

# Accident Insurance

Features and Plan Provisions			
Covered Insureds		All Eligible Full-Time Employees Available for all family members Spouses-only and Child-only coverage is not available	
Complete Fractures			
	Open Reduction	Closed Reduction	<p>A fracture is a break in a bone that can be seen by X-ray. If a bone is fractured in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the appropriate amount shown.</p> <p>Multiple fractures refer to more than one fracture requiring either open or closed reduction. If multiple fractures occur in any one covered accident, we will pay the appropriate amounts shown for each fracture. However, we will pay no more than double the benefit amount for the fractured bone which has the highest dollar amount.</p> <p>Chip fracture refers to a piece of bone that is completely broken off near a joint. If a doctor diagnoses the fracture as a chip fracture, we will pay 25% of the amount shown for the affected bone.</p> <p>The maximum amount payable for the Fracture Benefit per covered accident is double the benefit amount for the fractured bone that has the higher dollar amount.</p>
Hip/Thigh	\$6,000	\$3,000	
Vertebrae	\$5,400	\$2,700	
Pelvis	\$4,800	\$2,400	
Skull (depressed)	\$4,500	\$2,250	
Leg	\$3,600	\$1,800	
Forearm/Hand/Wrist	\$3,000	\$1,500	
Foot/Ankle/Knee Cap	\$3,000	\$1,500	
Shoulder Blade/Collar Bone	\$2,400	\$1,200	
Lower Jaw (Mandible)	\$2,400	\$1,200	
Skull (Simple)	\$2,100	\$1,050	
Upper Arm/Upper Jaw	\$2,100	\$1,050	
Facial Bones (Except teeth)	\$1,800	\$900	
Vertebral Processes	\$1,200	\$600	
Coccyx/Rib/Finger/Toe	\$480	\$240	
Complete Dislocations			
	Open Reduction	Closed Reduction	<p><b>Dislocation</b> refers to a completely separated joint. If a joint is dislocated in a covered accident, and it is diagnosed and treated by a doctor within 90 days after the accident, we will pay the amount shown.</p> <p>We will pay benefits only for the first dislocation of a joint. We will not pay for recurring dislocations of the same joint. If the insured dislocated a joint before the effective date of the certificate and then dislocates the same joint again, it will not be covered by this plan.</p> <p><b>Multiple dislocations</b> refer to more than one dislocation requiring either open or closed reduction in any one covered accident. For each covered dislocation, we will pay the amounts shown. However, we will pay no more than double the benefit amount for the dislocated joint that has the higher dollar amount.</p> <p><b>Partial dislocation</b> is one in which the joint is not completely separated. If a doctor diagnoses and treats the accidental injury as a partial dislocation, we will pay 25% of the amount shown in the benefit schedule for the affected joint.</p> <p>The maximum amount payable for the Dislocation Benefit per covered accident is double the benefit amount for the dislocated joint that has the higher dollar amount.</p> <p>If you have <b>both</b> fracture and dislocation in the same covered accident, we will pay for both. However, we will pay no more than double the benefit amount for the fractured bone or dislocated joint that has the higher dollar amount.</p>
Hip	\$5,000	\$2,500	
Knee (not kneecap)	\$3,250	\$1,625	
Shoulder	\$2,500	\$1,250	
Foot/Ankle	\$2,000	\$1,000	
Hand	\$1,750	\$875	
Lower Jaw	\$1,500	\$750	
Wrist	\$1,250	\$625	
Elbow	\$1,000	\$500	
Finger/Toe	\$400	\$200	
Paralysis			
