



Accident Plan Design

Coverage Summary	
Eligibility	
Employee	All active, full-time employees working a minimum of 30 hours per week.
Spouse/Domestic Partner	Employee and Spouse/Domestic Partner up to age 100
Children	Children up to age 26
	Eligibility may be subject to state laws and regulations
Benefit Waiting Period	None
Coverage Type	Off-the-Job
Accident Day Limit	90 days.
Guaranteed Issue	All Amounts
Situs State	Massachusetts

Type of Loss	High Option Benefit Amounts
Fracture Benefit:	
Skull (non-depressed)	\$2,000 Closed / \$4,000 Open
Skull (depressed)	\$3,000 Closed / \$6,000 Open
Facial bone (including nose, except upper jaw or lower jaw)	\$1,000 Closed / \$2,000 Open
Upper jaw	\$1,000 Closed / \$2,000 Open
Lower jaw	\$1,000 Closed / \$2,000 Open
Vertebral processes	\$1,000 Closed / \$2,000 Open
Vertebral body (except vertebral processes)	\$2,000 Closed / \$4,000 Open
Collar bone	\$1,500 Closed / \$3,000 Open
Shoulder blade	\$2,000 Closed / \$4,000 Open
Sternum (breast bone)	\$1,000 Closed / \$2,000 Open
Rib	\$1,000 Closed / \$2,000 Open
Pelvis (except coccyx)	\$3,000 Closed / \$6,000 Open
Coccyx (tailbone)	\$1,000 Closed / \$2,000 Open
Upper arm	\$2,000 Closed / \$4,000 Open
Forearm	\$1,500 Closed / \$3,000 Open
Wrist	\$2,000 Closed / \$4,000 Open
Hand (except fingers)	\$2,000 Closed / \$4,000 Open
Finger	\$200 Closed / \$400 Open
Hip/Thigh	\$3,000 Closed / \$6,000 Open
Kneecap	\$2,000 Closed / \$4,000 Open
Leg (except thigh)	\$2,000 Closed / \$4,000 Open
Ankle	\$2,000 Closed / \$4,000 Open
Foot (except toes)	\$1,500 Closed / \$3,000 Open
Toe	\$200 Closed / \$400 Open
Chip Fracture	25.00% of Fracture Benefit

Dislocation Benefit:	
Lower jaw	\$600 Closed / \$1,200 Open
Spine	\$3,000 Closed / \$6,000 Open
Collarbone	\$1,000 Closed / \$2,000 Open
Shoulder	\$1,000 Closed / \$2,000 Open
Rib	\$1,000 Closed / \$2,000 Open
Elbow	\$1,000 Closed / \$2,000 Open
Wrist	\$1,000 Closed / \$2,000 Open
Hand (except fingers)	\$1,000 Closed / \$2,000 Open
Finger	\$200 Closed / \$400 Open
Hip	\$3,000 Closed / \$6,000 Open
Knee	\$2,000 Closed / \$4,000 Open
Ankle	\$2,000 Closed / \$4,000 Open
Foot (except toes)	\$1,000 Closed / \$2,000 Open
Toe	\$200 Closed / \$400 Open
Partial Dislocation	25.00% of Dislocation Benefit
Burn Benefit:	
2nd Degree:	
Less than 10%	\$100
At least 10% but less than 25%	\$200
At least 25% but less than 35%	\$500
35% or more	\$1,000
Skin graft	50.00% of Burn Benefit
3rd Degree:	
Less than 10%	\$1,000
At least 10% but less than 25%	\$2,000
At least 25% but less than 35%	\$5,000
35% or more	\$10,000
Skin graft	50.00% of Burn Benefit
Eye Injury Benefit:	
Surgery	\$300
Removal of foreign object	\$150
Laceration Benefit:	
Repaired without stitches	\$50
Repaired with stitches:	
Less than 2 inches (5.08 cm)	\$100
2 - 6 inches (5.08 - 15.24 cm)	\$200
Over 6 inches (over 15.24 cm)	\$400
Torn Knee Cartilage Benefit:	
With surgical repair	\$750
Torn, ruptured or severed tendon/ligament/rotator cuff benefit:	
Surgical repair: rotator cuff	\$750
Surgical repair: two rotator cuffs	\$1,000
Surgical repair: one tendon/ligament	\$750



