

Accident Insurance

Class Description(s): All Active Full-time Employees

Eligibility Requirement: Eligible person working 30 hours per week

| Plan Information | | Plan Design Options | |
|---|---|---------------------|----------|
| Plan Type | Plan 1.1, Plan 3.1 | | |
| Coverage Type | 24 Hour (On and off-job) | | |
| Policyholder Choice | The policyholder may select one plan design to offer to employees. | | |
| Dependent Benefit Amounts | Dependent benefit amounts are the same as employee benefit amounts unless otherwise indicated within the package. | | |
| Accident Benefits | | | |
| The Hartford's Accident plan(s) will pay each scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident while insurance is in effect, subject to any plan limitations and exclusions. State specific variations may apply to the benefits shown below. | | | |
| Emergency, Hospital & Treatment Care Package³: | | | |
| Treatment/Service | Detail (Per covered person) | Plan 1.1 | Plan 3.1 |
| ACCIDENT FOLLOW-UP | Up to 3 Treatments/accident within 90 Days | \$75 | \$150 |
| ACUPUNCTURE | Up to 10 visits/accident within 365 Days | \$25 | \$75 |
| AMBULANCE – AIR | Once/accident within 72 Hours | \$1,500 | \$2,500 |
| AMBULANCE – GROUND | Once/accident within 90 Days | \$500 | \$1,000 |
| BLOOD/PLASMA/PLATELETS | Once/accident within 90 Days | \$200 | \$400 |
| CHILD CARE | Up to 30 Days/accident while insured is confined | \$25 | \$50 |
| CHIROPRACTIC CARE | Up to 10 visits/accident within 365 Days | \$25 | \$75 |
| DAILY HOSPITAL CONFINEMENT | Up to 365 Days/lifetime (Total daily and ICU) | \$200 | \$600 |
| DAILY ICU CONFINEMENT | Up to 30 Days/accident (Subject to 365 Days/lifetime) | \$400 | \$800 |
| DIAGNOSTIC EXAM | Once/accident within 90 Days | \$200 | \$400 |
| EMERGENCY DENTAL – CROWN | Highest benefit once/accident within 90 Days | \$300 | \$600 |
| EMERGENCY DENTAL – EXTRACTION | Highest benefit once/accident within 90 Days | \$100 | \$200 |
| EMERGENCY ROOM | Once /accident within 72 Hours | \$150 | \$250 |
| HOSPITAL ADMISSION | Once/accident within 90 Days | \$1,000 | \$2,000 |
| INITIAL PHYSICIAN OFFICE VISIT | Once/accident within 90 Days | \$75 | \$150 |
| LODGING | Up to 30 Nights/lifetime | \$125 | \$175 |
| MEDICAL APPLIANCE | Once/accident within 90 Days | \$100 | \$300 |
| PHYSICAL THERAPY | Up to 10 Visits/accident within 90 Days | \$50 | \$100 |
| REHABILITATION FACILITY | Up to 15 Days/lifetime within 90 Days | \$150 | \$450 |
| TRANSPORTATION | Up to 3 Trips/accident | \$400 | \$800 |
| URGENT CARE | Once /accident within 72 Hours | \$100 | \$200 |
| X-RAY | Once/accident within 90 Days | \$100 | \$200 |
| Specified Injury & Surgery Benefit Package: | | | |
| Injury/Treatment/Service | Detail (Per covered person) | Plan 1.1 | Plan 3.1 |
| ABDOMINAL/THORACIC SURGERY | Once/accident within 90 Days | \$2,000 | \$4,000 |
| ARTHROSCOPIC SURGERY | Once/accident within 90 Days | \$250 | \$750 |
| BURN – 2ND DEGREE (≥ 34% OF BODY SURFACE) | Highest benefit once/accident within 72 Hours | \$1,000 | \$2,000 |
| BURN – 3RD DEGREE (≥ 18IN2 OF BODY SURFACE) | Highest benefit once/accident within 72 Hours | \$10,000 | \$20,000 |



