

Group Accident Insurance

Plan Benefits

(Benefit provisions may vary by situs state)

Initial Accident Treatment Category- High		Employee	Spouse	Child		
Initial Treatment - once per accident, within 7 days of the accident						
ER/Urgent Care		\$200	\$200	\$200		
ER/Urgent Care with X-Ray		\$250	\$250	\$250		
Doctor's Office		\$100	\$100	\$100		
Doctor's Office with X-Ray		\$150	\$150	\$150		
Ambulance - once per day, within 90 days of the accident						
Maximum number of payments per covered accident: No Maximum						
Ground		\$400	\$400	\$400		
Air		\$1,200	\$1,200	\$1,200		
Major Diagnostic Testing - within six months of the accident						
Maximum number of diagnostic tests per covered accident: 1						
Emergency Room Observation - within 7 days of the accident						
Maximum number of 24-hour periods of observation per covered accident: No Maximum						
Short Observation Period (4-24 Hours)		\$50	\$50	\$50		
Long Observation Period (24+ Hours)		\$100	\$100	\$100		
Prescriptions - within six months of the accident						
Maximum number of filled prescriptions per covered accident: 2						
Pain Management - within six months of the accident						
Maximum number of payments per covered accident: 1						
Blood/Plasma/Platelets - within six months of the accident						
Maximum number of days per covered accident: 3						
Concussion - once per accident, within six months of the accident						
Traumatic Brain Injury - once per accident, within six months of the accident						
Coma - once per accident						
We will pay the amount shown if the insured is in a coma lasting 30 days or more as a result of a covered accident						
Burns - once per accident, within six months of the accident						
<u>Second Degree Burns</u>						
Less than 10%		\$100	\$100	\$100		
At least 10%, but less than 25%		\$200	\$200	\$200		
At least 25%, but less than 35%		\$500	\$500	\$500		
35% or more		\$1,000	\$1,000	\$1,000		
<u>Third Degree Burns</u>						
Less than 10%		\$1,000	\$1,000	\$1,000		
At least 10%, but less than 25%		\$5,000	\$5,000	\$5,000		
At least 25%, but less than 35%		\$10,000	\$10,000	\$10,000		
35% or more		\$20,000	\$20,000	\$20,000		
Emergency Dental Work - once per accident, within six months of the accident						
Repair with Crown		\$200	\$200	\$200		
Extraction		\$50	\$50	\$50		
Eye Injury - removal of a foreign body						
Dislocations - once per accident, within 90 days of the accident						
Dislocation Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Knee	\$3,900	\$3,900	\$3,900	\$1,950	\$1,950	\$1,950
Shoulder	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Foot/Ankle	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Hand	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Lower Jaw	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Wrist	\$1,500	\$1,500	\$1,500	\$750	\$750	\$750
Elbow	\$1,200	\$1,200	\$1,200	\$600	\$600	\$600
Finger/Toe	\$480	\$480	\$480	\$240	\$240	\$240
Lacerations - once per accident, within 7 days of the accident						
<u>Lacerations requiring stitches</u>						
Up to 2"		\$100	\$100	\$100		
2" to 6"		\$400	\$400	\$400		
Over 6"		\$800	\$800	\$800		
<u>Lacerations not requiring stitches</u>						
\$50						

Group Accident Insurance

Fracture - once per covered accident, within 90 days of the accident

Fracture Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip/Thigh	\$8,000	\$8,000	\$8,000	\$4,000	\$4,000	\$4,000
Vertebrae/Sternum	\$7,200	\$7,200	\$7,200	\$3,600	\$3,600	\$3,600
Pelvis	\$6,400	\$6,400	\$6,400	\$3,200	\$3,200	\$3,200
Skull (Depressed)	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Leg	\$4,800	\$4,800	\$4,800	\$2,400	\$2,400	\$2,400
Forearm/Hand/Wrist	\$4,000	\$4,000	\$4,000	\$2,000	\$2,000	\$2,000
Foot/Ankle/Kneecap	\$4,000	\$4,000	\$4,000	\$2,000	\$2,000	\$2,000
Shoulder Blade/Collar Bone	\$3,200	\$3,200	\$3,200	\$1,600	\$1,600	\$1,600
Lower Jaw	\$3,200	\$3,200	\$3,200	\$1,600	\$1,600	\$1,600
Skull (Simple)	\$2,800	\$2,800	\$2,800	\$1,400	\$1,400	\$1,400
Upper Arm/Upper Jaw	\$2,800	\$2,800	\$2,800	\$1,400	\$1,400	\$1,400
Facial Bones (except teeth)	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Vertebral Processes/Sacrum	\$1,600	\$1,600	\$1,600	\$800	\$800	\$800
Coccyx/Rib/Finger/Toe	\$640	\$640	\$640	\$320	\$320	\$320

