



# Supplemental Medical Plans Guide

Medical insurance does not prevent all the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Critical Illness, Hospital Indemnity and Accident Insurance can help cover this out-of-pocket financial exposure for a reasonable cost.\*

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the benefit even if you have other insurance.

**Please note: These plans are not replacements for medical insurance.**

**Click on the links below for more details on your available options**

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| • <b><u>Critical Illness</u></b>   | <b>Plan Overview</b> | <b>Plan Details</b> |
| • <b><u>Hospital Indemnity</u></b> | <b>Plan Overview</b> | <b>Plan Details</b> |
| • <b><u>Accident</u></b>           | <b>Plan Overview</b> | <b>Plan Details</b> |

\* The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefit

# Supplemental Medical Benefits

Medical insurance does not prevent all of the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Critical Illness, Hospital Indemnity and Accident Insurance can help cover this out-of-pocket financial exposure for a reasonable cost.

Have you ever known someone who was diagnosed with a critical illness, experienced an accident, or was hospitalized? Events like these happen unexpectedly. Don't go another day unprotected. Enroll in your supplemental medical plans and be prepared for whatever tomorrow brings.\*

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the benefit even if you have other insurance. **Please note: These plans are not replacements for medical insurance.**

## Critical Illness Insurance

You can protect yourself from the unexpected costs of a serious illness.

Even the most generous medical plan does not cover all of the expenses of a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a lump sum benefit directly to you if you are diagnosed with a covered illness that meets the plan criteria. The benefit is paid in addition to any other insurance coverage you may have.

### Covered Illnesses include (but not limited to):

- Heart Attack
- Stroke
- Cancer
- Major Organ Transplant
- End Stage Renal (Kidney) Failure

### Plan Features

- ✓ **Guaranteed Acceptance:** There are no health questions or physical exams required to enroll.
- 👤 **Family Coverage:** You can elect to cover your spouse and children.
- ➡ **Portable Coverage:** You can take your policy with you if you change jobs or retire.

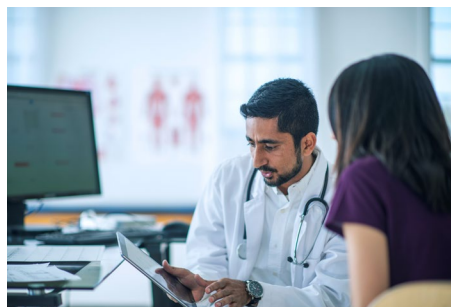


### Health Screening Benefit

If applicable, the plan provides a benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

### How Critical Illness Insurance Works

When Sam had a stroke, he was grateful the doctors were able to stabilize his condition, but he learned there was some permanent damage to his vision. He began to see his out-of-pocket costs adding up quickly. The good news is he received a lump sum payment of \$10,000 from the Critical Illness coverage he elected at Open Enrollment to help cover these expenses.



\* The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefit





# Hospital Indemnity Insurance

Receive payments to help cover the cost of a hospital stay.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to add up. Hospital Indemnity Insurance pays benefits directly to you if you are admitted into a hospital for care or childbirth. Benefits are paid even if you have other coverage.

You receive a benefit if you are admitted and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit or inpatient rehabilitation.

## Plan Features

-  **Guaranteed Acceptance:** There are no health questions or physical exams required to enroll.
-  **Family Coverage:** You can elect to cover your spouse and children.
-  **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire.



## Health Screening Benefit

If applicable, the plan provides a benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.

## How Hospital Indemnity Insurance Works

Taylor is injured in a car accident and is in the hospital for four days. She is then moved to a rehabilitation unit for three additional days. She receives a benefit for being admitted into the hospital and a benefit for each day of her in-patient and rehab stays because she enrolled in Hospital Indemnity Insurance during Open enrollment.



