

## Accident Insurance

**Class Description(s):** All Active Full-time Employees

**Eligibility Requirement:** Eligible person working 20 hours per week

Plan Information		Plan Design Option
Plan Type	Custom Plan	
Coverage Type	Non-Occupational (Off-job only)	
Dependent Benefit Amounts	Dependent benefit amounts are the same as employee benefit amounts unless otherwise indicated within the package.	
Accident Benefits		
The Hartford's Accident plan(s) will pay each scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident while insurance is in effect, subject to any plan limitations and exclusions. State specific variations may apply to the benefits shown below.		
Emergency, Hospital & Treatment Care Package <sup>3</sup> :		
Treatment/Service	Detail (Per covered person)	Custom Plan
ACCIDENT FOLLOW-UP	Up to 3 Treatments/accident within 90 Days	\$100
ACUPUNCTURE	Up to 10 visits/accident within 365 Days	\$50
AMBULANCE – AIR	Once/accident within 72 Hours	\$1,200
AMBULANCE – GROUND	Once/accident within 90 Days	\$400
BLOOD/PLASMA/PLATELETS	Once/accident within 90 Days	\$300
CHILD CARE	Up to 30 Days/accident while insured is confined	\$30
CHIROPRACTIC CARE	Up to 10 visits/accident within 365 Days	\$50
DAILY HOSPITAL CONFINEMENT	Up to 365 Days/lifetime (Total daily and ICU)	\$300
DAILY ICU CONFINEMENT	Up to 30 Days/accident (Subject to 365 Days/lifetime)	\$600
DIAGNOSTIC EXAM	Once/accident within 90 Days	\$300
EMERGENCY DENTAL – CROWN	Highest benefit once/accident within 90 Days	\$450
EMERGENCY DENTAL – EXTRACTION	Highest benefit once/accident within 90 Days	\$150
EMERGENCY ROOM	Once /accident within 72 Hours	\$200
HOSPITAL ADMISSION	Once/accident within 90 Days	\$1,500
INITIAL PHYSICIAN OFFICE VISIT	Once/accident within 90 Days	\$100
LODGING	Up to 30 Nights/lifetime	\$150
MEDICAL APPLIANCE	Once/accident within 90 Days	\$150
PHYSICAL THERAPY	Up to 10 Visits/accident within 90 Days	\$50
REHABILITATION FACILITY	Up to 15 Days/lifetime within 90 Days	\$150
TRANSPORTATION	Up to 3 Trips/accident	\$500
URGENT CARE	Once /accident within 72 Hours	\$100
X-RAY	Once/accident within 90 Days	\$75
Specified Injury & Surgery Benefit Package:		
Injury/Treatment/Service	Detail (Per covered person)	Custom Plan
ABDOMINAL/THORACIC SURGERY	Once/accident within 90 Days	\$2,000
ARTHROSCOPIC SURGERY	Once/accident within 90 Days	\$400
BURN – 2ND DEGREE (≥ 34% OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$1,500
BURN – 3RD DEGREE (≥ 18IN2 OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$15,000

BURN – SKIN GRAFT (FOR 3RD DEGREE BURN)	Once/accident	25% of burn benefit
CONCUSSION	Up to 3 Concussions/year within 72 Hours	\$200
EYE INJURY – OBJECT REMOVAL	Highest benefit once/accident within 90 Days	\$300
EYE INJURY – SURGERY	Highest benefit once/accident within 90 Days	\$600
HERNIA REPAIR	Once/accident within 365 Days	\$200
JOINT REPLACEMENT	Once/accident within 90 Days	\$3,000
KNEE CARTILAGE – WITH REPAIR	Highest benefit once/accident within 12 Months	\$1,000
KNEE CARTILAGE – WITHOUT REPAIR		\$200
LACERATION – 2” TO 6”	Highest benefit once/accident within 72 Hours	\$500
LACERATION – 6” OR GREATER	Highest benefit once/accident within 72 Hours	\$600
RUPTURED DISC	Once/accident within 365 Days	\$1,000
TENDON/LIGAMENT/CUFF – SINGLE	Highest benefit once/accident within 365 Days	\$1,000
TENDON/LIGAMENT/CUFF – 2 OR MORE		\$1,500
<b>Specified Injury &amp; Surgery Benefit Package: Dislocations (dollar amounts shown are for Open Surgical injuries)</b>		
<b>Injury</b>	<b>Detail (Per covered person)</b>	<b>Custom Plan</b>
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
ANKLE, FOOT BONES (EXCEPT TOES)	Once/joint/lifetime (Open or closed)	\$2,000
COLLARBONE – ACROMIO/SEPARATION		\$1,000
COLLARBONE – STERNOCLAVICULAR		\$2,000
ELBOW		\$1,500
FINGER, TOE		\$400
HIP		\$8,000
KNEE		\$3,200
LOWER JAW		\$1,500
SHOULDER (GLENOHUMERAL )		\$1,500
WRIST		\$1,500
HAND BONES (EXCEPT FINGERS)		\$1,500
CLOSED (NON-SURGICAL)		50% of open benefit
INCOMPLETE/WITHOUT ANESTHESIA		25% of closed benefit
MULTIPLE DISLOCATIONS/FRACTURES		--
<b>Specified Injury &amp; Surgery Benefit Package: Fractures (dollar amounts shown are for Open Surgical injuries)</b>		
<b>Injury</b>	<b>Detail (Per covered person)</b>	<b>Custom Plan</b>
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
ANKLE	Once/bone/accident within 90 Days	\$1,500
FOOT BONES (EXCEPT TOES)		\$1,500
COCCYX		\$600
COLLARBONE/CLAVICLE OR STERNUM		\$2,000



