

ACCIDENT INSURANCE



Presented by





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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.







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: Emergency room treatment: Fracture (thigh, non-surgical): Concussion:	\$600 \$150 \$4,000 \$200
Total benefits paid:	\$4,950



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)	<i>\$4,000</i>
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
Кпеесар	\$1,600
Foot (except Toes)	\$1,600



Ankle	\$1,600
Rib	\$300
Соссух	\$300
Finger, Toe	\$300
Enhancement for Open/Surgical Reduction	2x
Chip Fractures	25%
Dislocations	2370
Closed/Non-Surgical Treatment	
Hip	\$4,000
Knee (other than Kneecap)	\$2,250
Shoulder	\$2,250
Кпеесар	\$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	2x
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
Eye Injury Benefit	\$400



Surgery Benefits	
Outpatient Surgery Benefit	
Facilities other than Physician Office or	\$450
Emergency Room	4 .50
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	4 1/000
General Anesthesia	\$225
Epidural or Regional Anesthesia	\$100
Blood, Plasma & Platelets Benefit	\$500
Prosthetic Device Benefit	1333
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,	\$50
Physical, Speech Therapy)	
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	\$30,000
Feet; OR Loss of One Hand and One	
Foot	
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.

MONTHLY PREMIUM		
Employee only	\$15.25	
Employee & spouse	\$25.83	
Employee & child(ren)	\$27.15	
Family	\$37.32	



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.

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.

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