### How Taylor's Hospital Indemnity Benefit Was Calculated:

Medical Service	Sample Benefit	Total
Hospital Admission	\$1,000 per admission	\$1,000
Hospital Confinement	\$200 per day (4 days)	\$800
Inpatient Rehabilitation Unit	\$200 per day (3 days)	\$600
<b>TOTAL SAMPLE BENEFIT</b>		<b>\$2,400</b>

*This scenario does not reflect the benefits of a specific Hospital Indemnity Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of a Hospital Indemnity plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.*

# Accident Insurance

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

Accident Insurance pays benefits directly to you if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and the medical services required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation

## Plan Features



**Guaranteed Acceptance:** There are no health questions or physical exams required to enroll.



**Family Coverage:** You can elect to cover your spouse and children.



**Portable Coverage:** You can take your policy with you if you change jobs or



## Health Screening Benefit

If applicable, the plan provides a benefit per covered person per calendar year if you or your covered dependents complete a covered health screening test such as a physical exam, total cholesterol blood test, mammogram, lipid panel, and more.



## How Accident Insurance Works

Pat loves working in the backyard garden on the weekends. One day while carrying some supplies, she tripped and sprained her ankle and broke her big toe!

The accident requires not only a trip to the emergency room, but also physician follow-up visits, and physical therapy treatments. Fortunately, Pat has Accident Insurance which helps cover the out-of-pocket medical costs, including the deductible and coinsurance.



## How Pat's Accident Benefit Was Calculated:

Medical Service	Sample Benefit
Emergency Room	\$ 300
Fracture Benefit	\$ 500
Physician Follow-Up Visits (2)	\$ 200 (\$100 per visit)
Physical Therapy Visits (6)	\$ 540 (\$90 per visit)
<b>TOTAL SAMPLE BENEFIT</b>	<b>\$1,540</b>

*This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.*



## What is it?

Critical illness insurance is a supplemental health product that may provide benefits if you or your covered dependent suffers a covered illness.

## Why is this coverage valuable?

Unexpected expenses can add up after a critical illness. This coverage provides cash to pay health insurance deductibles, transportation, childcare, and anything else you and your family need while you receive treatment and recover.

## Your critical illness coverage

<b>Eligibility description</b>	All Full-Time Employees
<b>Contribution</b>	You pay the cost of your coverage.
<b>Employee coverage amount</b>	\$5,000, \$10,000, \$15,000, \$20,000, or \$30,000
<b>Spouse coverage amount</b>	\$5,000, \$10,000, \$15,000, \$20,000, or \$30,000 up to 100% of employee benefit amount
<b>Dependent children coverage</b>	You can elect Critical Illness Insurance for your dependent children in the amount of \$2,500, \$5,000, \$7,500, \$10,000, or \$15,000 (up to 100% of the employee coverage amount) when you choose coverage for yourself.
<b>Preexisting condition</b>	Not applicable
<b>Covered conditions</b>	
Heart attack	100%
Arterial/vascular disease	50%
Stroke	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
End state renal (kidney) failure	100%
Invasive cancer	100%
Noninvasive cancer (in situ)	25%
Skin cancer	\$1,000 per lifetime
<b>Supplemental conditions</b>	
AIDS	100%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	100%
Advanced ALS/Lou Gehrig's disease	100%
Advanced multiple sclerosis	100%
Advanced Huntington's disease	100%
Advanced COPD	100%
Benign brain tumor	100%
Loss of sight, hearing and/or speech	100%
<b>Accidental injuries benefit</b>	





Severe burns, permanent paralysis, or traumatic brain injuries (includes coma)	100%
<b>Occupational disease (employee only)</b>	
HIV	100%
Hepatitis (B, C, D)	100%
Tuberculosis	25%
Invasive MRSA infection	25%
Tetanus	25%
Rabies	25%
<b>Additional childhood conditions</b>	
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 diabetes	100%
<b>Recovery assistance</b>	
Family care benefit	\$25 per day for up to 30 days
Lodging when 100 or more miles from home	\$150 per day for up to 30 nights
Transportation when 100 or more miles from home	\$200 per trip for up to 3 trips
<b>Health assessment/wellness benefit</b>	
You receive a cash benefit every year you and any covered family members complete a single covered exam or screening.	\$75
<b>Additional plan benefits</b>	
Portability	Included

