



Group Accident Insurance



Have you ever thought about what you would do if you or a family member were accidentally injured as a result of an accident? Accidents are unexpected and can strike any member of your family. The costs associated with treatment can mount quickly.

- One in six U.S. residents require medical treatment from an injury each year.
- Over 40 million Americans visit a physician's office for unintentional injuries each year.

The plan pays a fixed cash benefit amount. What you do with the money is all up to you.

- **Benefits** are paid directly to you to be spent any way you choose
- **Plan** is portable, you can take it with you at the same rates should you change jobs or retire.
- **Health Screening:** \$50 Wellness Benefit paid annually
- **Pays in addition to any other coverage you may have**
- **No health questions**
- **Fast and accurate claims service**

The additional financial protection you may need. Use the payment for what matters most. Everyone has different needs and different ways of coping with the unplanned. These benefits can help you pay for out-of-pocket medical and nonmedical costs such as:

- › Medical copays and deductibles
- › Travel to see a specialist
- › Child care
- › Help around the house
- › Alternative treatment



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Group Accident - Example

Consider this:

Jack and Lori have an active family. They love to play sports and go bike riding with their two kids, Tim and Emily. Of course, with four people always on the go, there have been more than a few spills – and more than a few trips to an urgent care clinic or emergency room. Like the time Jack fell off his bike and dislocated his knee and fractured his wrist. How do Jack and Lori pay for those unplanned medical bills? What will their out-of-pocket costs look like once their medical funds are depleted?

Jack signed up for the Accident “Medium Plan.” The premium cost was as follows:

Employee Only
\$16.95/month
x 12 months
= \$203.40/year
-\$50 Health Screening/Wellness benefit
Net=\$153.40/year
(Net = \$12.79/month)

The plan paid Jack this when he had an accident:

JACK FELL OFF HIS BIKE. INJURY: DISLOCATED KNEE AND FRACTURED WRIST*

Expenses

Medical Plan with a \$3,000 family deductible:

› Plan annual deductible	\$3,000
› Coinsurance amount due	\$100
› HRA employer contribution fund ›	(-\$1,500)
Other expenses not covered	\$250
Total out-of-pocket	\$1,850

Accidental Injury plan

Coverage paid:

› Doctor office visit	\$100
› Diagnostic exam (X-ray)	\$25
› Dislocated knee	\$1,000
› Fractured wrist	\$800
› Follow-up appointment	\$100
› Five physical therapy sessions	\$250

Total Accidental Injury coverage paid = \$2,275

The payment Jack and Lori received from their Accidental Injury policy helped to pay for those unexpected medical costs.

**Group Accidental Injury Proposal
Summary of Benefits and Coverage**

Eligibility	All active, full-time Employees of the Employer regularly working a minimum of {20} hours per week, who are United States citizens and permanent resident aliens, regularly working in the United States.
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SUMMARY OF BENEFITS

Benefit Waiting Period	None for Employee benefits unless otherwise stated.
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Employee Benefit Amount(s)	Employee benefits are payable at 100% of the Benefit Amount shown for the Eligible Employee unless otherwise stated
Spouse /Domestic Partners Benefit Amount(s) (Spouse to age 70 is eligible for coverage if employee is enrolled)	Spouse/ Domestic Partners benefits are payable at 100% of the Benefit Amount shown for the Employee unless otherwise stated
Dependent Child Benefit Amount(s) Child only eligible if employee is enrolled Birth to 26	Dependent Child (ren) benefits are payable at 100% of the Benefit Amount shown for the Employee unless otherwise stated

Coverage	Plan pays a lump sum cash benefit direct to the insured (Employee) for a broad range of accident treatments and conditions, based on the schedule below. Other enhancements will be defined in the policy. This is a group accident Off-the-job insurance policy. Benefits provided are not intended to cover all medical expenses. This is not a substitute for comprehensive health insurance.
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Coverage and Benefit Amounts

INITIAL CARE AND EMERGENCY CARE

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Plan 1</u>	<u>Plan 2</u>
Emergency Care Treatment	\$100	\$200
Physician Office Visit	\$50	\$100
Diagnostic Exam	\$10	\$25
Ground / Water Ambulance	\$100	\$200
Air Ambulance	\$300	\$600

HOSPITALIZATION

If a benefit is payable under the Hospital Stay Benefit as well as under the Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, which is the greater amount.

