



## Plan Description

Eligibility Requirements

Child limiting age

Minimum Number of Applications Required

Enrollment Frequency

Coverage Type

New Employee Waiting Period

Portability

Evidence of Insurability

Organized Sports Coverage

First Accident

Wellness Benefit (Once per covered person per year)

## Monthly Premiums

Employee

Employee and Spouse

Employee and Child

Family

Initial Rate Guarantee

## Specified Injury Coverage

### Burns

2nd Degree

3rd Degree

### Concussion and Brain Injury

Concussion

Traumatic Brain Injury

### Dislocations

Hip Joint

Knee Joint (other than patella)

Kneecap (patella)

Ankle Bone or Bones of the Foot (other than toes)

Collar Bone (Stemoclavicular)

Collar Bone (Acromioclavicular and separation)

Lower jaw

Shoulder
Elbow joint
Wrist joint
Hand (other than fingers)
Finger or Toe (digit)
Incomplete dislocation
Multiple Dislocations
<b>Eye Injury</b>
Eye Injury
<b>Fractures (broken bone)</b>
Skull (depressed)
Skull (non-depressed)
Collarbone/Clavicle or sternum
Hip,Thigh
Vertebrae (body)
Pelvis
Leg
Bones of Face or Nose (except jaw)
Upper Jaw, Maxilla
Upper Arm between Elbow and Shoulder
Lower Jaw, Mandible (except alveolar process)
Shoulder Blade
Vertebral Processes
Forearm
Knee Cap
Foot or Heel (other than toe)
Ankle
Rib
Coccyx
Finger, Toe
Hand or Wrist (other than fingers)
Chip Fracture
Multiple Fractures
<b>Tears</b>
Tendons
Ligaments
Rotator Cuff
Knee Cartilage
<b>Laceration</b>
Not requiring stitches
Total of all lacerations is < 2 in
Total of all lacerations is 2-4 in
Total of all lacerations is 5-6 in
Total of all lacerations is 6-15 in

Total of all lacerations is > 15 in
<b>Covered Treatments and Services</b>
<b>Ambulance</b>
Ground
Air
<b>Durable Medical Equipment</b>
Tier 1
Tier 2
Tier 3
<b>Dental</b>
Crown
Extraction
Filling or Chip Repair
<b>Diagnostic Testing</b>
Major Diagnostic Testing
<b>Medical Imaging</b>
X-rays and Ultrasound
Other Imaging (MRI, PET,CAT, etc.)
<b>Lodging</b>
Lodging
<b>Prosthetic Device</b>
One Device or Limb
Two Devices or Limbs
<b>Skin Graft</b>
For Burns
Not Burns-Less than 20% of skin surface
Not Burns-Greater than 20% of skin surface
<b>Treatment</b>
Emergency Room
Injections to Prevent or Limit Infection
Pain Management Injections
Transfusions
Transportation
Blood/Plasma/Platelets
Treatment in a Physicians office or Urgent Care Facility
Family Care
Pet Boarding
<b>Surgery</b>
<b>Dislocations</b>
Dislocation, Surgical Repair
<b>Anesthesia</b>
Epidural or Regional Anesthesia
General Anesthesia

<b>Connective Tissue</b>
Exploratory without repair
Repair for One Connective Tissue
Repair for Two or More Connective Tissue
<b>Eye</b>
Eye Surgery requiring Anesthesia
<b>Fractures</b>
Fractures, Surgical Repair
Multiple Bones
<b>General Surgery</b>
Abdominal, Thoracic or Cranial
Exploratory
<b>Hernia Surgery</b>
Hernia Surgery
<b>Knee Cartilage</b>
Exploratory without Repair
Exploratory with Repair
<b>Outpatient Surgery Facility Service</b>
Outpatient Surgery Facility Service
<b>Ruptured or Herniated Disc Surgery</b>
Exploratory without Repair
One Disc
Two or More Disc
<b>Recovery</b>
At-Home Care
Physician Follow-Up Visits
Prescription Drug
Rehabilitation or Subacute Rehabilitation Unit
Therapy Services
Behavioral Health Therapy
Post-traumatic Stress Disorder
Vehicle Modification
<b>Hospital</b>
Admission
Admission-ICU
Daily Stay
Daily Stay-ICU
Short Stay
<b>Accidental Death and Dismemberment</b>
<b>Accidental Death</b>
Employee

