



# ACCIDENT INSURANCE FOR

## City of Winston Salem

Presented by



WB Accident 20 – 100083 - 030120201

A personalized guide to understanding your Accident coverage



# ACCIDENT INSURANCE BENEFIT SUMMARY

## What is Accident Insurance?

This coverage pays benefits for injuries, such as cuts, broken bones, concussions and related expenses.

Accident Insurance is supplemental coverage that can complement your health insurance and help cover your out-of-pocket expenses. When you carry this coverage, if you have a covered accident, you are paid a total cash benefit that is based on the amount listed for each covered benefit and/or treatment. See the benefit schedule for additional details.

## Use your benefits any way you like.

Benefit proceeds can be used however you want, whether it's toward your mortgage, medical bills or student loans. It's up to you.

## Coverage highlights

- No health questions asked
- Affordable premiums
- Simplified claims-filing

## How does the coverage work?

When you carry Accident Insurance and have a covered accident, simply file an Accident claim with our Claims Care Team online, over the phone, or via US mail or fax. You'll be paid a total cash benefit based on the amount listed for each covered benefit and/or treatment.

## Benefit snapshot: Luis' goal

One night while playing a game with his local soccer league, Luis went for a goal that left him with a broken leg and a concussion. Fortunately, he'd enrolled in Accident Insurance. The benefit Luis received helped to offset his medical bills and cover other expenses, like time away from work, while he recovered.

### Luis' Accident policy paid these benefits\*:

Ground ambulance:	\$250
Emergency room treatment:	\$175
Fracture (thigh, non-surgical):	\$2,500
Concussion:	\$150
<b>Total benefits paid:</b>	<b>\$3,075</b>

\*This example is for illustrative purposes only. Your plan details may vary. See your enrollment guide for more information around the specific benefits covered under your group's plan.



## What benefits are included in my coverage?

Your Accident Insurance includes a range of covered accidents and additional benefits, as outlined below. For more information, see your certificate.

ACCIDENT PLAN BENEFITS	Basic Plan	Enhanced Plan
<b>Emergency and Initial Accident Treatment Benefits</b>		
<b>Ambulance</b>		
Ground	\$150	\$250
Air	\$750	\$1,250
Water	\$750	\$1,250
<b>Emergency Room Treatment</b>	\$150	\$175
<b>Urgent Care</b>	\$75	\$100
<b>Major Diagnostic Imaging</b>	\$150	\$175
<b>X-ray</b>	\$25	\$50
<b>Hospital Benefits</b>		
<b>Hospital Admission</b>	\$500	\$1,000
Daily Hospital Confinement	\$100	\$200
Maximum number of days	365	365
<b>Intensive Care Admission</b>	\$1,000	\$2,000
ICU Daily Confinement	\$200	\$400
Maximum number of days	365	365
<b>Observation Unit</b>	\$100	\$200
<b>Specific Injury Benefit</b>		
<b>Fractures</b>		
Closed/Non-Surgical Treatment		
<i>Skull (except Bones of Face or Nose) Depressed</i>	\$2,500	\$3,500
<i>Hip, Thigh (Femur)</i>	\$1,250	\$2,500
<i>Vertebrae, Body of (excluding Vertebral Process)</i>	\$1,250	\$2,500
<i>Pelvis</i>	\$1,250	\$2,500
<i>Leg (Tibia and/or Fibula)</i>	\$1,250	\$2,500
<i>Upper Arm (Humerus)</i>	\$750	\$2,000
<i>Shoulder Blade</i>	\$750	\$2,000
<i>Collarbone</i>	\$750	\$2,000
<i>Upper Jaw, Maxilla (except Alveolar Process)</i>	\$500	\$1,500
<i>Lower Jaw, Mandible (except Alveolar Process)</i>	\$500	\$1,500
<i>Vertebral Process</i>	\$400	\$1,000
<i>Forearm (Ulna and/or Radius)</i>	\$400	\$1,000
<i>Hand, Wrist (except Fingers)</i>	\$400	\$1,000
<i>Kneecap</i>	\$400	\$1,000
<i>Foot (except Toes)</i>	\$400	\$1,000



Ankle	\$400	\$1,000
Rib	\$100	\$250
Coccyx	\$100	\$250
Finger, Toe	\$100	\$250
Enhancement for Open/Surgical Reduction	2x	2x
Chip Fractures	25%	25%
<b>Dislocations</b>		
Closed/Non-Surgical Treatment		
Hip	\$2,500	\$3,500
Knee (other than Kneecap)	\$1,000	\$2,000
Shoulder	\$1,000	\$2,000
Kneecap	\$500	\$750
Ankle bone or bones of the foot	\$500	\$750
Elbow	\$500	\$750
Wrist	\$500	\$750
Bone or bones of the hand	\$500	\$750
Jawbone	\$500	\$750
Collarbone	\$500	\$750
One toe or finger	\$200	\$250
Enhancement for Open/Surgical Reduction	2x	2x
Partial Dislocations	25%	25%
<b>Lacerations</b>		
No Repair	\$50	\$60
Repair - up to 2 inches	\$50	\$60
Repair - over 2 inches, up to 6 inches	\$100	\$150
Repair - over 6 inches	\$200	\$300
<b>Burns</b>		
2nd Degree Burns		
At least 1%, but less than 20% of skin surface	\$100	\$250
20% or greater of skin surface	\$500	\$750
3rd Degree Burns		
Less than 5% of skin surface	\$500	\$750
At least 5%, but less than 20% of skin surface	\$2,000	\$3,000
20% or greater of skin surface	\$6,000	\$9,000
<b>Skin Graft</b>		
Due to Burns (% of applicable Burn benefit)	25%	50%
Not due to Burns		
At least 1%, but less than 20% of skin surface	\$100	\$150
20% or greater of skin surface	\$200	\$300
Concussion and Other Brain Injuries	\$100	\$150
Dental Benefit	\$250	\$350
Eye Injury Benefit	\$150	\$200
<b>Surgery Benefits</b>		
<b>Outpatient Surgery Benefit</b>		
Facilities other than Physician Office or Emergency Room	\$450	\$600
Physician Office or Emergency Room	\$225	\$300
<b>Internal Injuries Surgical Benefits</b>		
Open Abdominal & Thoracic	\$1,500	\$2,000



