

Voluntary Accident Insurance



If you have an accident,
will it hurt your bank account too?

On & Off-Job Plan

On & Off-Job Plan

WEEKLY Premiums

Weekly Cost for Family Coverage Options

Individual	Individual & Spouse	One Parent Family	Two Parent Family
\$3.78	\$5.40	\$7.20	\$8.82

ADDITIONAL Weekly Cost for Sickness Hospital Confinement Rider

Individual	Individual & Spouse	One Parent Family	Two Parent Family
\$0.81	\$1.62	\$1.38	\$2.19

An illustrative example of how Accident Coverage can help you with your expenses*

40-year-old claimant

Accident: Fall at home

Injury: Broken toe and ACL tear
(knee ligament injury)

Out of Pocket expenses incurred:

\$100 emergency room copay

\$250 deductible

\$750 copay for surgery (\$3,750 x 20%)

\$150 copay for 10 physical therapy visits

Total out-of-pocket expenses: \$1,250

Benefits Paid:

\$150 emergency room copay

\$100 appliance (knee brace)

\$100 fractured toe

\$400 surgical ligament tear repair

\$50 follow-up appointment

\$150 for six physical therapy sessions

Total benefit paid under policy: \$950

*Costs of treatment and benefit amounts may vary



Optional rider for hospitalization confinement due to a covered sickness

- ° \$100 per day for you or your covered spouse. \$75 per day for children.
- ° Rider coverage is available to, and must match, those who are covered by the base accident insurance plan.
- ° You (and your spouse, if applicable) will be required to answer certain health questions when applying for this rider.

Schedule of Benefits

Accident/Injury	Benefit Amount	Accident/Injury	Benefit Amount
Accidental death		Fractures	
employee	\$25,000	open	up to \$5,000
spouse	\$10,000	closed	up to \$2,500
child	\$5,000	chips	25% of closed amount
<i>The accidental death benefit doubles if the insured is injured as a fare-paying passenger on a common carrier. Employee – \$50,000; Spouse – \$20,000; Child – \$10,000</i>		Hospital admission	
Ambulance	\$100	(per admission)	\$750
air ambulance	\$500	Hospital confinement	
Appliance	\$100	(per day up to 365 days)	\$200
Blood, plasma and platelets	\$300	Hospital intensive care unit	
Burns		(per day up to 15 days)	\$400
2nd degree for 36% or more of body surface	\$750	Knee cartilage (torn)	\$500
3rd degree for 9 - 34 square inches of body surface	\$1,500	exploratory	\$100
3rd degree for 35 or more square inches of body surface	\$1,500	Laceration	\$25-\$400
35 or more sq. in. of body surface	\$10,000	Lodging	
skin grafts	25% of burn benefit	(per night up to 30 days)	\$100
Catastrophic accident loss of use of sight, hearing, speech, arms or legs (exceptions for PA, NJ and VT noted below)		Loss of finger, toe, hand, foot or sight of an eye	
employee <65 years	\$100,000	Loss of both hands, feet, sight of both eyes, or any combination of two or more losses	\$15,000
spouse or child <65 years	\$50,000	Loss of one hand, foot or sight in one eye	\$7,500
age 65-69	Amount reduced 50%	Loss of two or more fingers, toes or any combination of two or more losses	\$1,500
age 70+	Amount reduced 75%	Loss of one finger or toe	\$750
Concussion	\$100	Physical therapy (6 treatments)	\$25 per treatment
Dental work, emergency		Prosthetic device or artificial limb	
extraction	\$50	one	\$500
crown	\$150	more than one	\$1,000
Dislocations		Ruptured disc	\$400
open	up to \$4,000	Surgery benefit (open abdominal, thoriac)	\$1,000
closed	up to \$2,000	exploratory	\$100
without anesthesia	reduced 25%	Tendon/ligament and rotator cuff	
Doctor's office initial visit	\$50	repair of one	\$400
Emergency room treatment		repair of more than one	\$600
(includes X-rays)	\$150	exploratory only	\$100
Eye injury		Transportation	
requires surgery or removal of foreign body	\$200	(100+ miles up to 3 trips)	\$300
Follow-up treatment for accident			
initial follow-up visit	\$50		

Benefit amounts may vary by state. For CO, FL, NH and WA, please refer to the state-specific forms for benefit variations.

Catastrophic accident benefits are payable after fulfilling a 365-day elimination period. See policy for details.