<b>Quadriplegia</b>	\$7,500	<p><b>Paralysis</b> means the permanent loss of movement of two or more limbs. We will pay the appropriate amount shown if, because of a covered accident:</p> <ul style="list-style-type: none"> <li>The insured is injured,</li> <li>The injury causes paralysis which lasts more than 90 days, and</li> <li>The paralysis is diagnosed by a doctor within 90 days after the accident.</li> </ul> <p>The amount paid will be based on the number of limbs paralyzed.</p> <p>If this benefit is paid and the insured later dies as a result of the same covered accident, we will pay the appropriate Death Benefit, less any amounts paid under the Paralysis Benefit.</p>	
<b>Paraplegia</b>	\$3,750		
Lacerations			
<b>Up to 2" long</b>	\$38	<p>The laceration must be repaired with stitches by a doctor within 72 hours after the accident. The amount paid will be based on the length of the laceration.</p> <p>If an insured suffers multiple lacerations in a covered accident, and the lacerations are repaired with stitches by a doctor within 72 hours after the accident, we will pay this benefit based on the largest single laceration which requires stitches.</p>	
<b>2" to 6" long</b>	\$150		
<b>More than 6" long</b>	\$300		
<b>Lacerations not requiring stitches</b>	\$18.75		
Injuries Requiring Surgery			
<b>Eye Injuries</b> (treatment and surgery within 90 days)		\$175	
<b>Removal of foreign body from eye</b> (requiring no surgery)		\$35	
<b>Tendons/Ligaments</b> (treatment within 60 days, surgical repair within 90 days)			
Single		\$300	
Multiple		\$450	
If the insured fractures a bone or dislocates a joint, and tears, severs, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.			
<b>Ruptured Disc</b> (treatment within 60 days, surgical repair within one year)			
Injury occurs during first certificate year		\$100	
Injury occurs after first certificate year		\$400	
<b>Torn Knee Cartilage</b> (treatment within 60 days, surgical repair within one year)			
Injury occurs during first certificate year		\$100	
Injury occurs after first certificate year		\$400	

Burns (treatment within 72 hours, first degree burns not covered)		
<b>Second Degree</b>		
Less than 10% of body surface covered		\$100
At least 10%, but not more than 25% of body surface covered		\$200
At least 25%, but not more than 35% of body surface covered		\$500
More than 35% of body surface covered		\$1,000
<b>Third Degree Burns</b>		
Less than 10% of body surface covered		\$1,000
At least 10%, but not more than 25% of body surface covered		\$5,000
At least 25%, but not more than 35% of body surface covered		\$10,000
More than 35% of body surface covered		\$20,000
<b>Concussion</b> (A concussion or Mild Traumatic Brain Injury (MTBI) is defined as a disruption of brain function resulting from a traumatic blow to the head.) (Note: Concussion and MTBI are used interchangeably. The concussion must be diagnosed by a doctor.)		
		\$150
<b>Coma</b> (state of profound unconsciousness lasting 30 days or more)		
		\$7,500
<b>Internal Injuries</b> (resulting in open abdominal or thoracic surgery)		
		\$750
<b>Exploratory Surgery</b> (without repair, i.e., arthroscopy)		
		\$175
<b>Emergency Dental Work</b> (injury to sound, natural teeth)		
Repaired with crown		\$100
Resulting in extraction		\$33
Medical Fees (for each accident)		
Employee or Spouse	\$75	We will pay the amount shown for X-rays or doctor services. For benefits to be payable, because of a covered accident, the insured must be injured and receive initial treatment from a doctor within 72 hours after the accident.
Child(ren)	\$50	We will pay the Medical Fees Benefit: • For treatment received due to injuries from a covered accident and • For each covered accident up to one year after the accident date.
