

# Accident Insurance

*You can purchase this coverage for you and your family. Child coverage is available to age 26.*

## ▶ HELPS YOUR FINANCES AFTER A MISHAP.

When you, your spouse or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover the unexpected costs.

## ▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles and co-pays.

## ▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Accident Insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And get this – there are no health questions or pre-existing conditions limitations.

What's more, all family members on your plan are eligible for a wellness-screening benefit, also paid directly to you once each year per covered person.

### ACCIDENT FAST FACTS

#### **Falls**

*are the leading cause of injuries treated in emergency rooms every year, for people of all ages.<sup>1</sup>*

*This coverage pays benefits for accidents that occur off the job.*

## What's covered

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is listed here.

| DISLOCATIONS                                                                               | OPEN<br>(SURGERY)                  | CLOSED<br>(NO SURGERY) |
|--------------------------------------------------------------------------------------------|------------------------------------|------------------------|
| Hip                                                                                        | \$4,000                            | \$2,000                |
| Knee, ankle, or bones of the foot                                                          | \$2,000                            | \$1,000                |
| Elbow, wrist or Lower jaw                                                                  | \$800                              | \$400                  |
| Shoulder                                                                                   | \$1,000                            | \$500                  |
| Collarbone or bones of the hand                                                            | \$1,600                            | \$800                  |
| Finger(s) or toe(s)                                                                        | \$200                              | \$100                  |
| FRACTURES                                                                                  | OPEN<br>(SURGERY)                  | CLOSED<br>(NO SURGERY) |
| Hip or thigh                                                                               | \$4,000                            | \$2,000                |
| Skull-depressed                                                                            | \$6,000                            | \$3,000                |
| Skull-simple                                                                               | \$3,000                            | \$1,500                |
| Vertebral processes, Bones of the face or Nose                                             | \$700                              | \$350                  |
| Leg                                                                                        | \$2,000                            | \$1,000                |
| Vertebrae, Sternum or Pelvis                                                               | \$1,600                            | \$800                  |
| Upper jaw or upper arm                                                                     | \$750                              | \$375                  |
| Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel | \$650                              | \$325                  |
| Rib, Finger, Toe or Coccyx                                                                 | \$350                              | \$175                  |
| Multiple ribs                                                                              | \$1,000                            | \$500                  |
| ADDITIONAL INJURIES                                                                        |                                    |                        |
| Eye Injury - surgical repair                                                               |                                    | \$250                  |
| Eye Injury - object remove                                                                 |                                    | \$250                  |
| Gunshot wound                                                                              |                                    | \$500                  |
| Paralysis—paraplegia                                                                       |                                    | \$25,000               |
| Paralysis—quadriplegia                                                                     |                                    | \$50,000               |
| Coma                                                                                       |                                    | \$10,000               |
| Concussion                                                                                 |                                    | \$100                  |
| BURNS                                                                                      | 2ND DEGREE                         | 3RD DEGREE             |
| 21-40 square centimeters                                                                   | \$400                              | \$1,000                |
| 41-65 square centimeters                                                                   | \$800                              | \$2,000                |
| 66-160 square centimeters                                                                  | \$1,200                            | \$6,000                |
| 161-225 square centimeters                                                                 | \$1,600                            | \$14,000               |
| More than 225 square centimeters                                                           | \$2,000                            | \$20,000               |
| Skin graft                                                                                 | 50% of the applicable Burn Benefit |                        |
| LACERATIONS                                                                                |                                    |                        |
| No sutures and treated by doctor                                                           |                                    | \$35                   |
| Single laceration under 5 cm with sutures                                                  |                                    | \$65                   |
| 5-15 cm with sutures (total of all lacerations)                                            |                                    | \$250                  |
| Greater than 15 cm with sutures (total of all lacerations)                                 |                                    | \$500                  |

