

# **ACCIDENT INSURANCE**

Presented by



A personalized guide to understanding your Accident coverage



#### **ACCIDENT INSURANCE BENEFIT SUMMARY**

#### What is Accident Insurance?

This coverage pays benefits for injuries, such as cuts, broken bones, concussions and related expenses.

Accident Insurance is supplemental coverage that can complement your health insurance and help cover your out-of-pocket expenses. When you carry this coverage, if you have a covered accident, you are paid a total cash benefit that is based on the amount listed for each covered benefit and/or treatment. See the benefit schedule for additional details.

# Use your benefits any way you like.

Benefit proceeds can be used however you want, whether it's toward your mortgage, medical bills or student loans. It's up to you.

## **Coverage highlights**

- No health questions asked
- Affordable premiums
- Simplified claims-filing

## How does the coverage work?

When you carry Accident Insurance and have a covered accident, simply file an Accident claim with our Claims Care Team online, over the phone, or via US mail or fax. You'll be paid a total cash benefit based on the amount listed for each covered benefit and/or treatment.

## Benefit snapshot: Luis' goal

One night while playing a game with his local soccer league, Luis went for a goal that left him with a broken leg and a concussion. Fortunately, he'd enrolled in Accident Insurance. The benefit Luis received helped to offset his medical bills and cover other expenses, like time away from work, while he recovered.

#### Luis' Accident policy paid these benefits\*:

Ground ambulance: \$200
Emergency room treatment: \$200
Fracture (thigh, non-surgical): \$2,000
Concussion: \$300
Medical appliance: \$125
Follow-up physician office visit (2): \$200
Total benefits paid: \$3,025

<sup>\*</sup>This example is for illustrative purposes only. Your plan details may vary. See your enrollment guide for more information around the specific benefits covered under your group's plan.



# What benefits are included in my coverage?

Your Accident Insurance includes a range of covered accidents and additional benefits, as outlined below. For more information, see your certificate.

ACCIDENT PLAN BENEFITS	Premier
Emergency and Initial Accident Treatment Benefits	
Ambulance	
Ground	\$200
Air	\$600
Water	\$600
<b>Emergency Room Treatment</b>	\$200
Urgent Care	\$100
Major Diagnostic Imaging	\$100
X-ray	\$150
Hospital Benefits	
Hospital Admission	\$1,000
Daily Hospital Confinement	\$200
Maximum number of days	365
Intensive Care Admission	-
ICU Daily Confinement	\$400
Maximum number of days	365
Specific Injury Benefit	
Fractures	
Closed/Non-Surgical Treatment	
Skull (except Bones of Face or Nose) Depressed	\$2,000
Hip, Thigh (Femur)	\$2,000
Vertebrae, Body of (excluding Vertebral Process)	\$1,000
Pelvis	\$1,000
Leg (Tibia and/or Fibula)	\$1,000
Upper Arm (Humerus)	\$400
Shoulder Blade	\$320
Collarbone	\$400
Upper Jaw, Maxilla (except Alveolar Process)	\$400
Lower Jaw, Mandible (except Alveolar Process)	\$320
Vertebral Process	\$320
Forearm (Ulna and/or Radius)	\$320
Hand, Wrist (except Fingers)	\$320
Кпеесар	\$320
Foot (except Toes)	\$320
Ankle	\$800
Rib	\$200
Соссух	\$120
Finger, Toe	\$160
Enhancement for Open/Surgical Reduction	2x
Chip Fractures	25%



Dislocations		
Closed/Non-Surgical Treatment		
Нір	\$2,000	
Knee (other than Kneecap)	\$1,200	
Shoulder	\$320	
Кпеесар	\$320	
Ankle bone or bones of the foot	\$1,000	
Elbow	\$320	
Wrist	\$320	
Bone or bones of the hand	\$320	
Jawbone	\$320	
Collarbone	\$400	
One toe or finger	\$160	
Enhancement for Open/Surgical Reduction	2x	
Partial Dislocations	25%	
Lacerations	2J/0	
	\$100	
No Repair	\$100	
Repair - up to 2 inches	\$100	
Repair - over 2 inches, up to 6 inches	\$100	
Repair - over 6 inches	\$100	
Burns		
2nd Degree Burns		
At least 1%, but less than 20% of skin surface	\$250	
20% or greater of skin surface	\$250	
3rd Degree Burns		
Less than 5% of skin surface	\$1,000	
At least 5%, but less than 20% of skin surface	\$1,000	
20% or greater of skin surface	\$1,000	
Skin Graft		
Due to Burns (% of applicable Burn benefit)	50%	
Not due to Burns		
At least 1%, but less than 20% of skin surface	\$500	
20% or greater of skin surface	\$500	
Concussion and Other Brain Injuries	\$300	
Dental Benefit	-	
Eye Injury Benefit	\$200	
Surgery Benefits	7-00	
Outpatient Surgery Benefit		
Facilities other than Physician Office or Emergency Room	-	
Physician Office or Emergency Room	\$100	
Internal Injuries Surgical Benefits	7100	
Open Abdominal & Thoracic	\$1,000	
Exploratory without Repair	\$1,000	
	\$120	
Tendon/Ligament/Rotator Cuff Surgical Benefit	¢r00	
Single	\$500	
Multiple	\$750	
Exploratory without Repair	\$150	



