

# ACCIDENT INSURANCE <br> FOR 

## M MetroHealth

Presented by

## ACCIDENT INSURANCE

## Benefit Summary

## What is Accident Insurance?

This coverage pays benefits for injuries, such as cuts, broken bones, concussions and related expenses. It can be used to help protect you and your family from the financial challenges that can come from an accident.


## 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


## Who can be covered?

The coverage offered by your employer allows you to cover yourself, and your spouse and children. Note that you may only cover other family members if you are insured by this coverage yourself.

## 325,000 kids

 are treated for sportsand recreation-related concussions each year. ${ }^{1}$
## Unintentional falls

are the leading cause of nonfatal injuries treated in the emergency room for adults $25+$ years old. ${ }^{1}$
\$16,133
Average cost of a fractured hip. ${ }^{2}$

## How does it work?

When you carry Accident coverage and have a covered accident, you're paid a total cash benefit that is based on the amount listed for each covered benefit and/or treatment. Check your benefit schedule for more details around the covered accidents and treatments.


Choose to enroll in Accident coverage through your employer.


File an Accident claim for a qualifying accident event online, over the phone or via US mail or fax.


## Benefits are paid

directly to you based on the injury
and treatments.

BENEFIT SNAPSHOT: CHRIS'S HOME RUN


One night while playing a game in his local baseball league, Chris made a run for home that left him with a broken leg and a concussion. Fortunately, he'd enrolled in Accident Insurance through his employer. The benefit he received helped to offset his medical bills, and cover other expenses and time away from work, while he recovered.

Chris's Accident policy paid these benefits:

| Ground ambulance: | $\mathbf{\$ 6 0 0}$ |
| :--- | :--- |
| Emergency room treatment: | $\mathbf{\$ 1 5 0}$ |
| Fracture (thigh, non-surgical): | $\$ 4,000$ |
| Concussion: | $\mathbf{\$ 2 0 0}$ |
| Total benefits paid: | $\mathbf{\$ 4 , 9 5 0}$ |

## What benefits are included in my coverage?

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

| Accident Plan Benefits | Benefit amount |
| :---: | :---: |
| Ambulance |  |
| Ground | \$600 |
| Air | \$2,500 |
| Water | \$2,500 |
| Emergency Room Treatment | \$150 |
| Urgent Care | \$100 |
| Major Diagnostic Imaging | \$200 |
| X-ray | \$75 |
| Hospital Admission | \$1,500 |
| Daily Hospital Confinement | \$400 |
| Maximum number of days | 365 |
| Intensive Care Admission | \$2,250 |
| ICU Daily Confinement | \$600 |
| Maximum number of days | 365 |
| Fractures |  |
| Closed/Non-Surgical Treatment |  |
| Skull (except Bones of Face or Nose) Depressed | \$5,000 |
| Hip, Thigh (Femur) | \$4,000 |
| Vertebrae, Body of (excluding Vertebral Process) | \$4,000 |
| Pelvis | \$4,000 |
| Leg (Tibia and/or Fibula) | \$4,000 |
| Upper Arm (Humerus) | \$3,000 |
| Shoulder Blade | \$3,000 |
| Collarbone | \$3,000 |
| Upper Jaw, Maxilla (except Alveolar Process) | \$2,500 |
| Lower Jaw, Mandible (except Alveolar Process) | \$2,500 |
| Vertebral Process | \$1,600 |
| Forearm (Ulna and/or Radius) | \$1,600 |
| Hand, Wrist (except Fingers) | \$1,600 |
| Kneecap | \$1,600 |
| Foot (except Toes) | \$1,600 |
| Ankle | \$1,600 |
| Rib | \$300 |
| Coccyx | \$300 |
| Finger, Toe | \$300 |
| Enhancement for Open/Surgical Reduction | 2 x |
| Chip Fractures | 25\% |


| Dislocations |  |
| :---: | :---: |
| Closed/Non-Surgical Treatment |  |
| Hip | \$4,000 |
| Knee (other than Kneecap) | \$2,250 |
| Shoulder | \$2,250 |
| Kneecap | \$1,000 |
| Ankle bone or bones of the foot | \$1,000 |
| Elbow | \$1,000 |
| Wrist | \$1,000 |
| Bone or bones of the hand | \$1,000 |
| Jawbone | \$1,000 |
| Collarbone | \$3,000 |
| One toe or finger | \$300 |
| Enhancement for Open/Surgical Reduction | 2 x |
| Partial Dislocations | 25\% |
| Lacerations |  |
| No Repair | \$50 |
| Repair - up to 2 inches | \$100 |
| Repair - over 2 inches, up to 6 inches | \$400 |
| Repair - over 6 inches | \$800 |
| Burns |  |
| 2nd Degree Burns |  |
| At least 1\%, but less than 20\% of skin surface | \$400 |
| 20\% or greater of skin surface | \$1,500 |
| 3rd Degree Burns |  |
| Less than 5\% of skin surface | \$3,750 |
| At least 5\%, but less than $20 \%$ of skin surface | \$7,500 |
| 20\% or greater of skin surface | \$15,000 |
| Skin Graft |  |
| Due to Burns (\% of applicable Burn benefit) | 50\% |
| Not due to Burns |  |
| At least 1\%, but less than 20\% of skin surface | \$375 |
| 20\% or greater of skin surface | \$750 |
| Concussion and Other Brain Injuries | \$200 |
| Dental Benefit | \$450 |