## Benefit exclusions

Like any insurance, your critical illness policy does have exclusions. The list below provides common exclusions but isn't meant to be exhaustive of all exclusions or limitations that may be part of your policy. See your policy for full details. The policy may not cover covered conditions or loss caused or contributed to by:

- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit a felony, participation in a felony, or committing a felony
- War or any act of war, declared or undeclared
- Participation in a riot, insurrection, or rebellion of any kind, active participation in a riot, insurrection, or rebellion, voluntary participation in a riot, insurrection, or rebellion, or participation in a riot or insurrection
- A covered condition sustained while residing outside the U.S., U.S. territories, Canada, or Mexico for more than 12 months



Benefits won't be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest isn't payable if the event occurs during a medical procedure. This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

## Critical illness rate information

Option	Bi-Weekly rate
Employee and spouse rate	See rate tables below.
Child(ren) rate	\$.36 per \$1,000 in covered benefit

Employee bi-weekly rate:

Age range (attained age)	Premium bi-weekly rate for smoker	Premium bi-weekly rate for non-smoker
Under 24	\$0.267	\$0.187
25-29	\$0.284	\$0.187
30-34	\$0.321	\$0.227
35-39	\$0.381	\$0.235
40-44	\$0.513	\$0.371
45-49	\$0.777	\$0.452
50-54	\$1.193	\$0.717
55-59	\$1.834	\$0.908
60-64	\$2.479	\$1.544
65-69	\$3.129	\$2.013
Above 70	\$4.552	\$3.060

Spouse bi-weekly rate:

Age range (attained age)	Premium bi-weekly rate for smoker	Premium bi-weekly rate for non-smoker
Under 24	\$0.679	\$0.488
25-29	\$0.714	\$0.504
30-34	\$0.756	\$0.514
35-39	\$0.876	\$0.585
40-44	\$1.239	\$0.807
45-49	\$1.833	\$1.158
50-54	\$2.854	\$1.752
55-59	\$4.416	\$2.686
60-64	\$5.742	\$3.401
65-69	\$6.472	\$4.197
Above 70	\$8.246	\$5.424



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This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern. Benefits may vary by state, have limits on the number of services provided, or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information.

Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

THIS IS A LIMITED POLICY. Policy is conditionally renewable.

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***Required legal disclaimer; please go to the next page for details on your hospital indemnity policy available through your employer***

**IMPORTANT: This is fixed indemnity policy,  
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

**Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov) online** or call **1-800-318-2596** (TTY: 1-855-889- 4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

## What is it?

Hospital indemnity insurance is a supplemental health product that may provide benefits if you or your covered dependent visit a hospital or intensive care unit (ICU) due to a covered illness or injury.

## Why is this coverage valuable?

Unexpected expenses can add up after an accident. This coverage provides cash to pay health insurance deductibles, transportation, childcare, and anything else you and your family need while you receive treatment and recover.

