

## Accident High 24 Hour 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.<sup>1</sup>
- No limitations for pre-existing conditions.<sup>2</sup>

### On the job accidents are covered

Coverage Options	Employee Only	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
Monthly Cost	\$10.66	\$16.82	\$17.76	\$27.97

### Hospital and Emergency Benefits

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

### Follow Up Care Benefits

Benefit	Payment Limitation	Amount
Accident Follow-up	Up to 3 treatments/accident within 90 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	\$25
Transportation	Up to 3 trips/accident	\$400
Initial Physician Office Visit	Once/accident within 90 days	\$100
Medical Appliance	Once/accident within 90 days	\$200
Physical Therapy	Up to 10 visits/accident within 90 days	\$50
Rehabilitation Facility	Up to 15 days/lifetime within 90 days	\$200

**IMPORTANT:** This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying for the cost of your care: the payment you get isn't based on the size of your medical bill; there might be a limit on how much this policy will pay each year; this policy isn't a substitute for comprehensive health insurance; since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance? Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options. To find out if you get health insurance through your job, or a family member's job, contact the employer. Questions about this policy? For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments." If you have this policy through your job, or a family member's job, contact the employer.

**Specified Injury & Surgery Benefits**

Benefit	Amount
Abdominal/Thoracic Surgery	\$1,500
Arthroscopic Surgery	\$400
Concussion	\$300
Emergency Dental – Crown	\$450
Emergency Dental – Extraction	\$150
Eye Injury – Object Removal	\$200
Eye Injury – Surgery	\$600
Knee Cartilage – with repair	\$1,000
Knee Cartilage – without repair	\$200
Laceration – 2” to 6”	\$200
Laceration – 6” or greater	\$400
Ruptured Disc	\$1,000
Tendon/Ligament/Cuff – single	\$1,000
Tendon/Ligament/Cuff – 2 or more	\$1,250

**Catastrophic Benefits**

Benefit	Amount
Burn – 2nd degree (≥ 34% of body surface)	\$1,500
Burn – 3rd degree (≥ 18 sq. in. of body surface)	\$15,000
Burn – skin graft (for 3rd degree burn)	17% of 3 <sup>rd</sup> Degree Burn Benefit
Home Health Care	\$50
Prosthesis – single	\$1,000
Prosthesis – 2 or more	\$2,000

**Accidental Death & Dismemberment**

Benefit	Payment Limitation	Amount
Accidental Death	Within 90 Days	\$50,000
Common Carrier Death	Spouse benefit payable at 50% of employee benefit	\$150,000
Both hands or both feet	Child(ren) benefit payable at 25% of employee benefit	\$50,000
Sight – both eyes		\$50,000
Speech & Hearing (both ears)		\$50,000
1 hand & 1 foot		\$25,000
1 hand/foot & sight of 1 eye		\$50,000
1 hand or 1 foot		\$25,000
Sight – 1 eye		\$25,000
Speech or Hearing (both ears)		\$25,000
Thumb & Index finger (same hand)		\$5,000
Coma (≥ 168 ] continuous hours)		\$15,000
Paralysis – quadriplegia		\$15,000
Paralysis – paraplegia		\$7,500

**Dislocation Schedule**

Benefit	Payment Limitation	Amount
Ankle, foot bones (except toes)	- Payable for either Open or Closed/Non-surgical Dislocation	\$2,100
Collarbone – acromio/separation	- Benefit for dependent spouse is 100% of the amount shown	\$480
Collarbone – sternoclavicular	- Benefit for dependent child(ren) is 100% of the amount shown	\$480
Elbow	- Incomplete dislocations and dislocation without anesthesia are 25% of the benefit shown	\$960
Finger, toe	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$480
Hip		\$4,000
Knee		\$2,700
Lower Jaw		\$960
Shoulder (glenohumeral )		\$2,100
Wrist		\$2,100
Hand Bones (except fingers)		\$960

## Fractures Schedule

Benefit	Payment Limitation	Amount
Ankle	- Closed/non-surgical benefit is 50% of open benefit shown - Benefit for dependent spouse is 100% of the amount shown - Benefit for dependent child(ren) is 100% of the amount shown - Chip fracture is payable at 25% of the benefit shown - Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$2,700
Foot Bones (except toes)		\$2,700
Coccyx		\$480
Collarbone/clavicle or sternum		\$2,700
Finger, toe		\$480
Forearm – radius or ulna		\$2,700
Hip, thigh/femur		\$6,000
Kneecap/patella		\$2,700
Lower jaw/mandible (exc. alv. process)		\$2,100
Lower leg – fibula or tibia		\$3,300
Nose, facial bones (except jaw bones)		\$960
Pelvis (except coccyx)		\$5,400
Vertebrae – processes		\$960
Rib		\$480
Shoulder blade/scapula		\$2,700
Skull – depressed		\$5,400
Skull – non-depressed/simple		\$960
Upper arm/humerus		\$2,700
Upper jaw/maxilla (exc. alveolar process)		\$2,100
Vertebrae – body		\$5,400
Wrist, hand bones (except fingers)	\$2,700	

### 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 at (800) 604-5379 with any questions.

### 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 any covered illness 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.

<sup>1</sup> 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.

<sup>2</sup> Covered accidents or illness must occur after the effective date of coverage.

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.

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