

## Plan Summary

### ACCIDENT INSURANCE (AI)

Eligibility	
Employees	<p>Class 1: Each Active Full Time employee working 20 hours or more as determined by the employer.* Employees must be below the age of 75 to enroll.</p> <p>Class 2: Each retired employee below the age of 75 as of the "policy effective date"- (closed class )</p> <p>*Except any person working on a temporary or seasonal basis.</p>
Spouse	Eligible employee's legal spouse or domestic partner subject to state laws. Eligible spouse must be under age 75 to enroll.
Dependent Children	<p>The Insured Person's child(ren), from birth to 26 years, including adopted children, children who are dependent on the Insured Person during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the Insured Person's custody to be considered a Dependent.</p> <p>Eligible employee's child(ren), from birth to 26, including natural children, legally-adopted children (beginning on the date of the filing of the petition for adoption), stepchildren, and the eligible employee's unmarried child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation as defined in the mental hygiene law, or physical handicap and who is chiefly dependent on the Eligible Employee for support and maintenance.</p>

Employee must be insured under the Policy for Dependent spouse and/or children to be insured. A person may not have coverage as both an employee and a dependent.

Plan Design	
Plan Choices	Eligible Insureds are able to elect Plan A.
Coverage Type	24 Hour Coverage

Included Benefits	Plan A
Ambulance Transportation	\$100 Ground
	\$500 Air
Blood/Plasma/Platelets	\$300
Burns	2 <sup>nd</sup> Degree/3 <sup>rd</sup> Degree

# Supplemental Health Solution

Included Benefits	Plan A
Covering less than 10% of the body	\$200 / \$1,600
Covering 10% but less than 25% of the body	\$400 / \$3,200
Covering 25% but less than 35% of the body	\$800 / \$6,400
Covering 35% or greater of the body	\$1,600 / \$12,800
Chiropractic Services	\$25 per session
Coma	\$5,000
Concussion	\$100
Dental Injury	\$150 for Crown
	\$50 for Extraction
Diagnostic Examination	\$100 per CT/MRI scan
Dislocations	<b>Surgical/Non-Surgical</b>
Ankle	\$1,800 / \$900
Collarbone	\$1,800 / \$900
Elbow	\$900 / \$450
Finger	\$300 / \$150
Foot	\$1,800 / \$900
Hand	\$900 / \$450
Hip	\$4,800 / \$2,400
Knee	\$3,000 / \$1,500
Lower Jaw	\$900 / \$450
Shoulder	\$900 / \$450
Toe	\$300 / \$150
Wrist	\$900 / \$450
Partial Dislocation ( <i>Amount of benefit for non-surgical dislocation</i> )	50%

# Supplemental Health Solution

Included Benefits	Plan A
Multiple Dislocations <i>(Percent of highest benefit for any one dislocation among all dislocations sustained)</i>	200%
Emergency Treatment	\$105
Eye Injury	\$100 for removal of foreign object
	\$200 for surgical repair
Fractures	<b>Surgical/Non-Surgical</b>
Ankle	\$900 / \$450
Arm	\$900 / \$450
Bones of Face	\$450 / \$225
Coccyx	\$450 / \$225
Collarbone	\$900 / \$450
Elbow	\$900 / \$450
Finger	\$150 / \$75
Foot	\$900 / \$450
Hand	\$900 / \$450
Hip	\$4,800 / \$2,400
Kneecap	\$900 / \$450
Leg	\$2,400 / \$1,200
Jaw	\$900 / \$450
Nose	\$450 / \$225
Pelvis	\$2,400 / \$1,200
Rib	\$450 / \$225
Shoulder Blade	\$900 / \$450
Skull <i>(Except bones of face or nose Depressed)</i>	\$7,500 / \$3,750
Skull <i>(Simple)</i>	\$2,250 / \$1,125

# Supplemental Health Solution



Included Benefits	Plan A
Sternum	\$900 / \$450
Toe	\$150 / \$75
Vertebrae	\$900 / \$450
Vertebral Column	\$2,400 / \$1,200
Wrist	\$900 / \$450
Chip Fractures ( <i>Amount of benefit for non-surgical fracture</i> )	50%
Multiple Fracture ( <i>Amount of the highest benefit for any one fracture among all fractures sustained</i> )	200%
Hospitalization	
Initial Hospital Admission	\$250
Initial ICU Hospital Admission	\$500
Hospital Confinement	\$100 per day, 365 days maximum
ICU Confinement	\$200 per day, 30 days maximum
Lacerations	
No Sutures Required	\$25
Sutures Required ( <i>Total length of all sutured lacerations</i> )	Less than 2" long \$50
	2" but less than 6" long \$200
	6" long or greater \$400
Medical Appliances	\$100
Paralysis Benefits	\$5,000 paraplegia/hemiplegia
	\$10,000 quadriplegia
Physical Therapy	\$25 per session
	12 session maximum
Physician Office Visit	\$25 initial
	\$25 Follow-up, 6 visits maximum
Rehabilitation Facility Confinement	\$50 per day

# Supplemental Health Solution

Included Benefits	Plan A
	30 days maximum
Surgery Benefits	
Abdominal or Thoracic	\$1,000
Exploratory Surgery ( <i>no repair</i> )	\$100
Knee Cartilage ( <i>surgically repaired</i> )	\$300
Ruptured Disc ( <i>surgically repaired</i> )	\$500
Rotator Cuff ( <i>one surgically repaired</i> )	\$300
Rotator Cuff ( <i>two or more surgically repaired</i> )	\$600
Tendon or Ligament ( <i>one surgically repaired</i> )	\$300
Tendon or Ligament ( <i>two or more surgically repaired</i> )	\$600
X-rays	\$25
Additional Features	
Portability	Included
Minimum Participation	Waived