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| BURN – SKIN GRAFT (FOR 3RD DEGREE BURN) | Once/accident | 50% of burn benefit | 50% of burn benefit |
| CONCUSSION | Up to 3 Concussions/year within 72 Hours | \$150 | \$250 |
| EYE INJURY – OBJECT REMOVAL | Highest benefit once/accident within 90 Days | \$200 | \$600 |
| EYE INJURY – SURGERY | Highest benefit once/accident within 90 Days | \$500 | \$1,000 |
| HERNIA REPAIR | Once/accident within 365 Days | \$200 | \$600 |
| JOINT REPLACEMENT | Once/accident within 90 Days | \$2,000 | \$6,000 |
| KNEE CARTILAGE – WITH REPAIR | Highest benefit once/accident within 12 Months | \$1,000 | \$3,000 |
| KNEE CARTILAGE – WITHOUT REPAIR | | \$250 | \$750 |
| LACERATION – 2” TO 6” | Highest benefit once/accident within 72 Hours | \$250 | \$750 |
| LACERATION – 6” OR GREATER | Highest benefit once/accident within 72 Hours | \$500 | \$1,500 |
| RUPTURED DISC | Once/accident within 365 Days | \$1,000 | \$3,000 |
| TENDON/LIGAMENT/CUFF – SINGLE | Highest benefit once/accident within 365 Days | \$750 | \$1,500 |
| TENDON/LIGAMENT/CUFF – 2 OR MORE | | \$1,500 | \$3,000 |

Specified Injury & Surgery Benefit Package: Dislocations (dollar amounts shown are for Open Surgical injuries)

| Injury | Detail (Per covered person) | Plan 1.1 | Plan 3.1 | |
|---------------------------------|--------------------------------------|------------------------------------|---------------------------|--|
| SPOUSE BENEFIT AMOUNTS | -- | 100% of Employee's Coverage Amount | | |
| CHILD(REN) BENEFIT AMOUNTS | -- | 100% of Employee's Coverage Amount | | |
| ANKLE, FOOT BONES (EXCEPT TOES) | Once/joint/lifetime (Open or closed) | \$2,500 | \$7,500 | |
| COLLARBONE – ACROMIO/SEPARATION | | \$500 | \$1,500 | |
| COLLARBONE – STERNOCLAVICULAR | | \$1,000 | \$3,000 | |
| ELBOW | | \$1,000 | \$3,000 | |
| FINGER, TOE | | \$250 | \$750 | |
| HIP | | \$4,000 | \$12,000 | |
| KNEE | | \$2,500 | \$7,500 | |
| LOWER JAW | | \$1,000 | \$3,000 | |
| SHOULDER (GLENOHUMERAL) | | \$1,000 | \$3,000 | |
| WRIST | | \$1,000 | \$3,000 | |
| HAND BONES (EXCEPT FINGERS) | | \$1,000 | \$2,000 | |
| CLOSED (NON-SURGICAL) | | 50% of open benefit | | |
| INCOMPLETE/WITHOUT ANESTHESIA | | 25% of closed benefit | | |
| MULTIPLE DISLOCATIONS/FRACTURES | | -- | ≤ 200% of highest benefit | |

Specified Injury & Surgery Benefit Package: Fractures (dollar amounts shown are for Open Surgical injuries)

| Injury | Detail (Per covered person) | Plan 1.1 | Plan 3.1 |
|--------------------------------|-----------------------------------|------------------------------------|----------|
| SPOUSE BENEFIT AMOUNTS | -- | 100% of Employee's Coverage Amount | |
| CHILD(REN) BENEFIT AMOUNTS | -- | 100% of Employee's Coverage Amount | |
| ANKLE | Once/bone/accident within 90 Days | \$1,000 | \$3,000 |
| FOOT BONES (EXCEPT TOES) | | \$1,000 | \$2,000 |
| COCCYX | | \$500 | \$1,000 |
| COLLARBONE/CLAVICLE OR STERNUM | | \$2,000 | \$6,000 |



