

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million emergency department visits every year are caused by youth sports.¹

WESTERN RESERVE CARE SOLUTIONS

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit www.thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

You have a choice of two accident plans, which allows you the flexibility to enroll for the coverage that best meets your needs. This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		PLAN 1	PLAN 2
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
BENEFITS		PLAN 1	PLAN 2
EMERGENCY, HOSPITAL & TREATMENT CARE			
Accident Follow-Up	Up to 3 visits per accident	\$75	\$100
Accident Prevention Benefit	Once per year for each covered person	\$50	\$50
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	Up to \$50	Up to \$75
Ambulance – Air	Once per accident	\$1,500	\$2,000
Ambulance – Ground	Once per accident	\$500	\$750
Blood/Plasma/Platelets	Once per accident	\$200	\$300
Child Care	Up to 30 days per accident while insured is confined	\$25	\$35
Daily Hospital Confinement	Up to 365 days per lifetime	\$200	\$400
Daily ICU Confinement	Up to 30 days per accident	\$400	\$600
Diagnostic Exam	Once per accident	\$200	\$300
Emergency Dental	Once per accident	Up to \$300	Up to \$450
Emergency Room	Once per accident	\$150	\$200
Hospital Admission	Once per accident	\$1,000	\$1,500
Initial Physician Office Visit	Once per accident	\$75	\$100
Lodging	Up to 30 nights per lifetime	\$125	\$150
Medical Appliance	Once per accident	\$100	\$200
Rehabilitation Facility	Up to 15 days per lifetime	\$150	\$300
Transportation	Up to 3 trips per accident	\$400	\$600
Urgent Care	Once per accident	\$100	\$150
X-ray	Once per accident	\$100	\$150
SPECIFIED INJURY & SURGERY		PLAN 1	PLAN 2
Abdominal/Thoracic Surgery	Once per accident	\$2,000	\$3,000
Arthroscopic Surgery	Once per accident	\$250	\$500
Burn	Once per accident	Up to \$10,000	Up to \$15,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit	50% of burn benefit
Concussion	Up to 3 per year	\$200	\$400
Dislocation	Once per joint per lifetime	Up to \$4,000	Up to \$8,000

Eye Injury	Once per accident	Up to \$500	Up to \$750
Fracture	Once per bone per accident	Up to \$8,000	Up to \$10,000
Hernia Repair	Once per accident	\$200	\$400
Joint Replacement	Once per accident	\$2,000	\$4,000
Knee Cartilage	Once per accident	Up to \$1,000	Up to \$2,000
Laceration	Once per accident	Up to \$500	Up to \$1,000
Ruptured Disc	Once per accident	\$1,000	\$2,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$1,500	Up to \$2,000
CATASTROPHIC		PLAN 1	PLAN 2
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$50,000	\$75,000
Common Carrier Death	Within 90 days	\$75,000	\$150,000
Coma	Once per accident	\$10,000	\$15,000
Dismemberment	Once per accident	Up to \$50,000	Up to \$75,000
Home Health Care	Up to 30 days per accident	\$50	\$75
Paralysis	Once per accident	Up to \$50,000	Up to \$75,000
Prosthesis	Once per accident	Up to \$2,000	Up to \$3,000
FEATURES		PLAN 1	PLAN 2
Organized Amateur Sports Injury Enhancement Benefit		25% of non-catastrophic benefits	25% of non-catastrophic benefits
Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues		Included	Included
HealthChampion ^{SM3} – Administrative & clinical support following serious illness or injury		Included	Included

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to “spouse” in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family’s health. All you have to do is elect the coverage to become insured.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don’t have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll from 10/16/2023 to 10/30/2023.

WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is 1/1/2024.

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

¹National Health Statistics Reports, November 2019. CDC/National Center for Health Statistics: <https://www.cdc.gov/nchs/data/nhsr/nhsr133-508.pdf>, as viewed as of 10/14/2020

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