Surgical repair: two or more tendons/ligaments	\$1,000
Broken tooth benefit:	
Crown	\$300
Extraction	\$150
Filling	\$75
Additional injuries:	
Concussion	\$400
Coma	\$10,000
Ruptured disc with surgical repair	\$1,000
Puncture wound	\$100
Medical treatment & services benefits:	
Ambulance benefit:	
Air ambulance	\$5,000
Ground/Water ambulance	\$300
Emergency care benefit:	
Emergency room	\$200
Physician's office	\$200
Urgent care	\$200
Non-emergency initial care benefit	\$50
Medical testing benefit:	
X-ray	\$100
Advanced diagnostic test	\$200
Physician follow-up benefit	\$75
Therapy services benefit:	
Cognitive behavioral therapy	\$50
Occupational therapy	\$50
Physical therapy	\$50
Respiratory therapy	\$50
Speech therapy	\$50
Vocational therapy	\$50
Pain management benefit:	
Epidural	\$100
General anesthesia	\$100
Medical appliance benefit:	
Brace	\$100
Cane	\$100
Crutches	\$100
Walker- expected use < 1yr	\$200
Walker - expected use ≥ 1 yr	\$500
Walking boot	\$100
Wheel chair/motorized scooter - expected use < 1 yr	\$200
Wheel chair/motorized scooter - expected use ≥ 1 yr	\$1,000



Other device used for mobility	\$100
Prosthetic device benefit:	
One device only	\$750
More than one device	\$1,500
Modification benefit	\$1,000
Blood/plasma/platelets benefit	\$500
Inpatient surgery benefit:	
Cranial surgery	\$2,000
Abdominal pelvic cavity surgery	\$2,000
Thoracic cavity surgery	\$2,000
Hernia repair	\$200
Outpatient ambulatory surgery benefit	\$300
Exploratory surgery without repair	\$200
Hospital benefits:	
Non-ICU hospital admission	\$1,000
Non-ICU hospital confinement	\$200
ICU confinement	\$400
Inpatient rehabilitation benefit	\$200
Transportation benefit	\$400
Lodging benefit	\$200
Wellness benefit	\$50
Paralysis benefit:	
Four limbs	\$20,000
Three limbs	\$15,000
Two limbs	\$10,000
One limb	\$5,000

*When a covered person is admitted to the ICU, this benefit pays **in addition to** the Hospital Admission benefit (i.e., they would receive both the ICU Admission benefit and the Hospital Admission benefit).



Treatment Based Accident Plan Design

Additional Benefits and Provisions	
Termination of Coverage	<p>Employee Coverage ends when the employee:</p> <ul style="list-style-type: none"> ▪ is no longer a member of the eligible class. ▪ stops making contributions ▪ reaches age 100 ▪ dies <p>Dependents Coverage for a qualified dependent end:</p> <ul style="list-style-type: none"> ▪ when that dependent ceases to be a Qualified Dependent ▪ when spouse reaches age 100 ▪ Child coverage ends when the child reaches age 26 ▪ when Employee Coverage ends
Continuation at Employee's	<p>Coverage will be continued at the active rates at the Employee's option. Coverage may be continued for the Employee only or the Employee and covered dependents. Coverage may be continued provided premiums are continued to be paid on a direct bill basis until the employee reaches age 100.</p>
Waiver of Premium for Total Disability	<p>Not Included.</p>
Wellness Benefit	<ol style="list-style-type: none"> 1. Bone marrow testing; 2. Blood tests for triglycerides; 3. Chest x-ray; 4. Colonoscopy; 5. Carotid Doppler; 6. Doppler screening for peripheral vascular disease; 7. Electrocardiogram (EKG); 8. Echocardiogram; 9. Flexible sigmoidoscopy; 10. Hemocult stool analysis; 11. Human papilloma virus vaccination; 12. Lipid panel (total cholesterol count); 13. Mammography (including low dose and breast ultrasound); 14. Pap smear (including thin prep pap test); 15. Serum protein electrophoresis; 16. Skin cancer biopsy; 17. Stress test on bike or treadmill; 18. Thermography; 19. Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms. <p>The Wellness Benefit is limited to one benefit payment per Calendar Year for each Covered Person.</p>