| MEDICAL SERVICES                                                                                                                    |         |
|-------------------------------------------------------------------------------------------------------------------------------------|---------|
| Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)                                       | \$200   |
| Diagnostic Exam - X-ray (1 time per covered accident)                                                                               | \$50    |
| Accident Emergency Treatment, non-emergency room (once per covered accident)                                                        | \$150   |
| Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)                                        | \$25    |
| Physical Therapy (per visit up to 10 visits per covered accident)                                                                   | \$25    |
| Medical Devices                                                                                                                     | \$125   |
| Epidural Pain Management (up to 2 times per covered accident)                                                                       | \$50    |
| Prescription drug                                                                                                                   | \$25    |
| Prosthesis (one)                                                                                                                    | \$500   |
| Prosthesis (two)                                                                                                                    | \$1,000 |
| Blood, Plasma, or Platelet Transfusion                                                                                              | \$200   |
| HOSPITAL                                                                                                                            |         |
| Hospital Admission (once per benefit year)                                                                                          | \$1,000 |
| Hospital Confinement (per day up to 365 days per covered accident)                                                                  | \$250   |
| Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU) | \$1,500 |
| Intensive Care Unit Confinement (per day up to 15 days, payable in addition to any Hospital Confinement benefit)                    | \$500   |
| Ambulance (Ground)                                                                                                                  | \$200   |
| Ambulance (Air)                                                                                                                     | \$1,500 |
| Emergency Room Admission                                                                                                            | \$150   |
| Family Lodging (per day up to 30 days per benefit year)                                                                             | \$100   |
| Transportation (100 or more miles up to 3 times per covered accident)                                                               | \$500   |
| Rehabilitation Unit (per day up to 30 days per covered accident)                                                                    | \$100   |
| SURGERY                                                                                                                             |         |
| Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)                                               | \$300   |
| Open Surgery                                                                                                                        | \$1,250 |
| Exploratory Surgery or Debridement                                                                                                  | \$250   |
| Tendon/Ligament/Rotator Cuff Tear                                                                                                   | \$625   |
| Torn Knee Cartilage                                                                                                                 | \$625   |
| Ruptured/Herniated Disc                                                                                                             | \$625   |
| EMERGENCY DENTAL                                                                                                                    |         |
| Emergency Dental extraction                                                                                                         | \$65    |
| Emergency Dental crown                                                                                                              | \$200   |
| WELLNESS                                                                                                                            |         |
| Wellness Screening Benefit (once per benefit year)                                                                                  | \$50    |

| LIFE AND DISMEMBERMENT LOSSES*                                                                                                                                |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Accidental Death                                                                                                                                              | \$25,000  |
| Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)     | \$100,000 |
| Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes | \$15,000  |
| Loss of one hand, foot, leg, or arm                                                                                                                           | \$7,500   |
| Loss of sight of one eye or loss of one eye                                                                                                                   | \$7,500   |
| Two or more fingers or toes                                                                                                                                   | \$1,500   |
| One finger or one toe                                                                                                                                         | \$750     |

\*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

## Frequently asked questions

### How do I file an accident claim?

If you have an accident after the effective date of coverage, you can file a claim with us by downloading forms from our website. We'll ask that you and your doctor provide information about the accident and the treatment provided.

### What happens once my claim is approved?

The benefit amount you receive will depend on your injury and/or the treatment provided. Remember, benefits are payable only once for each covered accident, unless noted otherwise in the benefit schedule.

### Is there a time period that I need to follow?

Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your Certificate for details.

### How do I get the Wellness Screening Benefit?

You may be paid the benefit when you or a covered family member submit proof of a covered screening each year, like specific blood tests and cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). Our wellness screening benefit claim form can also be downloaded from our website.

### Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

### Is my benefit taxable?

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

Accident insurance is a limited benefit policy. The Certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of your Certificate.

1. "Health, United States, 2016," US Department of Health and Human Services, Table 75.

Read the **Important information** section for more details including limitations and exclusions.

# Rates

Coverage and **semi-monthly** cost for Accident.

Rates are effective as of July 1, 2026.

Accident coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

| Coverage              | Cost per pay period* |
|-----------------------|----------------------|
| Employee              | \$5.99               |
| Employee + Spouse     | \$10.44              |
| Employee + Child(ren) | \$11.66              |
| Employee + Family     | \$16.10              |

\*Contact your employer to confirm your part of the cost.