Specific injuries</b>                                              |                               |
| Blood, plasma, platelets, and other non-blood substitute IV solutions | \$600                         |
| 2nd degree burns: Based upon surface area burned                      | \$750 - \$1,750               |
| 3rd degree burns: Based upon surface area burned                      | \$7,500 - \$15,000            |
| Skin grafts                                                           | 50% of burn benefit           |
| Concussion                                                            | \$225                         |
| Dental crown                                                          | \$350                         |



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| Dental extraction                                                                     | \$150         |
| Eye (surgical repair)                                                                 | \$350         |
| Eye (removal of foreign object)                                                       | \$350         |
| Joint replacement Hip                                                                 | \$2,500       |
| Joint replacement Knee                                                                | \$1,750       |
| Joint replacement Shoulder                                                            | \$1,250       |
| Laceration: based upon the need for and length of sutures                             | \$50 - \$800  |
| Severe traumatic brain injury                                                         | \$20,000      |
| <b>Surgical benefits</b>                                                              |               |
| Arthroscopic                                                                          | \$250         |
| Cranial                                                                               | \$2,250       |
| Hernia                                                                                | \$200         |
| Other surgery under conscious sedation                                                | \$250         |
| Other surgery under general anesthesia                                                | \$500         |
| Repair of knee cartilage                                                              | \$1,000       |
| Repair of ligaments, tendons, rotator cuff                                            | \$1,000       |
| Repair of ruptured disc                                                               | \$1,000       |
| Open abdominal or thoracic                                                            | \$2,250       |
| <b>Hospitalization and ongoing care</b>                                               |               |
| Accident hospital admission                                                           | \$1,500       |
| Accident hospital daily confinement                                                   | \$450         |
| Accident intensive care admission                                                     | \$2,000       |
| Accident intensive care daily confinement                                             | \$600         |
| Physical, occupational, and chiropractic therapy (up to six sessions)                 | \$80          |
| Physician follow-up visits (up to six visits)                                         | \$100         |
| Alternative care/rehabilitation facility daily confinement/rehabilitative confinement | \$200         |
| Epidural/cortisone pain management (up to one injection)                              | \$125         |
| Medical mobility devices                                                              | \$200         |
| Wheelchair (expected use one year or more)                                            | \$200         |
| Wheelchair (expected use less than one year)                                          | \$200         |
| Prosthesis (per limb)                                                                 | \$1,000       |
| <b>Recovery assistance</b>                                                            |               |
| Family care                                                                           | \$100         |
| Companion lodging (100 or more miles from home)                                       | \$200 per day |



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| Transportation (100 or more miles from home)                                                                                                                                                                       | \$200 per trip                                          |
| <b>Moving vehicle benefits</b>                                                                                                                                                                                     |                                                         |
| Moving vehicle injury                                                                                                                                                                                              | \$375                                                   |
| Moving vehicle death                                                                                                                                                                                               | \$7,500                                                 |
| Safe driver injury/death: Seat belt                                                                                                                                                                                | Additional 25% of motor vehicle injury or death benefit |
| Safe driver injury/death: Air bag                                                                                                                                                                                  | Additional 25% of motor vehicle injury or death benefit |
| Safe driver injury/death: Motor vehicle helmet                                                                                                                                                                     | Additional 25% of motor vehicle injury or death benefit |
| Safe rider: Other helmet (bicycle, scooter, skateboard)                                                                                                                                                            | \$250                                                   |
| <b>Accidental death and dismemberment (AD&amp;D) benefit</b>                                                                                                                                                       |                                                         |
| Accidental death: Your death                                                                                                                                                                                       | \$100,000                                               |
| Accidental death: Your spouse or life partner                                                                                                                                                                      | \$50,000                                                |
| Accidental death: Your child                                                                                                                                                                                       | \$25,000                                                |
| Common carrier death: Your death                                                                                                                                                                                   | \$200,000                                               |
| Common carrier death: Your spouse or life partner                                                                                                                                                                  | \$100,000                                               |
| Common carrier death: Your child                                                                                                                                                                                   | \$50,000                                                |
| Transportation of remains (100 or more miles)                                                                                                                                                                      | \$15,000                                                |
| Loss of hand, foot, arm, leg, eye, or hearing in one ear                                                                                                                                                           | \$30,000                                                |
| Loss of finger, thumb, toe                                                                                                                                                                                         | \$2,000                                                 |
| Loss of sight in both eyes                                                                                                                                                                                         | \$30,000                                                |
| Loss of hearing in both ears                                                                                                                                                                                       | \$30,000                                                |
| Loss of speech                                                                                                                                                                                                     | \$30,000                                                |
| Loss of both arms                                                                                                                                                                                                  | \$50,000                                                |
| Loss of both legs                                                                                                                                                                                                  | \$50,000                                                |
| Loss of arm and leg                                                                                                                                                                                                | \$50,000                                                |
| Paraplegia                                                                                                                                                                                                         | \$30,000                                                |
| Hemiplegia                                                                                                                                                                                                         | \$30,000                                                |
| Loss of both arms and both legs                                                                                                                                                                                    | \$50,000                                                |
| Quadriplegia                                                                                                                                                                                                       | \$50,000                                                |
| Education: This benefit is paid if an insured person dies within 365 days of a covered accident and is survived by one or more full-time students.<br>The education benefit is payable for each full-time student. | 10% of AD&D benefit                                     |
| Spouse training: This benefit is paid if a covered employee or dependent spouse dies within 365 days of a covered accident, and the surviving spouse is enrolled as a student.                                     | 10% of AD&D benefit                                     |