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| FINGER, TOE | | \$250 | \$750 |
| FOREARM – RADIUS OR ULNA | | \$1,000 | \$3,000 |
| HIP, THIGH/FEMUR | | \$4,000 | \$12,000 |
| KNEECAP/PATELLA | | \$1,500 | \$4,500 |
| LOWER JAW/MANDIBLE (EXC. ALV. PROCESS) | | \$1,000 | \$2,000 |
| LOWER LEG – FIBULA OR TIBIA | | \$2,000 | \$6,000 |
| NOSE, FACIAL BONES (EXCEPT JAW BONES) | | \$1,000 | \$2,000 |
| PELVIS (EXCEPT COCCYX) | | \$8,000 | \$12,000 |
| VERTEBRAE – PROCESSES | | \$1,000 | \$2,000 |
| RIB | | \$500 | \$1,000 |
| SHOULDER BLADE/SCAPULA | | \$2,000 | \$6,000 |
| SKULL – DEPRESSED | | \$8,000 | \$12,000 |
| SKULL – NON-DEPRESSED/SIMPLE | | \$2,000 | \$6,000 |
| UPPER ARM/HUMERUS | | \$1,000 | \$3,000 |
| UPPER JAW/MAXILLA (EXC. ALVEOLAR PROCESS) | | \$1,000 | \$2,000 |
| VERTEBRAE – BODY | | \$1,500 | \$4,500 |
| WRIST, HAND BONES (EXCEPT FINGERS) | | \$1,000 | \$3,000 |
| CLOSED (NON-SURGICAL) | | 50% of open benefit | |
| CHIP FRACTURE | | 25% of closed benefit | |
| MULTIPLE FRACTURES/DISLOCATIONS | -- | ≤ 200% of highest benefit | |

Catastrophic Benefits Package:

| Injury/Treatment/Service | Detail (Per covered person) | Plan 1.1 | Plan 3.1 |
|---------------------------------|---|-------------------------|-----------|
| ACCIDENTAL DEATH – EMPLOYEE | Within 90 Days | \$50,000 | \$100,000 |
| ACCIDENTAL DEATH – SPOUSE | | 50% of employee benefit | |
| ACCIDENTAL DEATH – CHILD(REN) | | 25% of employee benefit | |
| COMMON CARRIER DEATH | Within 90 Days | 1.5 times death benefit | |
| COMA (≥ 168] CONTINUOUS HOURS) | Once/accident within 90 Days | \$10,000 | \$20,000 |
| HOME HEALTH CARE | Up to 30 Days/accident | \$50 | \$100 |
| PARALYSIS – QUADRIPLEGIA | Highest benefit once/accident within 90 Days | \$50,000 | \$100,000 |
| PARALYSIS – PARAPLEGIA | | \$25,000 | \$50,000 |
| PROSTHESIS – SINGLE | Highest benefit once/accident within 365 Days | \$1,000 | \$2,000 |
| PROSTHESIS – 2 OR MORE | | \$2,000 | \$4,000 |

Catastrophic Benefits Package: Dismemberments

| Injury | Detail (Per covered person) | Plan 1.1 | Plan 3.1 |
|------------------------------|------------------------------|------------------------------------|-----------|
| SPOUSE BENEFIT AMOUNTS | -- | 100% of Employee's Coverage Amount | |
| CHILD(REN) BENEFIT AMOUNTS | -- | 100% of Employee's Coverage Amount | |
| BOTH HANDS OR BOTH FEET | Within 90 Days | \$50,000 | \$100,000 |
| SIGHT – BOTH EYES | | \$50,000 | \$100,000 |
| SPEECH & HEARING (BOTH EARS) | | \$50,000 | \$100,000 |
| 1 HAND & 1 FOOT | Once/accident within 90 Days | \$50,000 | \$100,000 |

