



Accident Insurance

Accident Insurance	
Provision	Current Plan
Eligibility	<p>Class 1 – Regular Full-time Employees</p> <p>Class 2 – Regular Part-time Hourly Employees</p>
U.S. & International Coverage	Coverage available to U.S. citizens temporarily working or traveling internationally (a U.S. address is required).
Spouse/Domestic Partner/Dependent Eligibility	<ul style="list-style-type: none"> • Spouse • Unmarried children up to age 26, regardless of Full Time Student or marital status • Includes coverage for incapacitated dependents • A Domestic Partner is defined as a person of the same or opposite sex who: <ul style="list-style-type: none"> ○ Is at least 18 years of age; ○ Is not related to you by blood any closer than permitted by state law for marriage; ○ Has resided with you for at least 6 months; ○ Is in a committed, exclusive, intimate relationship with you; and ○ Is financially interdependent with you.
Coverage Waiting Period	<p>Accident Benefit: None</p> <p>Wellness Benefit: 30 days</p>
Limitations and Exclusions	<p>This policy does not cover any loss incurred by a covered person as a result of:</p> <ol style="list-style-type: none"> 1. an injury that occurred as the result of an on-the-job accident, except as may be provided under the On- and Off-the-Job Accident Only Intensive Care Unit Benefit; or 2. injury incurred prior to the covered person's effective date of coverage subject to the Incontestability provision; 3. any act of war whether or not declared, participation in a riot, insurrection or rebellion; or 4. suicide, or any attempt at suicide, whether sane or insane; or 5. any injury sustained while the covered person is under the influence of alcohol or any narcotic, unless administered upon the advice of a physician; or 6. dental or plastic surgery for cosmetic purposes except when such surgery is required to treat an injury or correct a disorder of normal bodily function that was caused by an injury; or 7. participation in any form of aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or 8. committing or attempting to commit an assault or felony; or 9. driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway. <p>Any injury incurred while a covered person is an active member of the Military; Naval; or Air Forces of any country or combination of countries is not covered. Upon notice and proof of service in such forces, we will return the pro-rata portion of the premium paid for any period of such service.</p>



Accident Insurance

Provision	Current Plan
<p>Continuation of Coverage (Portability)</p>	<p>You may obtain Continued Insurance for You and for Your Dependents by making a request in Writing during the Request Period specified below if Your Group Billed Insurance ends. Such coverage will be available for a covered person, if the following criteria are satisfied:</p> <ol style="list-style-type: none"> 1. coverage under the policy terminates as described in the General Provision entitled "Termination of Coverage"; and 2. we receive a request for portability and payment of the first premium for the portability coverage not later than 60 days after such termination. <p>No portability coverage will be provided for any person, if his or her insurance under the policy terminated due to his or her failure to make required premium payments.</p> <p>PORTABILITY COVERAGE The benefits, terms and conditions of the portability coverage will be the same as those provided under the policy when the insurance terminated, including credit for any limitations applied toward a pre-existing condition. Portability coverage may include any eligible dependents who were covered under the policy. Any change made to the policy after a covered person is insured under the portability coverage will not apply to that covered person unless it is required by law.</p> <p>Portability coverage will be effective on the day after the covered person's coverage under the policy terminates.</p> <p>PORTABILITY PREMIUMS Premiums for portability coverage are due and payable in advance to us at our home office. Premium due dates are the first day of each calendar month. The portability premium rate for the first 36 months of portability coverage is the rate in effect under the policy for active employees who have the same coverage. After the first 36 months, the premium rate for portability coverage may change for the class of covered persons on portability on any premium due date. Written notice will be given at least 45 days before any change is to take effect.</p> <p>PORTABILITY GRACE PERIOD The grace period, as defined, will apply to each certificate holder of portability coverage as if such covered person is the policyholder.</p> <p>TERMINATION OF PORTABILITY COVERAGE Insurance under this portability coverage will automatically end on the earliest of the following dates:</p> <ol style="list-style-type: none"> 1. the date the policy terminates; or 2. the date you again become eligible for insurance under the policy; or 3. the last day for which premiums have been paid, if the covered person fails to pay premiums when due, subject to the grace period; or 4. with respect to insurance for dependents: <ol style="list-style-type: none"> a. the date your insurance terminates; or b. the date your dependent ceases to be an eligible dependent as defined; or