|                                                                                                                                                                                                                                                          |          |
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| The spouse training benefit covers students enrolled in any school that retrains or refreshes skills needed for employment within 365 days from the date of death.                                                                                       |          |
| Modification to home or auto: This benefit is payable for modifications to make the principal residence accessible or the vehicle ridable if the insured suffers a severe loss. This benefit is payable once per person within 365 days of the accident. | \$4,000  |
| <b>Health assessment benefit</b>                                                                                                                                                                                                                         |          |
| Receive a cash benefit every year you and any of your covered family members complete a single covered assessment test.                                                                                                                                  | \$50     |
| <b>Additional plan benefits</b>                                                                                                                                                                                                                          |          |
| Portability                                                                                                                                                                                                                                              | Included |
| Child sports injury benefit                                                                                                                                                                                                                              | Included |

## Benefit exclusions

Like any insurance, this accident policy does have exclusions. The list below provides common exclusions but isn't meant to be exhaustive of all exclusions or limitations that may be part of your policy. See your policy for full details. The policy may not cover:

- Disease, physical or mental infirmity, sickness, or medical or surgical treatment of these
- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane
- Voluntary intake or use by any means of any drugs, poison, gas, or fumes, voluntary use of controlled substance, voluntary intake or use by any means of any drug, except when:
  - Prescribed or administered by a physician
  - Taken in accordance with the physician's instructions
- Committing or attempting to commit a felony, participation in a felony, voluntary participation in a felony, voluntary committing or attempting to commit a felony
- War or any act of war, declared or undeclared, war or any act of war other than terrorism, declared or undeclared, war or any act of war, declared or undeclared while serving in the military or an auxiliary unit attached to the military or working in an area of war, whether voluntarily or as required by an employer
- Participation in a riot, insurrection, or rebellion of any kind
- Military duty, including the reserves or national guard
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight, or as a passenger, pilot, or crew member in the group policyholder's aircraft while flying for the group policyholder's business, provided:
  - The aircraft has a valid U.S. airworthiness certificate or foreign equivalent
  - The pilot has a valid pilot's certificate with a nonstudent rating authorizing them to fly the aircraft
- Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred. For accidental death and dismemberment only, benefits aren't payable for any loss sustained or contracted in consequence of you or your insured dependent being intoxicated or under the influence of any narcotic, operating a motor vehicle while intoxicated, as defined by the law of the state in which the accident occurred, if it is a felony
- Being incarcerated in any type of penal or detention facility, injury sustained while confined to jail, workhouse, or other corrections facility when it is due to an act of the facility and law enforcement is liable
- Under the influence of narcotics, unless prescribed and taken in accordance with the prescription by a physician
- Participating in, practicing for, or officiating any semi-professional or professional sport
- Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
- Bungee cord jumping, mountaineering, or base jumping
- Skydiving, parachuting, or jumping from any aircraft for recreational purposes



## Accident rate information

| Coverage                           | Monthly rate |
|------------------------------------|--------------|
| Employee only                      | \$6.54       |
| Employee + spouse/domestic partner | \$12.02      |
| Employee + child(ren)              | \$16.69      |
| Employee + family                  | \$25.33      |

Note: The premiums for this coverage won't change due to your age. The premium for employee and child(ren) coverage includes all children.

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This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

THIS IS A LIMITED POLICY. Policy is conditionally renewable.

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