

# GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million emergency department visits every year are caused by youth sports.<sup>1</sup>

## Forrester Research Inc.

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](http://www.thehartford.com/employee-benefits/employees)

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

Eye Injury	Once per accident	Up to \$750
Fracture	Once per bone per accident	Up to \$10,000
Hernia Repair	Once per accident	\$750
Joint Replacement	Once per accident	\$5,000
Knee Cartilage	Once per accident	Up to \$2,000
Laceration	Once per accident	Up to \$1,000
Ruptured Disc	Once per accident	\$2,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$3,000

### CATASTROPHIC

Coma	Once per accident	\$10,000
Home Health Care	Up to 30 days per accident	\$100
Paralysis	Once per accident	Up to \$50,000
Prosthesis	Once per accident	Up to \$3,000

### FEATURES

Organized Amateur Sports Injury Enhancement Benefit	25% of non-catastrophic benefits
Ability Assist® 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

## PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year):<sup>4</sup>

COVERAGE TIER	
Employee Only	\$12.10 (\$0.40 per day)
Employee & Spouse/Partner	\$21.63 (\$0.71 per day)
Employee & Child(ren)	\$29.12 (\$0.96 per day)
Employee & Family	\$38.65 (\$1.27 per day)

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 24 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.

### HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

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 during any scheduled enrollment period.

### WHEN DOES THIS INSURANCE BEGIN?

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 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.

<sup>1</sup>National 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

<sup>2</sup>AbilityAssist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Ability Assist is a registered trademark of The Hartford. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

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<sup>4</sup>Rates and/or benefits may be changed on a class basis.

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# Premium Worksheet



Rates and/or benefits may be changed on a class basis.

<b>VOLUNTARY ACCIDENT INSURANCE</b>	
<b>Monthly Premium Amount (Cost per Pay Period – 12/Year)</b>	
<b>COVERAGE TIER</b>	<b>Plan</b>
Employee Only	<b>\$12.10</b> (\$0.40 per day)
Employee & Spouse/Partner	<b>\$21.63</b> (\$0.71 per day)
Employee & Child(ren)	<b>\$29.12</b> (\$0.96 per day)
Employee & Family	<b>\$38.65</b> (\$1.27 per day)

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