## Your hospital indemnity coverage

<b>Eligibility description</b>	All Full-Time Employees
<b>Contribution</b>	You pay the cost of your coverage.
<b>Core hospital benefits</b>	
<b>Hospital admission:</b> For the initial day of admission to a hospital for treatment of sickness and injury	\$1,000 per day for 4 days per calendar year
<b>Hospital confinement:</b> For each day of confinement in a hospital as a result of sickness and injury	\$200 per day for 60 days per calendar year, starting on day 2 of confinement
<b>Hospital ICU admission:</b> For the initial day of admission to an ICU for treatment as a result of sickness and injury	\$2,000 per day for 1 days per calendar year
<b>Hospital ICU confinement:</b> For each full or partial day of confinement in an ICU as a result of sickness and injury	\$400 per day for 60 days per calendar year, starting on day 2 of confinement
<b>Confinement benefits</b>	
<b>Rehabilitation facility:</b> For each day of inpatient confinement to a rehabilitation facility as a result of sickness and injury	\$100 per day for 30 days per calendar year
<b>Substance abuse treatment:</b> For each day of inpatient confinement to a substance abuse treatment facility for care or treatment as a result of substance abuse	\$150 per day for 30 days per calendar year
<b>Mental disorder treatment:</b> For each day of inpatient confinement to a mental disorder treatment facility for care or treatment of a mental disorder	\$150 per day for 30 days per calendar year
<b>Newborn care:</b> For each day of confinement to a hospital for routine postnatal care following birth	\$250 per day for 1 days per calendar year
<b>Outpatient benefits</b>	
<b>Observation unit:</b> For the initial day in an observation unit as the result of sickness and injury	\$100 per day for 3 days per calendar year
<b>Health assessment/wellness benefit</b>	
Receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening, or immunization.	\$75
<b>Enhanced benefits</b>	
<b>Hospital NICU admission:</b> Increases the hospital ICU admission benefit for a newborn child's ICU or NICU admission by the percentage shown in the schedule of benefits	25%
<b>Hospital NICU confinement:</b> Increases the hospital ICU confinement benefit for a newborn child's ICU or NICU confinement by the percentage shown in the schedule of benefits	25%



Additional benefits	
Portability if you leave your employer	Included
Preexisting conditions	
A preexisting condition includes any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	Not applicable

## Benefit exclusions

Like any insurance, this hospital indemnity policy does have exclusions. The list below provides some common exclusions but isn't meant to be exhaustive of all exclusions or limitations that may be part of your policy. See your policy for full details. The policy may not cover:

- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane<sup>1</sup>
- Voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when:
  - Prescribed or administered by a physician
  - Taken in accordance with the physician's instructions
- Committing or attempting to commit a felony
- War or any act of war, declared or undeclared
- Participation in a riot, insurrection, or rebellion of any kind
- Participation in an act of terrorism
- Military duty, including the reserves or national guard
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight, or as a passenger, pilot, or crew member in the group policyholder's aircraft while flying for group policyholder business, provided:
  - The aircraft has a valid U.S. airworthiness certificate or foreign equivalent
  - The pilot has a valid pilot's certificate with a non-student rating authorizing them to fly the aircraft
- Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred
- Treatment for dental care or dental procedures, unless the treatment is the result of a covered event
- Treatment of a mental illness<sup>1</sup>
- Treatment of alcoholism, drug addiction, chemical dependency, or complications thereof<sup>1</sup>
- Treatment through experimental procedures
- Travel outside the United States and its possessions for the sole purpose of receiving medical care or treatment
- Participating in, practicing for, or officiating any semi-professional or professional sport
- Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
- Being incarcerated in any type of penal or detention facility
- Scuba diving
- Mountaineering or spelunking
- Bungee cord jumping, hang gliding, sail gliding, parasailing, parakiting, kitesurfing, base jumping, or similar activities
- Skydiving, parachuting, jumping, or falling from any aircraft for recreational purposes
- Residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months

<sup>1</sup> Exceptions to the exclusions are accepted when substance abuse and mental disorder benefits are selected. This is a partial list of benefit exclusions. A complete list is included in the policy. State variations apply.



## Hospital indemnity rate information

Coverage	Bi-Weekly premium
Employee only	\$9.03
Employee + spouse	\$21.75
Employee + child(ren)	\$16.92
Employee + family	\$26.23



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This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern. Benefits may vary by state, have limits on the number of services provided, or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information.

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## What is it?

Accident insurance is a supplemental health product that may provide benefits if you or your covered dependent suffers a covered injury.

## Why is this coverage valuable?

This coverage provides you a lump sum cash benefit to help manage unexpected expenses. How you spend it is completely up to you — from everyday bills or childcare to other expenses.