| Surgery Benefits |  |
| :---: | :---: |
| Outpatient Surgery Benefit |  |
| Facilities other than Physician Office or Emergency Room | \$450 |
| Physician Office or Emergency Room | \$225 |
| Internal Injuries Surgical Benefits |  |
| Open Abdominal \& Thoracic | \$2,000 |
| Hernia | \$200 |
| Exploratory without Repair | \$200 |
| Tendon/Ligament/Rotator Cuff Surgical Benefit |  |
| Single | \$1,000 |
| Multiple | \$1,500 |
| Exploratory without Repair | \$200 |
| Torn Knee Cartilage Surgery Benefit |  |
| Torn with Surgical Repair | \$1,000 |
| Exploratory without Repair | \$200 |
| Diagnosis only with no surgery or repair | \$100 |
| Ruptured Disc with Surgical Repair | \$1,000 |
| Anesthesia Benefit |  |
| General Anesthesia | \$225 |
| Epidural or Regional Anesthesia | \$100 |
| Blood, Plasma \& Platelets Benefit | \$500 |
| Prosthetic Device Benefit |  |
| One only | \$1,000 |
| Two or more | \$2,000 |
| Appliances | \$200 |
| Pain Management Benefit | \$150 |
| Follow up Care |  |
| Physician Office Visit | \$100 |
| maximum number of visits | 2 |
| Post-Traumatic Stress Disorder Benefit | \$100 |
| maximum number of visits | 10 |
| Therapy Services Benefit (Occupational, Physical, Speech Therapy) | \$50 |
| maximum number of visits | 10 |
| Chiropractor and Alternate Therapy | \$50 |
| maximum number of visits | 4 |
| Rehabilitation Unit Confinement | \$150 |
| maximum number of days | 90 |
| Transportation (per mile, minimum of 100 miles from residence) | \$0.60 |
| Lodging | \$200 |
| maximum number of days | 30 |


| Accidental Death Benefits |  |
| :---: | :---: |
| Accidental Death (EE/SP/CH) |  |
| Employee | \$100,000 |
| Spouse | \$50,000 |
| Child(ren) | \$50,000 |
| Common Carrier Accidental Death |  |
| Employee | \$200,000 |
| Spouse | \$100,000 |
| Child(ren) | \$100,000 |
| Organ Donor Benefit | \$5,000 |
| Accidental Dismemberment Benefits |  |
| Dismemberment |  |
| Loss of Both Hands; OR Loss of Both Feet; OR Loss of One Hand and One Foot | \$30,000 |
| Loss of One Hand; OR Loss of One Foot | \$15,000 |
| Partial Dismemberment |  |
| Loss of One or More Fingers or Toes | \$750 |
| Partial Amputation of Finger or Toe | \$250 |
| Catastrophic Benefits |  |
| Catastrophic Loss |  |
| Loss of Sight in Both Eyes or Hearing in Both Ears | \$25,000 |
| Loss of Speech or Sight in One Eye or Hearing in One Ear | \$7,500 |
| Coma | \$15,000 |
| Paralysis |  |
| Paraplegia | \$20,000 |
| Quadriplegia | \$40,000 |
| Riders |  |
| Organized Athletic Activity Rider (Enhancement \%) | 10\% |
| maximum benefit per accident | \$1,500 |

## How much does it cost?

See the rate chart below to calculate your coverage costs.

| BI-WEEKLY PREMIUM |  |
| :---: | :---: |
| Employee only | $\$ 7.04$ |
| Employee \& spouse | $\$ 11.92$ |
| Employee \& child(ren) | $\$ 12.53$ |
| Family | $\$ 17.23$ |



## How do I enroll?

You can enroll in your company's Accident Insurance during your annual open enrollment, new hire period or because of a qualifying life event.


## Who provides my coverage?

Your Accident coverage is provided by Wellfleet, a Berkshire Hathaway company. Wellfleet is focused on providing customer-centric insurance solutions that protect people against risk through every stage of life - from birth to college, the workplace and beyond.

## 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.

1 Centers for Disease Control \& Prevention. (2017.) National Estimates of the 10 Leading Causes of Nonfatal Injuries Treated in Hospital Emergency Departments, United States -2017.
2 Matthew, Michael. (2018, May 1.) The 35 most expensive reasons you might have to visit a hospital in the US - and how much it costs if you do. Retrieved from:https://www.businessinsider.com/most-expensive-health-conditions-hospital-costs-2018-2.
3 Federal Reserve. (May 2017.) Report on the Economic Well-Being of U.S. Households in 2016. Retrieved from: https://disabilitycanhappen.org/disability-statistic/.

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 is 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 and proposal. For complete details contact your Wellfleet Sales Representative. Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states.
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