Torn Knee Cartilage Surgery Benefit	
Torn with Surgical Repair	\$450
Ruptured Disc with Surgical Repair	\$450
Anesthesia Benefit	
General Anesthesia	\$200
Medical Benefits	
Blood, Plasma & Platelets Benefit	\$300
Prosthetic Device Benefit	
One only	\$500
Two or more	\$1,000
Appliances	\$125
Pain Management Benefit	-
Prescription Drug Benefit	\$10
Maximum number of payments	1
Follow-Up Care and Transportation Benefits	
Physician Office Visit	\$100
Maximum number of visits	2
Therapy Services (Occupational, Physical, Speech Therapy)	\$30
Maximum number of visits	10
Rehabilitation Unit Confinement	\$100
Maximum number of days	90
Transportation (per mile, minimum of 100 miles from residence)	\$0.30
Lodging	\$100
maximum number of days	30
Accidental Death Benefits	
Accidental Death	
Employee	\$40,000
Spouse	\$20,000
Child(ren)	\$20,000
Common Carrier Accidental Death	
Employee	\$100,000
Spouse	\$50,000
Child(ren)	\$50,000
Organ Donor Benefit	\$5,000
Accidental Dismemberment Benefits	
Dismemberment	
Loss of Both Hands; OR Loss of Both Feet; OR Loss of One Hand and One Foot	\$15,000
Loss of One Hand; OR Loss of One Foot	\$7,500
Partial Dismemberment	. ,
Loss of One or More Fingers or Toes	\$300
Partial Amputation of Finger or Toe	\$100
Catastrophic Benefits	
Coma	\$20,000



Additional Benefits	Benefit Range	
<b>Organized Athletic Activity Benefit</b> : Benefit payment is increased by a set percentage for an accident resulting from participating in a covered athletic event, such as: club sports; collegiate sports; competitions; team practices; trainings & workout sessions	<b>10% standard</b> up to \$1,500 per accident	
<b>Health Screening Benefit</b> : Benefit paid for eligible health screening tests & employer-sponsored wellness initiatives	<b>\$100</b> 2 tests per insured per year*	

Examples of Eligible Screening Events					
Blood tests for triglycerides	Colonoscopy Hepatitis B immunization		Sports physicals		
Annual exam for adults	Bone marrow HPV immunization testing		Stress test		
Bone density screening	Chicken pox immunization	Mammography	Tetanus		
Breast MRI	Fasting blood glucose test	Pap smear	Virtual colonoscopy		
Carotid ultrasound	Flu vaccination	Pneumonia immunization	Well child visits		
Concussion baseline testing	Dermatological screenings for skin cancer	Genetic screening for medical diagnosis & treatment	Serum cholesterol HDL/LDL		

# How much does it cost?

See the rate chart below to calculate your coverage costs.

# Monthly Rates – Off-Job Only

	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Premier	\$14.93	\$25.12	\$29.67	\$45.76



#### **Exclusions & limitations**

This is not a complete disclosure of plan qualifications and limitations. Benefits and riders may vary by state and may not be available in all states. In addition to any benefit-specific exclusion, benefits will not be paid for any loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following, unless coverage is specifically provided for by name in insurance certificate:

- An injury incurred while working for pay or profit (Off-Job coverage only);
- Intentionally self-inflicted injury, suicide, or any attempt or threat while sane or insane;
- Participating in war or any act of war whether declared or undeclared;
- Commission or attempt to commit a felony;
- Commission of or active participation in a riot, insurrection, or terrorist activity;
- Engaging in an illegal activity or occupation;
- Flight in, boarding, or alighting from an aircraft or any craft designed to fly above the earth's surface, including any travel beyond the earth's atmosphere except a fare-paying passenger on a regularly scheduled commercial or charter airline:
- Travel in or on any on-road and off-road motorized vehicle except a golf cart that does not require licensing as a motor vehicle;
- Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the covered person receives any compensation or remuneration;
- Sickness, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- Travel or activity outside the contiguous United States, Alaska, Hawaii and the territories and possessions of the United States, Canada, or Mexico;
- Voluntary ingestion or inhalation of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
- Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including
  any prescribed drug for which the covered person has been provided a written warning against operating a vehicle
  while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law
  of the State in which the covered accident occurred;
- Experimental or investigational procedures; and
- Care that is not recommended and approved by a physician



#### **Questions?**

Contact your plan administrator with questions about the offered Accident coverage.

This document is meant to highlight some, but not all the features Wellfleet coverage provides. It is not an insurance contract. Wellfleet Workplace benefits provide limited benefits and are not a substitute for mandated ACA healthcare coverage. This coverage is available in: AL, AK, AZ, AR, DC, FL, GA, HI, IL, IA, KS, KY, LA, ME, MA, MS, MO, MT, NE, NV, NC, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI and WY. Like most supplemental offerings, these benefits may have state-specific variations, and some product offerings and details may not be available in all states. Rates are subject to change. Wellfleet reserves the right to raise premium rates with proper notice, as noted in the policy. For complete details see your certificate.

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