

VOLUNTARY BENEFITS
GUIDE

# Table Of Contents

INTRODUCTION	1
MPORTANT TERMS	2
HOW TO ENROLL	
TERM LIFE INSURANCE	
ACCIDENTAL DEATH & DISMEMBERMENT	6
LONG TERM DISABILITY	8
CRITICAL ILLNESS	10
ACCIDENT	12

## Introduction

Welcome to Gallagher vChoice. This unique program allows you to fill in the benefit gaps based on you and your family's individual needs. By carefully selecting and combining competitive insurance companies and providers, Gallagher vChoice offers you choices and convenience not found anywhere else.

## Who is eligible?

After completing your employer's probationary period, all "actively at work" eligible employees are qualified to enroll in Gallagher vChoice. Dependents are also eligible to enroll in certain benefits.

#### When and how do I enroll?

You may enroll when you first become eligible or during annual open enrollment. You may also enroll or change coverage if you have a qualified change in status. These are the only times you are eligible to enroll in Gallagher vChoice.

To enroll, you must log in to the Gallagher vChoice enrollment website and complete your elections. Some benefits require additional forms to be completed before coverage becomes effective. Please see "How to Enroll" for further details.

Generally, changes can only be made at open enrollment. There are a few exceptions:

- You may enroll a new spouse or new child within one month of the date of marriage or birth/adoption.
- You may terminate your spouse if divorced or legally separated, or he/she dies or becomes disabled for more than one
  month.
- · You must terminate any child who no longer qualifies as a dependent.
- You may change your coverage if, loss or gain of other coverage has occurred.
- You must terminate coverage if you are transferred to an employment status not eligible to participate in Gallagher vChoice; however, continuation of coverage is available for some policies. Please refer to the policy listings in this guide for more details
- You may change or terminate coverage if either you or your spouse goes on an unpaid leave of absence.

Changes due to qualifying events must be consistent with the event.

## What occurs at open enrollment?

At open enrollment, you can add or delete dependents and enroll in or terminate any coverage. Adding or increasing coverage may require that you submit an Evidence of Insurability form. Once you have been approved for coverage, the insurance company cannot cancel it due to declining health.

If you had a salary change during the prior year, any affected coverage will be automatically adjusted at open enrollment. In addition, costs may change due to a change in rates by the insurance company. Some policies' rates will increase as you age.

#### Who can I call if I have a question or need help?

Gallagher vChoice is co-sponsored by your employer and Arthur J. Gallagher & Co. A team of Benefit Advocates is available to answer questions and provide help when you need it.

Arthur J. Gallagher & Co. 777 - 108 Ave NE, Suite 200 Bellevue, WA 98004-5120

Email: bac.saltchuk@ajg.com

## Who pays if I have a claim?

All claims are paid by the underwriting insurance company.

If you need to make a claim, contact your employer to begin the necessary paperwork. A team of Benefit Advocates is also available assist you during the process. To contact a Benefit Advocate, please call 800.542.3737.

## Where can I get information about my coverage?

This guide contains general information regarding coverage available through Gallagher vChoice. Detailed information can be found in the Certificates of Coverage. To receive a Certificate of Coverage, please contact your employer.

## **Important Terms**

## **Eligibility Date**

This is the effective date of coverage.

## Evidence of Insurability (EOI)

Document used for medical underwriting. You may be required to complete this form if you choose to enroll after your initial eligibility date or you request an amount over the Guarantee Issue.

### Guarantee Issue

The amount of coverage you are guaranteed to receive without completing a medical questionnaire.

### Principal Sum

The amount of coverage you purchase.

## How to Enroll

You may enroll in Gallagher vChoice through the enrollment website. If you have any questions regarding your benefits or enrollment, please contact your employer or a Benefit Advocate.

## Enrolling in Gallagher vChoice

- Enrollment Site: <u>www.GallaghervChoiceEnroll.com</u>
- PIN: The last four digits of your Social Security Number followed by the two digit year of your birth.
   Ex: Someone born in 1980 and with a SSN of 123-45-6789 would have the PIN 678980.

Enter in the administrative website address in your Internet browser. On the home page, enter your Social Security and Password (details above) and click on "Log In".