Transportation Benefit	Pays a benefit per Round trip, if the hospital/facility is more than 50 miles from primary residence. Limit to 3 per year.
Lodging Benefit	Pays a benefit per day if a Covered Person is confined in a Hospital for treatment of an accidental injury, and a companion who accompanies the Covered Person while the Covered Person is Confined, stays in a Lodging for which a charge is made. The lodging facility must be more than 50 miles one way from the primary residence and proof must be submitted that the companion incurred an expense for staying at the Lodging for each day of the Stay. This benefit is limited to 30 days per calendar year.

Treatment Based Limitations and Exclusions

Limitations and Exclusions

Limitations	Limitations
Limits for Specific Accidental Losses	<p>(1) Coma Limit: A benefit is not payable for a medically induced Coma.</p> <p>(2) Accident Day Limit: A person must seek treatment within 90 days of the accident.</p> <p>(3) Dislocation Limits:</p> <ul style="list-style-type: none"> (a) A benefit is payable only once for the Dislocation of a joint after the coverage effective date. No benefit is payable for subsequent Dislocations of the same joint after the coverage effective date. (b) If the person suffers more than one Dislocation as a result of the same Accident, the total benefit payable for all such Dislocations is limited to two times the benefit amount payable for the joint involved which has the highest benefit amount. <p>(4) Fracture Limits:</p> <ul style="list-style-type: none"> (a) If the person suffers more than one Fracture to the same bone as a result of the same Accident, only one Fracture benefit is payable. (b) If the person suffers more than one Fracture as a result of the same Accident, the total benefit payable for all such Fractures is limited to two times the benefit amount payable for the Fracture involved which has the highest benefit amount. <p>(5) Lodging: Limited to 30 days per calendar year.</p> <p>(6) Inpatient Rehabilitation Benefit: Limited to 15 days per accident, max of 30 days per year.</p> <p>(7) Non-ICU Hospital Confinement: 365 per accident, max 3 per year.</p> <p>(8) ICU Confinement: 30 per accident, max 3 per year.</p> <p>(9) Therapy Services: Limited to 10 per accident and to 10 per calendar year.</p>



Exclusions

An Accidental Loss is not covered if it results from any of these:

- (1) Suicide or attempted suicide, while sane or insane.
- (2) Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- (3) Medical or surgical treatment, whether the claim results directly or indirectly from the treatment.
- (4) Taking part in any riot or insurrection.
- (5) War, or any act of war. War means declared or undeclared war and includes resistance to armed aggression. Terrorism is not considered an act of war. Terrorism means the deliberate use of violence or the threat of violence against civilians to create an emotional response through the suffering of victims or to achieve military, political, religious or social objectives.
- (6) An Accident that occurs while the person is serving on full-time active duty for more than 90 days in any armed forces. But this does not include Reserve or National Guard active duty for training.
- (7) Travel or flight in any vehicle used for aerial navigation, if:
 - (a) the person is riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - (b) the person is performing as a pilot or a crew member of any aircraft; or
 - (c) the person is riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates. This includes getting in, out, on or off any such vehicle.
- (8) Commission of or attempt to commit an assault or a felony.
- (9) Being under the influence of alcohol or alcohol intoxication, including but not limited to having a blood alcohol level above the limit for permissible operation of a motor vehicle in the jurisdiction where the Accident occurred, regardless of whether the person:
 - (a) was operating a motor vehicle; and
 - (b) was convicted of an alcohol related offense.
- (10) Being under the influence of or taking any non-prescription drug, medication, narcotic, stimulant, hallucinogen, barbiturate, amphetamine, gas, fumes or inhalants, poison or any other controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless prescribed by and administered in accordance with the advice of the person's Doctor.
- (11) Participation in these hazardous sports: scuba diving; bungee jumping; base jumping; skydiving; ziplining; parachuting; hang gliding; paragliding; paramotoring; parascending; or ballooning.
- (13) Accidental Injury arising out of, or in the course of, any work for wages or profit (whether or not with the Employer).

Exclusions may not be available or applicable in all states and may vary depending on state laws and regulations.