Accident Insurance

Provision	Current Plan
	<p>A dependent child whose portability coverage terminates when he or she reaches the age limit may apply for portability coverage in his or her own name, if he or she is otherwise eligible.</p> <p>TERMINATION OF THE POLICY If the policy terminates, you and your covered dependents will be eligible to exercise the portability privilege on the termination date of the policy. Portability coverage may continue beyond the termination date of the policy, subject to the timely payment of premiums. Benefits for portability coverage will be determined as if the policy had remained in full force and effect.</p>
Contributions	Employee-Paid (Post-Tax)



Accident Insurance – Plan Design

Accident Insurance – Plan Design																									
Provision	Current Plan																								
Hospital Care																									
Surgical Procedures	<ul style="list-style-type: none"> Treatment within 1 year of a covered accident 2 or more surgical procedures performed through the same incision or entry point will be considered one operation, and benefits will be paid based upon the most expensive procedure Only 1 misc. surgery benefit is payable per 24-hour period even though more than one procedure may be performed <table border="1" data-bbox="827 602 1562 1016"> <thead> <tr> <th>Repair of:</th> <th>Benefit:</th> </tr> </thead> <tbody> <tr> <td>Tendons, Ligaments</td> <td>\$500</td> </tr> <tr> <td>Torn Rotator Cuffs</td> <td>\$500</td> </tr> <tr> <td>Ruptured Discs</td> <td>\$500</td> </tr> <tr> <td>Torn Knee Cartilage - Exploratory, Cartilage Shaved or No Repair</td> <td>\$500</td> </tr> <tr> <td>Torn Knee Cartilage – Surgical Repair</td> <td>\$500</td> </tr> <tr> <td>Open Abdominal – Exploratory Only, No Repair</td> <td>\$1,000</td> </tr> <tr> <td>Open Abdominal – Surgical Repair</td> <td>\$1,000</td> </tr> <tr> <td>Cranial</td> <td>\$1,000</td> </tr> <tr> <td>Hernia</td> <td>\$1,000</td> </tr> <tr> <td>Arthroscopy Without Surgical Repair</td> <td>\$250</td> </tr> <tr> <td>Misc. surgery</td> <td>\$250</td> </tr> </tbody> </table>	Repair of:	Benefit:	Tendons, Ligaments	\$500	Torn Rotator Cuffs	\$500	Ruptured Discs	\$500	Torn Knee Cartilage - Exploratory, Cartilage Shaved or No Repair	\$500	Torn Knee Cartilage – Surgical Repair	\$500	Open Abdominal – Exploratory Only, No Repair	\$1,000	Open Abdominal – Surgical Repair	\$1,000	Cranial	\$1,000	Hernia	\$1,000	Arthroscopy Without Surgical Repair	\$250	Misc. surgery	\$250
Repair of:	Benefit:																								
Tendons, Ligaments	\$500																								
Torn Rotator Cuffs	\$500																								
Ruptured Discs	\$500																								
Torn Knee Cartilage - Exploratory, Cartilage Shaved or No Repair	\$500																								
Torn Knee Cartilage – Surgical Repair	\$500																								
Open Abdominal – Exploratory Only, No Repair	\$1,000																								
Open Abdominal – Surgical Repair	\$1,000																								
Cranial	\$1,000																								
Hernia	\$1,000																								
Arthroscopy Without Surgical Repair	\$250																								
Misc. surgery	\$250																								
Major Diagnostic Exams	<ul style="list-style-type: none"> \$150 benefit Max 1 benefit per plan year per insured CT, MRI or EEG 																								
Blood/Plasma and/or Platelets Benefit	<ul style="list-style-type: none"> \$100 payable if a covered person requires blood, plasma, and/or platelets Not payable for immunoglobulins Payable only once per covered accident, per covered person 																								
Hospitalization - Initial Admittance	<ul style="list-style-type: none"> Initial Hospital Admittance: \$1,000 or \$1,500 if admitted and confined directly to a hospital intensive care unit. Payable once per plan year per insured Confined within 30 days of the accident Hospitalized for at least 24 hours 																								



