

# GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



More than 3.5 million children ages 14 and younger get hurt annually playing sports or participating in recreational activities.<sup>1</sup>

## The Arc of Washington County

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 [thehartford.com/employeebenefits](http://thehartford.com/employeebenefits)

## COVERAGE INFORMATION

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
Coverage Type		Off-job only
BENEFITS		PLAN
EMERGENCY, HOSPITAL & TREATMENT CARE		PLAN
Accident Follow-Up	Up to 3 visits per accident	\$50
Ambulance – Air	Once per accident	\$1,500
Ambulance – Ground	Once per accident	\$200
Blood/Plasma/Platelets	Once per accident	\$300
Daily Hospital Confinement	Up to 365 days per lifetime	\$200
Daily ICU Confinement	Up to 30 days per accident	\$400
Diagnostic Exam	Once per accident	\$150
Emergency Dental	Once per accident	Up to \$300
Emergency Room	Once per accident	\$125
Hospital Admission	Once per accident	\$1,000
Initial Physician Office Visit	Once per accident	\$125
Lodging	Up to 30 nights per lifetime	\$150
Medical Appliance	Once per accident	\$100
Physical Therapy	Up to 10 visits each per accident	\$25
Rehabilitation Facility	Up to 15 days per lifetime	\$100
Transportation	Up to 3 trips per accident	\$500
Urgent Care	Once per accident	\$125
X-ray	Once per accident	\$30
SPECIFIED INJURY & SURGERY		PLAN
Abdominal/Thoracic Surgery	Once per accident	\$1,500
Arthroscopic Surgery	Once per accident	\$150
Burn	Once per accident	Up to \$4,000
Burn – Skin Graft	Once per accident for third degree burn(s)	25% of burn benefit
Concussion	Up to 3 per year	\$150
Dislocation	Once per joint per lifetime	Up to \$6,000
Eye Injury	Once per accident	Up to \$300
Fracture	Once per bone per accident	Up to \$7,500
Hernia Repair	Once per accident	\$200
Knee Cartilage	Once per accident	Up to \$500
Laceration	Once per accident	Up to \$600
Ruptured Disc	Once per accident	\$500
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$750

CATASTROPHIC		PLAN
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$25,000
Common Carrier Death	Within 90 days	4 times death benefit
Coma	Once per accident	\$10,000
Prosthesis	Up to 2 per accident	Up to \$1,000
FEATURES		PLAN
Ability Assist <sup>®</sup> EAP <sup>2</sup> – 24/7/365 access to help for financial, legal or emotional issues		Included
HealthChampion <sup>SM3</sup> – Administrative & clinical support following serious illness or injury		Included

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time or part-time employee who works at least 20 hours per week on a regularly scheduled basis, and are less than age 80.

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

### 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.

### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

### WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

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 dependent(s) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, 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.