

Accident 24-Hour Accident Plan

Accident coverage provides a cash benefit for qualifying accidental losses. It can help pay for out-of-pocket medical costs, costs that may not be covered under your medical plan, or daily expenses.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- No medical questions or exam needed to enroll.
- You can take your coverage with you even if you leave your employer.¹
- No limitations for pre-existing conditions.²

On and off the job accidents are covered

Coverage Options	Employee Only	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
Biweekly Cost ³	\$2.53	\$4.40	\$5.66	\$7.50

Hospital and Emergency Benefits

Benefit	Payment Limitation	Amount
Hospital Admission	Once/accident within 90 days	\$2,000
ICU Admission	Once/accident within 90 days	\$4,000
Daily Hospital Confinement	Up to 365 days/lifetime (total daily and ICU)	\$200
Daily ICU Confinement	Up to 30 days/accident (subject to 365 days/lifetime)	\$400
Ambulance – Air	Once/accident within 72 hours	\$1,500
Ambulance – Ground	Once/accident within 90 days	\$300
Blood/Plasma/Platelets	Once/accident within 90 days	\$400
Emergency Room	Once/accident within 72 hours	\$200
Diagnostic Exam	Once/accident within 90 days	\$250
Urgent Care	Once/accident within 72 hours	\$200
X-Ray	Once/accident within 90 days	\$150

Follow Up Care Benefits

Benefit	Payment Limitation	Amount
Accident Follow-up	Up to 3 treatments/accident within 180 days	\$100
Acupuncture	Up to 10 visits/accident within 365 days	\$25
Child Care	Up to 30 days/accident while insured is confined	\$25
Chiropractic Care	Up to 10 visits/accident within 365 days	\$50
Transportation	Up to 3 trips/accident	\$500
Initial Physician Office Visit	Once/accident within 90 days	\$150
Lodging	Up to 30 nights/lifetime	\$300
Medical Appliance	Once/accident within 90 days	\$200
Physical Therapy	Up to 10 visits/accident within 90 days	\$75
Rehabilitation Facility	Up to 15 days/lifetime within 90 days	\$200
Epidural Pain Management	Once/accident	\$50
Prescription Drug	Once per month/accident within 365 days	\$10

Specified Injury & Surgery Benefits

Benefit	Amount
Abdominal/Thoracic Surgery	\$1,500
Arthroscopic Surgery	\$350
Concussion	\$500
Emergency Dental – Crown	\$225
Emergency Dental – Extraction	\$75
Eye Injury – Object Removal	\$100
Eye Injury – Surgery	\$300
Knee Cartilage – with repair	\$750
Knee Cartilage – without repair	\$200
Laceration – 2" to 6"	\$300
Laceration – 6" or greater	\$600
Ruptured Disc	\$750
Tendon/Ligament/Cuff – single	\$750
Tendon/Ligament/Cuff – 2 or more	\$1,500
Hernia	\$250

Catastrophic Benefits

Benefit	Amount
Coma (≥ 168] continuous hours)	\$20,000
Burn – 2nd degree (≥ 34% of body surface)	\$1,500
Burn – 3rd degree (≥ 18 sq. in. of body surface)	\$20,000
Burn – skin graft (for 3rd degree burn)	50% of 3rd Degree Burn Benefit
Home Health Care	\$50
Paralysis – quadriplegia	\$20,000
Paralysis – paraplegia	\$10,000
Prosthesis – single	\$750
Prosthesis – 2 or more	\$1,500

Dislocation Schedule

Benefit	Payment Limitation	Amount
Ankle, foot bones (except toes)	- Closed/non-surgical benefit is 50% of open benefit shown	\$3,600
Collarbone – acromio/separation	- Benefit for dependent spouse is 100% of the amount shown	\$4,500
Collarbone – sternoclavicular	- Benefit for dependent child(ren) is 100% of the amount shown	\$4,500
Elbow	- Incomplete dislocations & dislocation without anesthesia are 25% of the closed/non-surgical benefit	\$1,800
Finger, toe	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$750
Hip		\$9,000
Knee		\$6,000
Lower Jaw		\$2,700
Shoulder (glenohumeral)		\$4,500
Wrist		\$2,250
Hand Bones (except fingers)		\$3,300

Fractures Schedule

Benefit	Payment Limitation	Amount
Ankle	- Closed/non-surgical benefit is 50% of open benefit shown	\$6,000
Foot Bones (except toes)	- Benefit for dependent spouse is 100% of the amount shown	\$6,000
Coccyx	- Benefit for dependent child(ren) is 100% of the amount shown	\$1,050
Collarbone/clavicle or sternum	- Chip fracture is 25% of the Closed benefit	\$4,800
Finger, toe	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$1,050
Forearm – radius or ulna		\$6,000
Hip, thigh/femur		\$12,000
Kneecap/patella		\$6,000
Lower jaw/mandible (exc. alv. process)		\$4,800
Lower leg – fibula or tibia		\$7,500
Nose, facial bones (except jaw bones)		\$3,600
Pelvis (except coccyx)		\$9,600
Vertebrae – processes		\$3,000
Rib		\$1,050
Shoulder blade/scapula		\$4,800
Skull – depressed		\$12,000
Skull – non-depressed/simple		\$6,000
Upper arm/humerus		\$4,200
Upper jaw/maxilla (exc. alveolar process)		\$4,200
Vertebrae – body		\$10,800
Wrist, hand bones (except fingers)		\$6,000

Organized Sports Injury Benefit Schedule

Benefit	Amount
Coverage Percentage	25%
Maximum Benefit	\$10,000
Accident Follow-up Care	Included
Catastrophic	Included
Dislocations	Included
Emergency	Included
Fractures	Included
Hospital	Included
Specified Injury & Surgery	Included

How to file claims

You can file claims online at <https://supplemental-health.anthem.com> or you can complete the claim form and file it by mail or fax. Contact us with any questions (888) 828-2432.

Exclusions

The information provided below is applicable in most states; however, please be aware that state variations may apply.

A benefit is not payable for an injury that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to them
- A covered person's taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed or administered by a Physician
- A covered person's being intoxicated as defined by the jurisdiction in which the cause of the loss was incurred
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests.
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven. This exclusion does not apply where the Covered Person is riding as a fare-paying passenger on a regularly scheduled commercial airline or as a passenger for transportation only and not as a pilot or crew member
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

Accident means a sudden, unforeseeable event that causes an Injury and that: 1) occurs while this Certificate is in force; 2) occurs while the Covered Person's insurance is effective; and 3) is not subject to any exclusion in the Policy.

¹ Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

² Covered accidents or illness must occur after the effective date of coverage.

³ Actual deductions may vary slightly due to rounding and payroll frequency.

In Colorado and Georgia, members must be enrolled in comprehensive health benefits from a group health insurance plan, an employer sponsored plan, an HMO plan, or an individual health plan that provides essential health benefits.

Group Accident benefits provided by policy form SAI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Company (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.