Accident Insurance – Plan Design	
Provision	Current Plan
Hospitalization - Confinement	<ul style="list-style-type: none"> • \$200 per day • Confined for at least 18 hours • Confined within 30 days of the accident • Maximum of 365 days
Intensive Care Unit - Confinement	<ul style="list-style-type: none"> • \$ \$400 per day • Confined within 18 hours within the accident • Maximum of 15 days per covered person, per covered accident • Pays in addition to Confinement benefit
Rehabilitation Benefit	<ul style="list-style-type: none"> • \$100 daily benefit • Confined to a rehabilitation unit as a result of a covered accident, provided that the covered person has been confined to a hospital immediately prior to being transferred to the rehabilitation unit • Paid for each day a room charge is incurred • Maximum 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year • Not payable for days in which the Hospital Confinement benefit is paid
Coma	<ul style="list-style-type: none"> • \$10,000 • Coma must last at least 7 days
Transportation Benefit	<ul style="list-style-type: none"> • \$400 payable per round trip to a hospital • Hospital must be more than 100 miles from the covered person's residence or site of the accident • Payable for only the covered person for whom the treatment is prescribed • If the treatment is for a dependent child and commercial travel is necessary, one of the dependent child's parents or legal guardians who travels with the child will also receive this benefit • Local attending physician must prescribe the treatment, and the treatment must not be available locally • Payable for up to three round trips per calendar year, per covered person • Not payable for transportation by ambulance or air ambulance to the hospital
Lodging Benefit	<ul style="list-style-type: none"> • \$100 per night for one motel/hotel room for a member of the immediate family to accompany the covered person • Hospital and motel/hotel must be more than 100 miles from the covered person's residence • Payable up to 30 days per covered accident and only during the time the covered person is confined in the hospital



Accident Insurance – Plan Design	
Provision	Current Plan
Follow-Up Care	
Physical Therapy Benefit	<ul style="list-style-type: none"> • \$25 per treatment • Maximum of 10 treatments, per covered person, per accident • Therapy within 30 days of accident • Treatment is 6 months after the accident • Not payable for the same visit that the Emergency Follow-up Treatment Benefit is payable
Medical Equipment Benefit	<ul style="list-style-type: none"> • \$100 for the use of a medical appliance • Payable once per accident per covered person • Covered medical appliances are: crutches; wheelchair; leg brace; back brace; and walker.
Prosthesis Benefit	<ul style="list-style-type: none"> • \$500 for one prosthesis • Not payable for hearing aids, wigs, dental aids or false teeth • Payable only once per covered person, per covered accident
Emergency Care	
Emergency Follow-Up Treatment	<ul style="list-style-type: none"> • \$25 for additional treatment after an accident • Treatment after 72 hours of the accident • Treatment within 30 days of the accident • Maximum of 6 treatments, limit 1 per day, per covered person, per covered accident • Not payable for treatments for which the Physical Therapy benefit is paid <p><i>Treatment must be authorized under the medical plan by a licensed physician.</i></p>
Ambulance Benefit	<ul style="list-style-type: none"> • \$150 payable for ground ambulance transportation • \$1,000 payable for air ambulance transportation • Expense incurred within 72 hours of accident