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Plan 1</u>	<u>Plan 2</u>
Hospital Admission	\$500	\$1,500
Benefit Waiting Period 0 days		
Hospital Stay	\$100 per day	\$300 per day
Benefit Waiting Period 0 days		
Maximum Benefit Period 365 days		
Intensive Care Unit Stay	\$200 per day	\$400 per day
Benefit Waiting Period 0 days		
Maximum Benefit Period up to 365 days		

FRACTURESMust be diagnosed and treated by a physician within **90** days of a Covered AccidentBenefit Type

	<u>Plan 1</u>		<u>Plan 2</u>	
	<u>Benefit Amount</u>		<u>Benefit Amount</u>	
	<u>Non-Surgical</u>	<u>Surgical</u>	<u>Non-Surgical</u>	<u>Surgical</u>
Skull	\$1,000	\$2,000	\$2,000	\$4,000
Hip or Thigh	\$1,000	\$2,000	\$2,000	\$4,000
Vertebrae or Pelvis	\$1,000	\$2,000	\$1,500	\$3,000
Upper Arm	\$500	\$1,000	\$1,000	\$2,000
Shoulder or Collarbone	\$500	\$1,000	\$1,000	\$2,000
Leg	\$500	\$1,000	\$1,000	\$2,000
Ankle	\$400	\$800	\$800	\$1,600
Kneecap	\$400	\$800	\$800	\$1,600
Lower Arm	\$400	\$800	\$800	\$1,600
Foot	\$400	\$800	\$800	\$1,600
Hand or Wrist	\$400	\$800	\$800	\$1,600
Upper Jaw	\$300	\$600	\$600	\$1,200
Lower Jaw	\$300	\$600	\$600	\$1,200
Bones of Face or Nose	\$300	\$600	\$600	\$1,200
Vertebral Processes	\$300	\$600	\$600	\$1,200
Rib	\$100	\$200	\$200	\$400
More than 1 rib fracture pays 2 times the Benefit Amount				
Coccyx	\$100	\$200	\$200	\$400
Finger	\$50	\$100	\$100	\$200
More than 1 finger pays 2 times the Benefit Amount				
Toe	\$50	\$100	\$100	\$200
More than 1 toe fracture pays 2 times the Benefit				
Sternum	\$50	\$100	\$100	\$200
Heel	\$50	\$100	\$100	\$200
Chip Fracture	25% of closed fracture benefit	N/A	25% of closed fracture benefit	N/A
Multiple Fractures	200% of the single fracture benefit for multiple fractures to the same bone	N/A	200% of the single fracture benefit for multiple fractures to the same bone	N/A

DISLOCATIONS

Must be diagnosed and treated by a doctor within **90** days of a Covered Accident

Benefit Type

	Plan 1		Plan 2	
	<u>Benefit Amount</u>		<u>Benefit Amount</u>	
	<u>Non-Surgical</u>	<u>Surgical</u>	<u>Non-Surgical</u>	<u>Surgical</u>
Hip Joint	\$1,000	\$2,000	\$2,000	\$4,000
Knee Joint	\$500	\$1,000	\$1,000	\$2,000
Bones of Foot	\$500	\$1,000	\$1,000	\$2,000
Ankle	\$500	\$1,000	\$1,000	\$2,000
Wrist	\$400	\$800	\$800	\$1,600
Elbow	\$300	\$600	\$600	\$1,200
Shoulder	\$200	\$400	\$400	\$800
Hand	\$200	\$400	\$400	\$800
Collarbone	\$200	\$400	\$400	\$800
Lower Jaw	\$200	\$400	\$400	\$800
Finger or Toe	\$50	\$100	\$100	\$200

More than 1 finger or toe pays **2** times the benefit

FOLLOW UP CAREBenefit TypeBenefit Amount

	Plan 1	Plan 2
	Follow up Physician Office Visit Benefit is limited to 10 treatments per Accident	\$50
Follow up Physical Therapy Visits Benefit is limited to 10 treatments per Accident	\$25	\$50

Refer to the policy for definitions of terms and full conditions

Additional Benefits and Provisions**PORTABILITY**

Coverage may be continued upon employee's termination of employment with employer, or when employer terminates policy.