Accident Benefits		
<b>Emergency Room Treatment</b> In a hospital emergency room and within 72 hours after the covered accident. Once per 24-hour period and once per covered accident. We will not pay the Accident Emergency Room Treatment Benefit and the Medical Fees Benefit for the same covered accident. We will pay the highest eligible benefit amount.		\$125
<b>Emergency Room Observation Benefit</b> For injuries received in a covered accident if the insured: • Receives treatment in a hospital emergency room, and • Is held in a hospital for observation for at least 24 hours, and • Receives initial treatment within 72 hours after the accident. This benefit is payable only once per 24-hour period and only once per covered accident. This benefit would be paid in addition to Accident Emergency Room Treatment Benefit.		\$75
<b>Major Diagnostic Testing</b> Paid if, because of injuries sustained in a covered accident, you require one of the following exams, and a charge is incurred: • Computerized tomography (CT scan). • Computerized axial tomography (CAT). • Magnetic resonance imaging (MRI). • Electroencephalography (EEG). These exams must be performed in a hospital or a doctor's office. This benefit is limited to one payment per covered accident.		\$150
<b>Post Traumatic Stress Disorder Diagnosis</b> Post-traumatic Stress Disorder (PTSD) is a mental health condition triggered by a covered stress accident. We will pay the amount shown if the insured is diagnosed with Post-traumatic Stress Disorder. The insured must meet the diagnostic criteria for PTSD, stipulated in the Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV-TR), and be under the active care of either a psychiatrist or Ph.D.-level psychologist. This benefit is payable only once per covered accident.		\$150
<b>Accident Follow-Up Treatment</b> Up to six treatments per covered accident, per covered person. The insured must have received initial treatment within 72 hours of the accident, and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital.		\$20
<b>Physical Therapy</b> up to six treatments (one per day) per covered accident, per covered person for treatment from a physical therapist. A physician must prescribe the physical therapy. The insured must have received initial treatment within 72 hours of the accident, and physical therapy must begin within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the Accident Follow-up Treatment benefit is paid.		\$20
<b>Ambulance</b> within 90 days of the accident		
Ground		\$150
Air		\$750
<b>Transportation</b> (within 90 days) If hospital treatment or diagnostic study is recommended by your physician and is not available in the insured's city of residence, we will pay the amount shown. The distance to the location of the hospital must be more than 50 miles from the insured's residence.		
Train or Plane		\$200
Bus		\$100
<b>Blood/Plasma</b> - within 90 days of the accident		\$75
<b>Prosthesis</b> - Hearing aids, wigs, or dental aids—including false teeth—are not covered.		\$350
<b>Appliance</b> - Payable for crutches, wheelchairs, leg braces, back braces, and walkers.		\$75

## Accident Benefits (continued)

<p><b>Family Lodging Benefit (per night)</b> If an insured is required to travel more than 100 miles for inpatient treatment of injuries received in a covered accident, we will pay the amount shown for an immediate family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital.</p>				\$75
<p><b>Wellness</b> This benefit is payable after premiums have been paid for 12 months and while coverage is in force. This benefit is only payable for Wellness Tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. We will pay the amount shown once each 12-month period for each covered person for the following:</p> <ul style="list-style-type: none"> <li>• Annual physical exams.</li> <li>• Mammograms.</li> <li>• Pap smears.</li> <li>• PSA tests.</li> <li>• Ultrasounds.</li> <li>• Blood screenings.</li> <li>• Eye examinations.</li> <li>• Immunizations.</li> <li>• Flexible sigmoidoscopies.</li> </ul>				\$25
<p><b>Hospital Admission</b> We will pay the amount shown, when because of a covered accident, the insured:</p> <ul style="list-style-type: none"> <li>• Is injured,</li> <li>• Requires hospital confinement, <b>and</b></li> <li>• Is confined to a hospital for at least 24 hours within 6 months after the accident date.</li> </ul> <p>We will pay this benefit once per calendar year. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.</p>				\$750