Accident Insurance – Plan Design											
Provision	Current Plan										
Common Injuries											
Burns	<p>Pays benefit amount shown below</p> <ul style="list-style-type: none"> • 1-19 sq. cm of body surface – 2nd: \$100; 3rd \$200 • 20-39 sq. cm of body surface – 2nd \$200; 3rd \$500 • 40-64 sq. cm of body surface – 2nd \$400; 3rd \$1,000 • 65-159 sq. cm of body surface – 2nd \$600, 3rd \$3,000 • 160-224 sq. cm of body surface – 2nd \$800; 3rd \$7,000 • 225+ sq. cm of body surface – 2nd \$1,000; 3rd \$10,000 • Injuries due to sunburn are not a covered benefit. 										
Skin Grafts	<ul style="list-style-type: none"> • 50% of the benefit amount paid under the Burns benefit • Must receive 1 or more skin grafts for a covered burn • Paid in addition to the Burns benefit 										
Eye Injury	<ul style="list-style-type: none"> • Surgical Repair: \$250 • Removal of Foreign Object: \$50 (removal by a Physician) 										
Lacerations	<p>Treatment within 72 hours of accident</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Condition</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Lacerations not requiring sutures and treated by a Physician</td> <td>\$25</td> </tr> <tr> <td>Lacerations < 5 cm</td> <td>\$50</td> </tr> <tr> <td>Lacerations > 5 centimeters but < 15 centimeters (total of all lacerations)</td> <td>\$200</td> </tr> <tr> <td>Lacerations > 15 centimeters (total of all lacerations)</td> <td>\$400</td> </tr> </tbody> </table>	Condition	Amount	Lacerations not requiring sutures and treated by a Physician	\$25	Lacerations < 5 cm	\$50	Lacerations > 5 centimeters but < 15 centimeters (total of all lacerations)	\$200	Lacerations > 15 centimeters (total of all lacerations)	\$400
Condition	Amount										
Lacerations not requiring sutures and treated by a Physician	\$25										
Lacerations < 5 cm	\$50										
Lacerations > 5 centimeters but < 15 centimeters (total of all lacerations)	\$200										
Lacerations > 15 centimeters (total of all lacerations)	\$400										
Emergency Dental Work	<ul style="list-style-type: none"> • Payable once per covered person per accident • Broken teeth repaired with crowns: \$150 • Broken teeth resulting in extractions: \$50 										

*Allstate Benefits (AB) is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.



Accident Insurance – Plan Design																												
Provision	Current Plan																											
Paralysis	<ul style="list-style-type: none"> • Quadriplegia: \$10,000 • Paraplegia: \$5,000 • Benefit payable for spinal cord injuries that are received in a covered accident • Complete and total loss of use of 2 or more limbs for a period of at least 30 days • Must be confirmed by a physician • Payable once per covered person 																											
Dislocation	<p>Maximum of 2 per person per incident If a covered dislocation is reduced with local anesthesia or no anesthesia by a physician, we will pay 25% of the benefit amount shown If more than 2 dislocations occur during a covered accident, the 2 dislocations with the largest dollar amount benefits will be paid.</p> <table border="1"> <thead> <tr> <th>Affected Area</th> <th>Open Reduction</th> <th>Closed Reduction</th> </tr> </thead> <tbody> <tr> <td>Hip</td> <td>\$2,000</td> <td>\$2,000</td> </tr> <tr> <td>Knee</td> <td>\$500</td> <td>\$500</td> </tr> <tr> <td>Shoulder</td> <td>\$500</td> <td>\$500</td> </tr> <tr> <td>Collar Bone</td> <td>\$800</td> <td>\$800</td> </tr> <tr> <td>Ankle or Foot (excluding toes)</td> <td>\$500</td> <td>\$500</td> </tr> <tr> <td>Lower Jaw</td> <td>\$500</td> <td>\$500</td> </tr> <tr> <td>Wrist or Elbow</td> <td>\$400</td> <td>\$400</td> </tr> <tr> <td>Toe or Finger</td> <td>\$100</td> <td>\$100</td> </tr> </tbody> </table>	Affected Area	Open Reduction	Closed Reduction	Hip	\$2,000	\$2,000	Knee	\$500	\$500	Shoulder	\$500	\$500	Collar Bone	\$800	\$800	Ankle or Foot (excluding toes)	\$500	\$500	Lower Jaw	\$500	\$500	Wrist or Elbow	\$400	\$400	Toe or Finger	\$100	\$100
Affected Area	Open Reduction	Closed Reduction																										
Hip	\$2,000	\$2,000																										
Knee	\$500	\$500																										
Shoulder	\$500	\$500																										
Collar Bone	\$800	\$800																										
Ankle or Foot (excluding toes)	\$500	\$500																										
Lower Jaw	\$500	\$500																										
Wrist or Elbow	\$400	\$400																										
Toe or Finger	\$100	\$100																										