Hernia	\$200	\$250
Exploratory without Repair	\$175	\$225
<b>Tendon/Ligament/Rotator Cuff Surgical Benefit</b>		
Single	\$700	\$850
Multiple	\$1,050	\$1,275
Exploratory without Repair	\$350	\$425
<b>Torn Knee Cartilage Surgery Benefit</b>		
Torn with Surgical Repair	\$600	\$725
Exploratory without Repair	\$225	\$300
Diagnosis only with no surgery or repair	\$100	\$125
<b>Ruptured Disc with Surgical Repair</b>	\$600	\$725
<b>Anesthesia Benefit</b>		
General Anesthesia	\$225	\$275
Epidural or Regional Anesthesia	\$100	\$125
<b>Medical Benefits</b>		
<b>Blood, Plasma &amp; Platelets Benefit</b>	\$300	\$400
<b>Prosthetic Device Benefit</b>		
One only	\$500	\$600
Two or more	\$1,000	\$1,200
<b>Appliances</b>	\$50	\$125
<b>Pain Management Benefit</b>	\$50	\$75
<b>Prescription Drug Benefit</b>	\$15	\$20
Maximum number of payments	3	3
<b>Follow-Up Care and Transportation Benefits</b>		
<b>Physician Office Visit</b>	\$50	\$75
Maximum number of visits	4	4
<b>Post-Traumatic Stress Disorder</b>	\$50	\$75
Maximum number of visits	4	4
<b>Therapy Services (Occupational, Physical, Speech Therapy)</b>	\$25	\$30
Maximum number of visits	11	11
<b>Chiropractor and Alternate Therapy</b>	\$50	\$60
Maximum number of visits	4	4
<b>Rehabilitation Unit Confinement</b>	\$75	\$100
Maximum number of days	90	90
<b>Home Health Care</b>	\$50	\$75
Maximum number of visits	30	30
<b>Skilled Nursing Facility</b>	\$250	\$275
Maximum number of days	30	30
<b>Private Duty Nursing</b>	\$75	\$100
Maximum number of visits	6	6
<b>Residence/Vehicle Modification</b>	\$1,000	\$2,500
<b>Transportation (per mile, minimum of 100 miles from residence)</b>	\$0.30	\$0.30
<b>Lodging</b>	\$100	\$150
Maximum number of days	30	30
<b>Coma</b>	\$10,000	\$15,000
<b>Paralysis</b>		
Paraplegia	\$12,500	\$15,000
Quadriplegia	\$25,000	\$30,000



Riders		
Health Screening Benefit Rider (1 test per insured per year)	\$50	\$50
Organized Athletic Activity Rider (Enhancement %)	25%	25%
Maximum benefit per accident	\$1,500	\$1,500

Examples of Eligible Screening Events			
Blood tests for triglycerides	Chicken pox immunization	Hepatitis B immunization	Sports physicals
Annual exam for adults	Bone marrow testing	HPV immunization	Stress test
Bone density screening	Colonoscopy	Mammography	Tetanus
Breast MRI	Fasting blood glucose test	Pap smear	Virtual colonoscopy
Carotid ultrasound	Flu vaccination	Pneumonia immunization	Well child visits
Concussion baseline testing	Dermatological screenings for skin cancer	Genetic screening for medical diagnosis & treatment	Serum cholesterol HDL/LDL

## How much does it cost?

See the rate chart below to calculate your coverage costs.

### Bi-weekly Rates

	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Basic Plan	\$3.60	\$6.32	\$6.63	\$9.35
Enhanced Plan	\$4.84	\$8.49	\$8.85	\$12.50



## Exclusions & limitations

This is not a complete disclosure of plan qualifications and limitations. Benefits and riders may vary by state and may not be available in all states. In addition to any benefit-specific exclusion, benefits will not be paid for any loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in insurance certificate:

- Intentionally self-inflicted injury, suicide, or any attempt or threat while sane or insane.
- Participating in war or any act of war whether declared or undeclared.
- Commission or attempt to commit a felony.
- Commission of or active participation in a riot, insurrection, or terrorist activity.
- Engaging in an illegal activity or occupation.
- Flight in, boarding, or alighting from an aircraft or any craft designed to fly above the earth's surface, including any travel beyond the earth's atmosphere except a fare-paying passenger on a regularly scheduled commercial or charter airline.
- Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the covered person receives any compensation or remuneration.
- Sickness, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- Voluntary ingestion or inhalation of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage.
- Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the State in which the covered accident occurred.
- Experimental or investigational procedures.
- Care that is not recommended and approved by a physician.



## Questions?

Contact your plan administrator with questions about the offered Accident coverage.

This document is meant to highlight some, but not all the features Wellfleet coverage provides. It is not an insurance contract. Wellfleet Workplace benefits provide limited benefits and are not a substitute for mandated ACA healthcare coverage. Like most supplemental offerings, these benefits may have state-specific variations, and some product offerings and details may not be available in all states. Rates are subject to change. Wellfleet reserves the right to raise premium rates with proper notice, as noted in the policy. For complete details see your certificate.

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