Outpatient Surgery and Anesthesia (per day) - within one year of the accident Performed in a Hospital or Ambulatory Surgical Center Maximum number of payments per covered accident: No Maximum	\$400	\$400	\$400
Performed in a Doctor's Office, Urgent Care Facility or Emergency Room Maximum number of payments per covered accident: 2	\$50	\$50	\$50
Facilities Fee for Outpatient Surgery - within one year of the accident Payable once per each Outpatient Surgery and Anesthesia Benefit (in a hospital or ambulatory surgical center).	\$100	\$100	\$100
Inpatient Surgery and Anesthesia (per day) - within one year of the accident Maximum number of payments per covered accident: No Maximum	\$1,000	\$1,000	\$1,000
Transportation - within six months of the accident Maximum number of payments per covered accident: 3 Minimum Required Distance (miles): 100			
Plane	\$500	\$500	\$500
Any ground transportation (Surgical procedures may include, but are not limited to, surgical repair of: ruptured disc, tendons/ligaments, hernia, rotator cuff, torn knee cartilage, skin grafts, joint replacement, internal injuries requiring open abdominal or thoracic surgery, exploratory surgery (with or without repair), etc., unless otherwise noted due to an accidental injury.)	\$200	\$200	\$200

Hospitalization Category - High	Employee	Spouse	Child
Hospital Admission (per confinement) - once per accident, within six months of the accident Maximum number of admissions per covered accident: 1	\$1,250	\$1,250	\$1,250
Hospital Confinement (per day) - within 6 months of the accident Maximum days of confinement per covered accident: 365	\$300	\$300	\$300
Hospital Intensive Care (per day) - within 6 months of the accident Maximum days of confinement per covered accident: 30	\$400	\$400	\$400
Intermediate Intensive Care Step-Down Unit (per day) - within six months of the accident Maximum days of confinement per covered accident: 30	\$200	\$200	\$200
Family Member Lodging (per day) - within six months of the accident Maximum days of lodging per covered accident: 30 Minimum Required Distance (miles): 100	\$200	\$200	\$200

Group Accident Insurance

After Care Category - High	Employee	Spouse	Child
Appliances - within six months of the accident			
Cane Maximum number of appliances per covered accident: No Maximum	\$40	\$40	\$40
Ankle Brace Maximum number of appliances per covered accident: No Maximum	\$40	\$40	\$40
Walking Boot Maximum number of appliances per covered accident: No Maximum	\$100	\$100	\$100
Walker Maximum number of appliances per covered accident: No Maximum	\$100	\$100	\$100
Crutches Maximum number of appliances per covered accident: No Maximum	\$100	\$100	\$100
Leg Brace Maximum number of appliances per covered accident: No Maximum	\$100	\$100	\$100
Cervical Collar Maximum number of appliances per covered accident: No Maximum	\$100	\$100	\$100
Wheelchair Maximum number of appliances per covered accident: No Maximum	\$400	\$400	\$400
Knee Scooter Maximum number of appliances per covered accident: No Maximum	\$400	\$400	\$400
Body Jacket Maximum number of appliances per covered accident: No Maximum	\$400	\$400	\$400
Back Brace Maximum number of appliances per covered accident: No Maximum	\$400	\$400	\$400
Accident Follow-Up Treatment - within 6 months of the accident			
Initial treatment is received within 7 days of the accident	\$50	\$50	\$50
Maximum number of visits per covered accident: 6			
Post Traumatic Stress Disorder (PTSD) - once per accident, within 6 months of the accident	\$200	\$200	\$200
Rehabilitation Unit (per day)			
Maximum number of days per confinement: 31	\$100	\$100	\$100
No more than 62 days total per calendar year for each insured			
Therapy - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident	\$50	\$50	\$50
Maximum number of visits per covered accident: 10			
Chiropractic or Alternative Therapy - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident	\$30	\$30	\$30
Maximum number of visits per covered accident: 6			
Life Changing Events Category - High	Employee	Spouse	Child
Dismemberment - once per accident, within six months of the accident			
Single Loss	\$12,500	\$5,000	\$2,500
Double Loss	\$25,000	\$10,000	\$5,000
Loss of one or more fingers or toes	\$1,250	\$500	\$250
Partial Dismemberment (includes at least one joint of a finger or toe)	\$125	\$125	\$125
Paralysis - once per accident, diagnosed by a doctor within six months of the accident			
Paraplegia	\$5,000	\$5,000	\$5,000
Quadriplegia	\$10,000	\$10,000	\$10,000
Prosthesis - once per accident			
Maximum number of prosthetic devices per covered accident: 2	\$3,000	\$3,000	\$3,000
Prosthesis Repair/Replacement - once per prosthetic device, within three years of initial Prosthesis payment	\$3,000	\$3,000	\$3,000
Residence/Vehicle Modification - once per accident, within one year of the accident	\$2,000	\$2,000	\$2,000
Wellness Rider - High-LT	Employee	Spouse	Child
Amount paid will be based on the certificate year in which the wellness test was performed:			
Maximum number of payments per calendar year, per insured: 1			
Year 1 - Once per calendar year	\$50	\$50	\$50
Year 2 - Once per calendar year	\$50	\$50	\$50
Year 3 - Once per calendar year	\$50	\$50	\$50
Year 4 - Once per calendar year	\$50	\$50	\$50
Year 5 - Once per calendar year	\$50	\$50	\$50
Year 6+ - Once per calendar year	\$50	\$50	\$50

Group Accident Insurance

Accidental Death Rider	Employee	Spouse	Child
Accidental Death - within 90 days of the accident			
Accidental Death	\$50,000	\$25,000	\$10,000
Accidental Common-Carrier Death	\$100,000	\$50,000	\$20,000

Please request a sample policy for full benefit provisions and descriptions.

Premium Rates

Bi-Weekly Premiums	
Coverage	Premium
Employee	\$9.31
Employee and Spouse	\$14.76
Employee and Child(ren)	\$18.39
Family	\$23.84