*Allstate Benefits (AB) is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation.



Accident Insurance – Plan Design

Provision	Current Plan																																																																					
Fractures	<ul style="list-style-type: none"> 100% of the benefit amount shown for the Closed Reduction for chip fractures and other fractures not reduced by open or closed reduction Maximum of 2 fractures per accident per covered person If more than 2 fractures occur during a covered accident, the 2 fractures with the largest dollar amount benefits will be paid. <table border="1" data-bbox="831 483 1560 1284"> <thead> <tr> <th>Fracture</th> <th>Open Reduction</th> <th>Closed Reduction</th> </tr> </thead> <tbody> <tr><td>Hip</td><td>\$2,000</td><td>\$2,000</td></tr> <tr><td>Leg</td><td>\$1,000</td><td>\$1,000</td></tr> <tr><td>Ankle</td><td>\$500</td><td>\$500</td></tr> <tr><td>Kneecap</td><td>\$500</td><td>\$500</td></tr> <tr><td>Foot (excluding toes/heel)</td><td>\$500</td><td>\$500</td></tr> <tr><td>Upper Arm, Elbow</td><td>\$600/\$500</td><td>\$600/\$500</td></tr> <tr><td>Forearm, Hand, or Wrist</td><td>\$500</td><td>\$500</td></tr> <tr><td>Finger or Toe</td><td>\$500</td><td>\$500</td></tr> <tr><td>Vertebral Body (Thoracic)</td><td>\$1,000</td><td>\$1,000</td></tr> <tr><td>Vertebral Process</td><td>\$1,000</td><td>\$1,000</td></tr> <tr><td>Pelvis (excluding coccyx)</td><td>\$1,000</td><td>\$1,000</td></tr> <tr><td>Coccyx</td><td>\$200</td><td>\$200</td></tr> <tr><td>Bones of the Face (excluding nose)</td><td>\$600</td><td>\$600</td></tr> <tr><td>Nose</td><td>\$500</td><td>\$500</td></tr> <tr><td>Upper Jaw</td><td>\$600</td><td>\$600</td></tr> <tr><td>Lower Jaw</td><td>\$500</td><td>\$500</td></tr> <tr><td>Rib or Ribs</td><td>\$1,000</td><td>\$1,000</td></tr> <tr><td>Skull, Simple (except bones of the face)</td><td>\$500</td><td>\$500</td></tr> <tr><td>Skull, Depressed (except bones of the face)</td><td>\$1,500</td><td>\$1,500</td></tr> <tr><td>Sternum</td><td>\$1,000</td><td>\$1,000</td></tr> <tr><td>Shoulder Blade</td><td>\$500</td><td>\$500</td></tr> <tr><td>Heel</td><td>\$500</td><td>\$500</td></tr> </tbody> </table>	Fracture	Open Reduction	Closed Reduction	Hip	\$2,000	\$2,000	Leg	\$1,000	\$1,000	Ankle	\$500	\$500	Kneecap	\$500	\$500	Foot (excluding toes/heel)	\$500	\$500	Upper Arm, Elbow	\$600/\$500	\$600/\$500	Forearm, Hand, or Wrist	\$500	\$500	Finger or Toe	\$500	\$500	Vertebral Body (Thoracic)	\$1,000	\$1,000	Vertebral Process	\$1,000	\$1,000	Pelvis (excluding coccyx)	\$1,000	\$1,000	Coccyx	\$200	\$200	Bones of the Face (excluding nose)	\$600	\$600	Nose	\$500	\$500	Upper Jaw	\$600	\$600	Lower Jaw	\$500	\$500	Rib or Ribs	\$1,000	\$1,000	Skull, Simple (except bones of the face)	\$500	\$500	Skull, Depressed (except bones of the face)	\$1,500	\$1,500	Sternum	\$1,000	\$1,000	Shoulder Blade	\$500	\$500	Heel	\$500	\$500
Fracture	Open Reduction	Closed Reduction																																																																				
Hip	\$2,000	\$2,000																																																																				
Leg	\$1,000	\$1,000																																																																				
Ankle	\$500	\$500																																																																				
Kneecap	\$500	\$500																																																																				
Foot (excluding toes/heel)	\$500	\$500																																																																				
Upper Arm, Elbow	\$600/\$500	\$600/\$500																																																																				
Forearm, Hand, or Wrist	\$500	\$500																																																																				
Finger or Toe	\$500	\$500																																																																				
Vertebral Body (Thoracic)	\$1,000	\$1,000																																																																				
Vertebral Process	\$1,000	\$1,000																																																																				
Pelvis (excluding coccyx)	\$1,000	\$1,000																																																																				
Coccyx	\$200	\$200																																																																				
Bones of the Face (excluding nose)	\$600	\$600																																																																				
Nose	\$500	\$500																																																																				
Upper Jaw	\$600	\$600																																																																				
Lower Jaw	\$500	\$500																																																																				
Rib or Ribs	\$1,000	\$1,000																																																																				
Skull, Simple (except bones of the face)	\$500	\$500																																																																				
Skull, Depressed (except bones of the face)	\$1,500	\$1,500																																																																				
Sternum	\$1,000	\$1,000																																																																				
Shoulder Blade	\$500	\$500																																																																				
Heel	\$500	\$500																																																																				