## Your accident coverage

Eligibility description	All Full-Time Employees
<b>Contribution</b>	You pay the cost of your coverage.
<b>Emergency treatment</b>	
Ambulance	\$500
Air ambulance	\$2,000
Emergency care/treatment	\$375
Initial care visit	\$150
Major diagnostic	\$300
X-ray	\$250
<b>Fractures</b>	
Ankle	\$1,750
Arm (shoulder to elbow)	\$1,575
Arm (elbow to wrist)	\$2,150
Coccyx	\$625
Collarbone	\$1,600
Elbow	\$600
Bones of the face	\$1,650
Fingers	\$300
Foot (except toes)	\$1,500
Hand (except fingers)	\$1,500
Hip	\$5,000
Jaw upper	\$1,500
Jaw lower	\$1,500
Kneecap	\$1,750
Leg (hip to knee)	\$3,000
Leg (knee to ankle)	\$2,125
Nose	\$1,500
Pelvis	\$2,575





Rib	\$800
Shoulder blade	\$2,000
Skull depressed	\$4,000
Skull non-depressed	\$1,750
Sternum	\$750
Toes	\$350
Vertebral body	\$1,950
Vertebral process	\$1,800
Wrist	\$2,500
Surgical treatment surgery	Two times nonsurgical benefit
Chip fracture	25% of fracture benefit
<b>Dislocations</b>	
Ankle	\$1,625
Collarbone (acromion and separation)	\$1,200
Collarbone (sternoclavicular)	\$1,600
Elbow	\$1,375
Fingers	\$375
Foot (except toes)	\$1,250
Hand (except fingers)	\$850
Hip	\$4,000
Lower jaw	\$850
Knee (except kneecap)	\$2,150
Shoulder	\$3,000
Toes	\$300
Wrist	\$1,475
Surgical treatment	Two times nonsurgical benefit
Partial dislocation	25% of dislocation benefit
<b>Specific injuries</b>	
Blood, plasma, platelets, and other non-blood substitute IV solutions	\$400
2nd degree burns: Based upon surface area burned	\$250 - \$1,500
3rd degree burns: Based upon surface area burned	\$1,400 - \$15,000
Skin grafts	50% of burn benefit
Concussion	\$500
Dental crown	\$350
Dental extraction	\$250



Eye (surgical repair)	\$375
Eye (removal of foreign object)	\$250
Laceration: based upon the need for and length of sutures	\$125 - \$1,500
Severe traumatic brain injury	\$15,000
<b>Surgical benefits</b>	
Arthroscopic	\$575
Cranial	\$1,750
Hernia	\$200
Other surgery under conscious sedation	\$250
Other surgery under general anesthesia	\$450
Repair of knee cartilage	\$1,200
Repair of ligaments, tendons, rotator cuff	\$1,200
Repair of ruptured disc	\$1,200
Open abdominal or thoracic	\$1,875
<b>Hospitalization and ongoing care</b>	
Accident hospital admission	\$1,750
Accident hospital daily confinement	\$450
Accident intensive care admission	\$2,000
Accident intensive care daily confinement	\$700
Physical, occupational, and chiropractic therapy (up to 10 sessions)	\$90
Physician follow-up visits (up to six visits)	\$140
Alternative care/rehabilitation facility daily confinement/rehabilitative confinement	\$200
Epidural/cortisone pain management (up to one injection)	\$125
Medical mobility devices	\$150
Wheelchair (expected use one year or more)	\$600
Wheelchair (expected use less than one year)	\$225
Prosthesis (per limb)	\$750
<b>Recovery assistance</b>	
Family care	\$250
Companion lodging (100 or more miles from home)	\$200 per day
Transportation (100 or more miles from home)	\$400 per trip
<b>Moving vehicle benefits</b>	
Moving vehicle injury	\$325
Moving vehicle death	\$6,250