<p><b>Hospital Confinement (per day)</b> We will pay the amount shown when, because of a covered accident, the insured:</p> <ul style="list-style-type: none"> <li>• Is injured, <b>and</b></li> <li>• Those injuries cause confinement to a hospital for at least 24 hours within 90 days after the accident date.</li> </ul> <p>The maximum period for which you can collect the Hospital Confinement Benefit for the same injury is 365 days. This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury. We will not pay this benefit for confinement to an observation unit. We will not pay this benefit for emergency room treatment or outpatient surgery or treatment.</p>				\$150
<p><b>Hospital Intensive Care (per day)</b> We will pay the amount shown when, because of a covered accident, the insured:</p> <ul style="list-style-type: none"> <li>• Is injured, <b>and</b></li> <li>• Those injuries cause confinement to a hospital intensive care unit.</li> </ul> <p>The maximum period for which an insured can collect the Hospital Intensive Care Benefit for the same Injury is 30 days. This benefit is payable in addition to the Hospital Confinement Benefit.</p>				\$300
<p><b>Rehabilitation Unit Benefit (per day)</b> We will pay the amount shown for injuries received in a covered accident if the insured:</p> <ul style="list-style-type: none"> <li>• Is admitted for a hospital confinement,</li> <li>• Is transferred to a bed in a rehabilitation unit of a hospital for treatment, <b>and</b></li> <li>• Incurs a charge.</li> </ul> <p>This benefit is limited to 30 days per period of hospital confinement. This benefit is also limited to a calendar year maximum of 60 days. We will not pay the Rehabilitation Unit Benefit for the same days that the Accident Hospital Confinement Benefit is paid. We will pay the highest eligible benefit.</p>				\$50
<b>Accidental Death &amp; Dismemberment (within 90 days)</b>	<b>Employee</b>	<b>Spouse</b>	<b>Children</b>	
Accidental Death	\$40,000	\$20,000	\$5,000	
Accidental Common Carrier Death	\$80,000	\$40,000	\$10,000	
Single Dismemberment	\$6,250	\$2,500	\$1,250	
Double Dismemberment	\$12,500	\$5,000	\$2,500	
Loss of One or More Fingers or Toes	\$625	\$250	\$125	
Partial Amputation of Finger(s) or Toe(s) (including at least one joint)	\$50	\$50	\$50	
<p><b>Dismemberment means:</b></p> <ul style="list-style-type: none"> <li>• Loss of a hand – The hand is cut off at or above the wrist joint; <b>or</b></li> <li>• Loss of a foot – The foot is cut off at or above the ankle; <b>or</b></li> <li>• Loss of sight – At least 80% of the vision in one eye is lost. Such loss of sight must be permanent and irrecoverable; <b>or</b></li> <li>• Loss of a finger/toe – The finger or toe is cut off at or above the joint where it is attached to the hand or foot.</li> </ul> <p>If the employee does not qualify for the Dismemberment Benefit but loses at least one joint of a finger or toe, we will pay the Partial Dismemberment Benefit shown. If this benefit is paid and the employee later dies as a result of the same covered accident, we will pay the appropriate death benefit, less any amounts paid under this benefit.</p> <p><b>Accidental Death</b> – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Death Benefit shown.</p> <p><b>Accidental Common Carrier Death</b> – If the employee is injured in a covered accident and the injury causes him/her to die within 90 days after the accident, we will pay the Accidental Common Carrier Death Benefit in the amount shown if the injury is the result of traveling as a fare-paying passenger on a common carrier, as defined below. This benefit is paid in addition to the Accidental Death Benefit.</p> <p>Common carrier means:</p> <ul style="list-style-type: none"> <li>• An airline carrier which is licensed by the United States Federal Aviation Administration and operated by a licensed pilot on a regular schedule between established airports; <b>or</b></li> <li>• A railroad train which is licensed and operated for passenger service only; <b>or</b></li> <li>• A boat or ship that is licensed for passenger service and operated on a regular schedule between established ports.</li> </ul>				
<b>Optional Catastrophic Accident Benefit</b>	<b>Employee</b>	<b>Spouse or Child</b>		
<p>To be eligible for the optional Catastrophic Accident Benefit, an employee must be covered under the base Accident Plus plan. Employees must elect coverage for this optional benefit in order for spouse and children to be covered. The Optional Catastrophic Accident Benefit does not require any insured to answer questions. We will pay the amount shown due to a covered accidental injury that results in a catastrophic loss. This benefit reduces by 50% at age 65. This benefit is payable after a 365 day elimination period.</p>	\$50,000	\$25,000		