

Group Accident Insurance

Plan Benefits

(Benefit provisions may vary by situs state)

Initial Accident Treatment Category- Mid	Employee	Spouse	Child			
Initial Treatment - once per accident, within 7 days of the accident						
ER/Urgent Care	\$150	\$150	\$150			
ER/Urgent Care with X-Ray	\$200	\$200	\$200			
Doctor's Office	\$75	\$75	\$75			
Doctor's Office with X-Ray	\$100	\$100	\$100			
Ambulance - once per day, within 90 days of the accident						
Maximum number of payments per covered accident: No Maximum						
Ground	\$300	\$300	\$300			
Air	\$900	\$900	\$900			
Major Diagnostic Testing - within six months of the accident	\$150	\$150	\$150			
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)	\$35	\$35	\$35			
Long Observation Period (24+ Hours)	\$70	\$70	\$70			
Prescriptions - within six months of the accident	\$5	\$5	\$5			
Maximum number of filled prescriptions per covered accident: 2						
Pain Management - within six months of the accident	\$75	\$75	\$75			
Maximum number of payments per covered accident: 1						
Blood/Plasma/Platelets - within six months of the accident	\$200	\$200	\$200			
Maximum number of days per covered accident: 3						
Concussion - once per accident, within six months of the accident	\$350	\$350	\$350			
Traumatic Brain Injury - once per accident, within six months of the accident	\$3,500	\$3,500	\$3,500			
Coma - once per accident	\$7,500	\$7,500	\$7,500			
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%	\$75	\$75	\$75			
At least 10%, but less than 25%	\$150	\$150	\$150			
At least 25%, but less than 35%	\$375	\$375	\$375			
35% or more	\$750	\$750	\$750			
<u>Third Degree Burns</u>						
Less than 10%	\$750	\$750	\$750			
At least 10%, but less than 25%	\$3,750	\$3,750	\$3,750			
At least 25%, but less than 35%	\$7,500	\$7,500	\$7,500			
35% or more	\$15,000	\$15,000	\$15,000			
Emergency Dental Work - once per accident, within six months of the accident						
Repair with Crown	\$120	\$120	\$120			
Extraction	\$30	\$30	\$30			
Eye Injury - removal of a foreign body	\$175	\$175	\$175			
Dislocations - once per accident, within 90 days of the accident						
Dislocation Schedule	Open Reduction			Closed Reduction		
	Employee	Spouse	Child	Employee	Spouse	Child
Hip	\$4,500	\$4,500	\$4,500	\$2,250	\$2,250	\$2,250
Knee	\$2,925	\$2,925	\$2,925	\$1,462.50	\$1,462.50	\$1,462.50
Shoulder	\$2,250	\$2,250	\$2,250	\$1,125	\$1,125	\$1,125
Foot/Ankle	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Hand	\$1,575	\$1,575	\$1,575	\$787.50	\$787.50	\$787.50
Lower Jaw	\$1,350	\$1,350	\$1,350	\$675	\$675	\$675
Wrist	\$1,125	\$1,125	\$1,125	\$562.50	\$562.50	\$562.50
Elbow	\$900	\$900	\$900	\$450	\$450	\$450
Finger/Toe	\$360	\$360	\$360	\$180	\$180	\$180
Lacerations - once per accident, within 7 days of the accident						
<u>Lacerations requiring stitches</u>						
Up to 2"	\$75	\$75	\$75			
2" to 6"	\$300	\$300	\$300			
Over 6"	\$600	\$600	\$600			
<u>Lacerations not requiring stitches</u>	\$37.50	\$37.50	\$37.50			

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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	\$6,000	\$6,000	\$6,000	\$3,000	\$3,000	\$3,000
Vertebrae/Sternum	\$5,400	\$5,400	\$5,400	\$2,700	\$2,700	\$2,700
Pelvis	\$4,800	\$4,800	\$4,800	\$2,400	\$2,400	\$2,400
Skull (Depressed)	\$4,500	\$4,500	\$4,500	\$2,250	\$2,250	\$2,250
Leg	\$3,600	\$3,600	\$3,600	\$1,800	\$1,800	\$1,800
Forearm/Hand/Wrist	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Foot/Ankle/Kneecap	\$3,000	\$3,000	\$3,000	\$1,500	\$1,500	\$1,500
Shoulder Blade/Collar Bone	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Lower Jaw	\$2,400	\$2,400	\$2,400	\$1,200	\$1,200	\$1,200
Skull (Simple)	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Upper Arm/Upper Jaw	\$2,100	\$2,100	\$2,100	\$1,050	\$1,050	\$1,050
Facial Bones (except teeth)	\$1,800	\$1,800	\$1,800	\$900	\$900	\$900
Vertebral Processes/Sacrum	\$1,200	\$1,200	\$1,200	\$600	\$600	\$600
Coccyx/Rib/Finger/Toe	\$480	\$480	\$480	\$240	\$240	\$240