FINGER, TOE		\$400
FOREARM – RADIUS OR ULNA		\$1,500
HIP, THIGH/FEMUR		\$6,000
KNEECAP/PATELLA		\$1,500
LOWER JAW/MANDIBLE (EXC. ALV. PROCESS)		\$1,500
LOWER LEG – FIBULA OR TIBIA		\$2,400
NOSE, FACIAL BONES (EXCEPT JAW BONES)		\$1,200
PELVIS (EXCEPT COCCYX)		\$2,500
VERTEBRAE – PROCESSES		\$800
RIB		\$800
SHOULDER BLADE/SCAPULA		\$2,000
SKULL – DEPRESSED		\$9,000
SKULL – NON-DEPRESSED/SIMPLE		\$3,000
UPPER ARM/HUMERUS		\$1,500
UPPER JAW/MAXILLA (EXC. ALVEOLAR PROCESS)		\$1,500
VERTEBRAE – BODY		\$2,400
WRIST, HAND BONES (EXCEPT FINGERS)		\$1,500
CLOSED (NON-SURGICAL)		50% of open benefit
CHIP FRACTURE		25% of closed benefit
MULTIPLE FRACTURES/DISLOCATIONS	--	≤ 200% of highest benefit
<b>Catastrophic Benefits Package:</b>		
<b>Injury/Treatment/Service</b>	<b>Detail (Per covered person)</b>	<b>Custom Plan</b>
COMA (≥ 168 ] CONTINUOUS HOURS)	Once/accident within 90 Days	\$15,000
HOME HEALTH CARE	Up to 30 Days/accident	\$50
PARALYSIS – QUADRIPLEGIA	Highest benefit once/accident within 90 Days	\$15,000
PARALYSIS – PARAPLEGIA		\$7,500
PROSTHESIS – SINGLE	Highest benefit once/accident within 365 Days	\$1,000
PROSTHESIS – 2 OR MORE		\$2,000
<b>Catastrophic Benefits Package: Dismemberments</b>		
<b>Injury</b>	<b>Detail (Per covered person)</b>	<b>Custom Plan</b>
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
BOTH HANDS OR BOTH FEET	Within 90 Days	\$50,000
SIGHT – BOTH EYES		\$50,000
SPEECH & HEARING (BOTH EARS)		\$50,000
1 HAND & 1 FOOT	Once/accident within 90 Days	\$50,000
1 HAND/FOOT & SIGHT OF 1 EYE		\$50,000
1 HAND OR 1 FOOT		\$25,000
SIGHT – 1 EYE		\$25,000
SPEECH OR HEARING (BOTH EARS)		\$25,000
THUMB & INDEX FINGER (SAME HAND)		\$10,000

<b>Additional Plan Features &amp; Services:</b>	
POLICY AGE LIMIT	Coverage terminates when the employee reaches age 80
PORTABILITY	Included
CONTINUATION OF COVERAGE	Included
CONTINUITY OF COVERAGE	Included
ABILITY ASSIST® 1	Included
HEALTH CHAMPIONS™ 1	Included
<b>Enrollment &amp; Contribution:</b>	
ENROLLMENT TYPE	Annual Open Enrollment <sup>4</sup>
EMPLOYEE CONTRIBUTION	100% employee paid (Voluntary)
NUMBER OF ELIGIBLE EMPLOYEES	850
MINIMUM PARTICIPATION REQUIREMENT	10 enrolled employees

<b>Rate Information:</b>				
<b>PLAN TYPE</b>	<b>Employee</b>	<b>Employee &amp; Spouse</b>	<b>Employee &amp; Child(ren)</b>	<b>Family</b>
<b>MONTHLY RATES – CUSTOM PLAN<sup>2</sup></b>	<b>\$10.51</b>	<b>\$16.72</b>	<b>\$17.70</b>	<b>\$27.88</b>
INITIAL RATE GUARANTEE PERIOD	2 Years			

<sup>1</sup> HealthChampion™ and Ability Assist® are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych.

<sup>2</sup> Rates/benefits may change on a class or plan basis.

<sup>3</sup> Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities for the aged, drug addicts or alcoholics.

<sup>4</sup> Assumes all eligible employees can enroll in the plan and/or increase existing benefits without providing evidence of insurability during the scheduled initial enrollment period and subsequent scheduled enrollment periods occurring annually thereafter. Guarantee Issue and pre-existing condition limitations apply. Annual Open Enrollment necessitates that pre-defined enrollment experience practices are agreed to be implemented by the employer.

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offered by another insurance carrier, to enroll in our plan. The insured will be enrolled for the same coverage tier in effect under the prior plan, unless a different tier is elected by the insured.

### **Accident Insurance – Exclusions**

*The information provided below is applicable in most states; however, please be aware that state variations may apply.*

A benefit is not payable for an injury that results from or is caused by:

Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury.

War or act of war, whether declared or undeclared.

A nuclear, chemical, biological, or radiological event.

A covered person's participation commission of or attempt to commit a felony to which the contributing cause was the covered person's engagement in an illegal occupation.

A covered person's service in the armed forces or units auxiliary to it.

A covered person's intoxication or being under the influence of any narcotic unless administered or consumed on the advice of a physician.

A covered person's sickness or bacterial infection.

A covered person's participation in bungee jumping or hand gliding.

A covered person's participation or competition in semi-professional or professional sports.

Cosmetic surgery or any other elective procedure that is not medically necessary.

While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests.

Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven. This exclusion does not apply where a covered person is riding as a fare-paying passenger on a regularly scheduled commercial airline or as a passenger for transportation only and not as a pilot or crew member.

Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.