Spouse
Child
<b>Common Carrier Death</b>
Employee
Spouse
Child
<b>Initial Accidental Dismemberment</b>
Both Feet
Both Hands
One Foot
One Hand
One Finger
One Toe
Two or more fingers
Two or more toes
Thumb and Index Finger (same hand)
<b>Catastrophic Accident</b>
Both Feet
Both Hands
One Foot
One Hand
Speech
Sight
Hearing in both ears
<b>Coma</b>
Coma
<b>Loss of Use</b>
Hearing
Sight of One Eye
Sight of Both Eyes
Speech
<b>Paralysis</b>
Uniplegia
Hemiplegia/Paraplegia
Triplegia
Quadriplegia
<b>Exclusions and Limitations</b>



















































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Active employees working 15 hours or more per week above the age of 17	
age 26	
None	
Late enrollees may enroll during scheduled enrollment	
On/Off Job	
30 Days	
Included	
Not Required	
\$50	
Preferred	Premier
\$14.02	\$21.03
\$22.91	\$34.24
\$24.93	\$36.30
\$33.82	\$49.51
3 years	
Preferred	Premier
\$1,000 (36% of body)	\$1,500 (36% of body)
\$2,000 (9 sq inches- 18 sq inches)	\$3,000 (9 sq inches- 18 sq inches)
\$7,000 (>18 sq inches- 35 sq inches)	\$10,000 (>18 sq inches- 35 sq inches)
\$15,000 (over 35 sq inches)	\$21,000 (over 35 sq inches)
\$200-\$6,000 based on the joint and if	\$280-\$8,000 based on the joint and if

repaired by open or closed reduction.	repaired by open or closed reduction.
\$200-\$7,500 based on bone and if repaired by open or closed reduction.	\$200-\$10,000 based on bone and if repaired by open or closed reduction.
\$900 (1) and \$1,800 (2+)	\$1,200 (1) and \$2,400 (2+)
\$750	\$1,250
\$50	\$75
\$150	\$150
\$300	\$600
\$300	\$600
\$600	\$1,200

\$600	\$1,200
<b>Preferred</b>	<b>Premier</b>
\$300	\$400
\$1,500	\$2,000
\$100	\$200
\$300	\$600
\$100	\$200
\$60 (X-ray)	\$60 (X-ray)
\$200 (one per person per calendar year)	\$400 (one per person per calendar year)
\$200 (per day up to 30 days)	\$250 (per day up to 30 days)
\$1,250	\$1,750
\$2,500	\$3,500
50% of applicable burn benefit	
\$150	\$150
\$600 per trip	\$700 per trip
\$400	\$500
\$150 (per accident up to 4 per year)	\$200 (per accident up to 4 per year)
<b>Preferred</b>	<b>Premier</b>

\$1,500	\$2,000
\$225	\$275
\$300	\$400
\$225	\$275
\$225	\$275
\$225	\$275
\$900	\$1,200
\$900	\$1,200
<b>Preferred</b>	<b>Premier</b>
\$50 per visit up to 4 visits per accident up to 16 visits per year	
\$150 (up to 15 days per accident and 30 days per year.	\$200 (up to 15 days per accident and 30 days per year.
\$45 (up to 10 days for OT and PT)	\$55 (up to 10 days for OT and PT)
<b>Preferred</b>	<b>Premier</b>
\$1,750	\$2,000
\$1,750 (not in addition to regular daily stay)	\$2,500 (not in addition to regular daily stay)
\$250 (per day up to 365 days)	\$350 (per day up to 365 days)
\$400 (per day up to 15 days)	\$600 (per day up to 15 days)
<b>Preferred</b>	<b>Premier</b>
\$50,000	

\$50,000	
\$10,000	
\$200,000	
\$200,000	
\$40,000	
\$18,000	\$30,000
\$18,000	\$30,000
\$9,000	\$15,000
\$9,000	\$15,000
\$1,050	\$1,500
\$1,050	\$1,500
\$2,100	\$3,000
\$2,100	\$3,000
\$2,100	\$3,000
\$50,000 employee, \$50,000 spouse, \$25,000 child	\$50,000 employee, \$50,000 spouse, \$25,000 child
\$375 (duration of 14 days)	\$500 (duration of 14 days)
\$9,000	\$15,000
\$18,000	\$30,000
Accident Coverage Plans will not provide benefits for losses that are caused by, contributed to by or occur	

as a result of a covered person's:

- Hazardous avocations
- Felonies or illegal occupations
- Racing
- Semi-professional or professional sports
- Sickness
- Suicide or self-inflicted injuries
- War or armed conflict

In addition to the exclusions listed above, we also will not pay the Catastrophic Accident benefit for injuries that are caused by or are the result of:

- Birth • Narcotics

















