- Portable period is to age 100
- Coverage(s) may be ported on employee, spouse/Domestic Partner, and dependent child
- Maximum port age is 70

ENHANCED ACCIDENT BENEFITSBenefit TypeBenefit Amount

	Plan 1	Plan 2
	Small Burns	\$100
Large Burns	\$300	\$900
Skin-Graft Benefit	50% of the applicable Benefit amount for Small Burns or Large Burns	50% of the applicable Benefit amount for Small Burns or Large Burns
Small Lacerations	\$50	\$100
Large Lacerations	\$100	\$200
General Anesthesia Benefit	\$100	\$200
Medicine Benefit	\$5	\$10
Medical Supply Benefit	\$5	\$10
Abdominal or Thoracic Surgery	\$1,000	\$1,500
Tendon, Ligament, Rotator Cuff, or Knee	\$200	\$400

Surgery – Repair		
Tendon, Ligament, Rotator Cuff, or Knee	\$100	\$200
Surgery – Exploratory		
Ruptured Disc Surgery – repair	\$500	\$750
Eye Injury Surgery	\$200	\$400
Eye Injury - Removal of Foreign Object	\$100	\$200
Emergency Dental - Extraction	\$100	\$150
Emergency Dental - Broken Tooth	\$50	\$75
Concussion	\$100	\$150
Coma	\$5,000	\$10,000
Diagnostic Advanced	\$50	\$75
Appliance	\$100	\$150
Prosthesis	\$200	\$500
Paralysis - Paraplegia	\$1,000	\$3,000
Paralysis – Quadriplegia	\$2,000	\$6,000
Blood, plasma, platelets	\$100	\$200
Transportation	\$100	\$200
Family Lodging	\$50 per day	\$75 per day

Refer to the policy for definitions of terms and full conditions.

WELLNESS BENEFIT

This benefit is payable for Wellness Visits, Health Screening Tests, and Preventive Care services once per calendar year per Covered Person. The Benefit Waiting Period is 30 days following the effective date of the Wellness rider.

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Plan 1</u>	<u>Plan 2</u>
Wellness	\$50	\$50

Wellness Visits Include:

- Well Child Care - Visits, Labs and Immunizations;
- Osteoporosis screenings;
- Routine gynecological exams;
- Routine prostate exams;
- General health exams;
- Colorectal cancer screening;
- Lead poisoning screening;
- Cancer screenings; and
- Adult immunizations

Health Screening Tests Include:

- Mammography
- Pap Smear for women over Age 18
- Flexible Sigmoidoscopy
- Hemocult Stool Specimen
- Colonoscopy
- Prostate Specific Antigen (for prostate cancer)
- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Blood test for triglycerides
- Serum cholesterol test to determine levels of HDL and LDL
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography

Preventive Care Includes:

Patient Protection and Affordable Care Act (PPACA) required preventive health services for the following preventive care services. Detailed information is available at: www.healthcare.gov/center/regulations/prevention/recommendations.html

1. Evidence-based items or services that have in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force;
2. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the Covered Person involved;
3. For infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;
4. For women, such additional preventive care and screenings not described in paragraph.

Refer to the policy for definitions of terms and full conditions.

Health Advocacy Services

Cigna offers customers and their family members access to health advocacy services through Health Advocate™, a health assistance and support company. “Personal Health Advocates” provide expert assistance with a wide range of healthcare and health insurance challenges – from coverage questions, locating a provider or second opinion, understanding a medical issue, to grievance or medical bill challenges... and more. These features are included as part of this Cigna proposal and coverage extends to spouse, dependent children, parents and parents-in-law. This offering may not supersede the terms and conditions of any existing contract the client has with Health Advocate. Health Advocate reserves the right to refuse any client group through Cigna if the client group cancels a pre-existing contract with Health Advocate prior to expiration date of the contract.

RATE SUMMARY

Quoted Number of Eligible Lives

Rate Guarantee 36 months

Rates Per Insured Class		
Monthly		
EE Paid		
	Plan 1	Plan 2
Employee	\$9.70	\$16.95
Employee + Spouse	\$16.40	\$28.75
Employee + Child(ren)	\$16.10	\$28.20
Family	\$22.80	\$39.75

Premium rates are guaranteed for 36 months provided that the first year participation is 10 enrolled employees or greater and Guaranteed Issue benefits are included.

Rate guarantee is subject to all exceptions stated in the policy and the policy's termination provisions.