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	\$300	\$300	\$300
Performed in a Doctor's Office, Urgent Care Facility or Emergency Room Maximum number of payments per covered accident: 2	\$35	\$35	\$35
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).	\$75	\$75	\$75
Inpatient Surgery and Anesthesia (per day) - within one year of the accident Maximum number of payments per covered accident: No Maximum	\$750	\$750	\$750
Transportation - within six months of the accident Maximum number of payments per covered accident: 3 Minimum Required Distance (miles): 100			
Plane	\$350	\$350	\$350
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.)	\$150	\$150	\$150

Hospitalization Category - Mid	Employee	Spouse	Child
Hospital Admission (per confinement) - once per accident, within six months of the accident Maximum number of admissions per covered accident: 1	\$900	\$900	\$900
Hospital Confinement (per day) - within 6 months of the accident Maximum days of confinement per covered accident: 365	\$225	\$225	\$225
Hospital Intensive Care (per day) - within 6 months of the accident Maximum days of confinement per covered accident: 30	\$300	\$300	\$300
Intermediate Intensive Care Step-Down Unit (per day) - within six months of the accident Maximum days of confinement per covered accident: 30	\$150	\$150	\$150
Family Member Lodging (per day) - within six months of the accident Maximum days of lodging per covered accident: 30 Minimum Required Distance (miles): 100	\$150	\$150	\$150

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After Care Category - Mid	Employee	Spouse	Child
Appliances - within six months of the accident			
Cane Maximum number of appliances per covered accident: No Maximum	\$30	\$30	\$30
Ankle Brace Maximum number of appliances per covered accident: No Maximum	\$30	\$30	\$30
Walking Boot Maximum number of appliances per covered accident: No Maximum	\$75	\$75	\$75
Walker Maximum number of appliances per covered accident: No Maximum	\$75	\$75	\$75
Crutches Maximum number of appliances per covered accident: No Maximum	\$75	\$75	\$75
Leg Brace Maximum number of appliances per covered accident: No Maximum	\$75	\$75	\$75
Cervical Collar Maximum number of appliances per covered accident: No Maximum	\$75	\$75	\$75
Wheelchair Maximum number of appliances per covered accident: No Maximum	\$300	\$300	\$300
Knee Scooter Maximum number of appliances per covered accident: No Maximum	\$300	\$300	\$300
Body Jacket Maximum number of appliances per covered accident: No Maximum	\$300	\$300	\$300
Back Brace Maximum number of appliances per covered accident: No Maximum	\$300	\$300	\$300
Accident Follow-Up Treatment - within 6 months of the accident			
Initial treatment is received within 7 days of the accident Maximum number of visits per covered accident: 6	\$35	\$35	\$35
Post Traumatic Stress Disorder (PTSD) - once per accident, within 6 months of the accident	\$150	\$150	\$150
Rehabilitation Unit (per day)			
Maximum number of days per confinement: 31 No more than 62 days total per calendar year for each insured	\$75	\$75	\$75
Therapy - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident Maximum number of visits per covered accident: 10	\$35	\$35	\$35
Chiropractic or Alternative Therapy - beginning within 90 days of the accident			
Initial treatment is received within 7 days of the accident Maximum number of visits per covered accident: 6	\$25	\$25	\$25
Life Changing Events Category - Mid	Employee	Spouse	Child
Dismemberment - once per accident, within six months of the accident			
Single Loss	\$8,750	\$3,750	\$1,750
Double Loss	\$17,500	\$7,500	\$3,500
Loss of one or more fingers or toes	\$875	\$375	\$175
Partial Dismemberment (includes at least one joint of a finger or toe)	\$87.50	\$87.50	\$87.50
Paralysis - once per accident, diagnosed by a doctor within six months of the accident			
Paraplegia	\$3,500	\$3,500	\$3,500
Quadriplegia	\$7,500	\$7,500	\$7,500
Prosthesis - once per accident			
Maximum number of prosthetic devices per covered accident: 2	\$2,000	\$2,000	\$2,000
Prosthesis Repair/Replacement - once per prosthetic device, within three years of initial Prosthesis payment	\$2,000	\$2,000	\$2,000
Residence/Vehicle Modification - once per accident, within one year of the accident	\$1,500	\$1,500	\$1,500
Wellness Rider - Mid-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

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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	\$7.70
Employee and Spouse	\$12.03
Employee and Child(ren)	\$14.76
Family	\$19.09