Accident Insurance – Plan Design

Provision	Current Plan
<p>Wellness Benefit</p>	<p>This benefit pays \$75 per calendar year, per covered person, when a covered person receives an eligible service, after your coverage has been in force for 30 days. The service must be performed under the supervision of or recommended by a physician, while coverage is in force. The benefit will be paid regardless of the result of the test.</p> <p>Eligible services are as follows:</p> <ol style="list-style-type: none"> 1. One routine immunization per year for diphtheria, tetanus, pertussis, polio, rubella, mumps, measles, Haemophilus influenzae type b (HIB), hepatitis B, chicken pox, meningococcal disease; or 2. One routine immunization per year during the first 24 months of life to prevent invasive pneumococcal disease; or 3. One routine immunization per year during the 6th through the 23rd months of life to prevent influenza; or 4. One inpatient visit for routine newborn care; or 5. One routine cervical cancer screening per year; includes Pap smear and Thin prep pap smear test; or 6. One mammography (including low dose breast ultrasound); or 7. One prostate specific antigen test per year; or 8. One lipid panel (total cholesterol count); and 9. One routine sigmoidoscopy; or 10. One routine hemoccult stool analysis; and 11. One double-contrast barium enema every 5 years for ages 50 and over; or 12. One colonoscopy; or 13. One routine lab test to include a complete blood count, urinalysis, and TB skin test when performed with a routine office visit; or 14. One routine office visit per year for the first 6 years of a child's life; or 15. One routine office visit per year for ages 7 to 34; or 16. one visit per year for ages 35 and older; or 17. One routine gynecological care exam per year