Safe driver injury/death: Seat belt	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: Air bag	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: Motor vehicle helmet	Additional 25% of motor vehicle injury or death benefit
Safe rider: Other helmet (bicycle, scooter, skateboard)	\$225
<b>Accidental death and dismemberment (AD&amp;D) benefit</b>	
Accidental death: Your death	\$75,000
Accidental death: Your spouse or life partner	\$37,500
Accidental death: Your child	\$18,750
Common carrier death: Your death	\$150,000
Common carrier death: Your spouse or life partner	\$75,000
Common carrier death: Your child	\$37,500
Transportation of remains (100 or more miles)	\$15,000
Loss of hand, foot, arm, leg, eye, or hearing in one ear	\$15,000
Loss of finger, thumb, toe	\$2,000
Loss of sight in both eyes	\$45,000
Loss of hearing in both ears	\$45,000
Loss of speech	\$45,000
Loss of both arms	\$45,000
Loss of both legs	\$45,000
Loss of arm and leg	\$45,000
Paraplegia	\$45,000
Hemiplegia	\$45,000
Loss of both arms and both legs	\$45,000
Quadriplegia	\$45,000
Education: This benefit is paid if an insured person dies within 365 days of a covered accident and is survived by one or more full-time students. The education benefit is payable for each full-time student.	10% of AD&D benefit
Spouse training: This benefit is paid if a covered employee or dependent spouse dies within 365 days of a covered accident, and the surviving spouse is enrolled as a student. The spouse training benefit covers students enrolled in any school that retrains or refreshes skills needed for employment within 365 days from the date of death.	10% of AD&D benefit
Modification to home or auto: This benefit is payable for modifications to make the principal residence accessible or the vehicle rideable if the insured suffers a severe loss.	\$4,000



This benefit is payable once per person within 365 days of the accident.

## Health assessment/wellness benefit

Receive a cash benefit every year you and any of your covered family members complete a single covered assessment test.

\$75

## Additional plan benefits

Portability

Included

Child sports injury benefit

Included

## Benefit exclusions

Like any insurance, this accident policy does have exclusions. The list below provides common exclusions but isn't meant to be exhaustive of all exclusions or limitations that may be part of your policy. See your policy for full details. The policy may not cover:

- Disease, physical or mental infirmity, sickness, or medical or surgical treatment of these
- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane
- Voluntary intake or use by any means of any drugs, poison, gas, or fumes, voluntary use of controlled substance, voluntary intake or use by any means of any drug, except when:
  - Prescribed or administered by a physician
  - Taken in accordance with the physician's instructions
- Committing or attempting to commit a felony, participation in a felony, voluntary participation in a felony, voluntary committing or attempting to commit a felony
- War or any act of war, declared or undeclared, war or any act of war other than terrorism, declared or undeclared, war or any act of war, declared or undeclared while serving in the military or an auxiliary unit attached to the military or working in an area of war, whether voluntarily or as required by an employer
- Participation in a riot, insurrection, or rebellion of any kind
- Military duty, including the reserves or national guard
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight, or as a passenger, pilot, or crew member in the group policyholder's aircraft while flying for the group policyholder's business, provided:
  - The aircraft has a valid U.S. airworthiness certificate or foreign equivalent
  - The pilot has a valid pilot's certificate with a nonstudent rating authorizing them to fly the aircraft
- Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred. For accidental death and dismemberment only, benefits aren't payable for any loss sustained or contracted in consequence of your being intoxicated or under the influence of any narcotic, operating a motor vehicle while intoxicated, as defined by the law of the state in which the accident occurred, if it is a felony
- Being incarcerated in any type of penal or detention facility, injury sustained while confined to jail, workhouse, or other corrections facility when it is due to an act of the facility and law enforcement is liable
- Under the influence of narcotics, unless prescribed and taken in accordance with the prescription by a physician
- Participating in, practicing for, or officiating any semi-professional or professional sport
- Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
- An injury sustained while residing outside the U.S., U.S. territories, Canada, or Mexico for more than 12 months
- Bungee cord jumping, mountaineering, or base jumping
- Skydiving, parachuting, or jumping from any aircraft for recreational purposes



## Accident rate information

Coverage	Bi-Weekly premium
Employee only	\$9.22
Employee + spouse	\$16.48
Employee + child(ren)	\$18.49
Employee + family	\$25.57

Note: The premiums for this coverage won't change due to your age. The premium for employee and child(ren) coverage includes all children.



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This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

THIS IS A LIMITED POLICY. Policy is conditionally renewable.

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