Enrollment Site Login:

Employee ID or Social Security Number Personal Identification Number (PIN)

Log In Forgot Pin?

Click "Next" to begin the enrollment process. Fill in the requested information on each screen, clicking Gallagher VChoice "Next" once complete. Elections and/or changes will not be finalized until Welcome! you have reached the end of all coverage options, We are pleased to offer you a comprehensive benefits package. You'll be able to review your options, make informed selections and build a benefits portfolio that fits your unique needs. PIN has been signed, and you receive your Summary of Benefits confirmation. ©Arthur J. Gallagher & Co.

## Term Life Insurance

As your lifestyle, family and income changes, so does your need for life insurance. Now is a good time to review your life insurance protection and make sure it has kept pace with inflation and your changing needs. You have the opportunity to enroll in a special voluntary life plan sponsored by your employer and underwritten by UNUM.

#### Benefits

You may elect term life insurance coverage in an amount between 1 to 5 times your annual earnings up to \$500,000 (individual options are listed on the Gallagher vChoice enrollment website). Your spouse/domestic partner may enroll in coverage up to 50% of the approved employee amount. You may elect \$10,000 of coverage for each of your eligible children (coverage is reduced to \$1,000 for children between birth to 6 months old).

If you (or your spouse/domestic partner) would like to increase the term life insurance coverage, you must wait until the next open enrollment period to do so. You may also be required to submit a medical Evidence of Insurability form to UNUM for approval.

Benefits are paid to your designated beneficiary in the event you die from any cause (except as noted in the Exclusions and Limitations below). If you enroll your spouse/domestic partner or child, you will automatically be the beneficiary of your spouse/domestic partner's or child's coverage.

## Eligibility

Term life insurance is available to:

- Employee
- Spouse/Domestic Partner
- Children to age 26 (includes your natural offspring, adopted children, stepchildren, domestic partner's dependents and foster children)

You must enroll in employee term life coverage in order to enroll your spouse/domestic partner and/or dependents.

Please note: Dependent Coverage: Insurance coverage is not allowed if that dependent is totally disabled on the date that insurance would otherwise be effective. This means you may not enroll or increase coverage if your dependent meets the definition of "Totally Disabled".

If your eligible dependent is totally disabled, your dependent's coverage will begin on the first of the month following the date your eligible dependent no longer is totally disabled. This provision does not apply to a newborn child while dependent insurance is in effect

"Totally disabled" means that, as a result of an injury, a sickness or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; or has a life threatening condition.

### **Exclusions and Limitations**

As is permitted under the Age Discrimination and Employment Act, your maximum allowable coverage will be reduced to:

- 65% of your coverage amount at age 70
- 50% of your coverage amount at age 75

## Continuation of Coverage

Continuation of coverage options are available should you wish to continue term life insurance when you would otherwise lose coverage (i.e., your employment terminates). Please see your employer for details.

#### **Guaranteed Coverage**

Your coverage may be guaranteed if you enroll during your initial open enrollment period or within 31 days of first becoming benefit eligible. Guarantee Issue is only available during the initial enrollment period. Spouse/domestic partner Guarantee Issue amounts are 50% of the employee amounts and \$10,000 per child.

Please note: You will be billed your election amount up to the Guarantee Issue beginning on your eligibility date. Any amount you elect in excess of the Guarantee Issue will be effective the first day of the month following approval from underwriting.

If you are electing an amount above the Guarantee Issue you must complete the Evidence of Insurability form. If you or your family wishes to enroll more than 31 days after you become eligible, you must wait until the next open enrollment. Guarantee Issue coverage will not be available to you at that time and you must complete an Evidence of Insurability form.

For current participants: Please be aware that if you are declined due to adverse health for any amounts above the Guarantee Issue, you will be locked at Guarantee Issue regardless of any future salary changes.

## **Important Notes**

#### Waiver of Premium

If you become totally disabled before age 60 and your disability lasts at least 9 months, you may be eligible for a Waiver of Premium. You must complete the Waiver of Premium application. If the application is approved, your coverage will continue, at no cost to you, as long as you are under age 65 and continue to remain disabled. Please see your employer for further information.

#### **Accelerated Benefits**

If a doctor certifies you are terminally ill and not expected to live more than 12 months, you may request up to 75% of your life insurance amount be paid to you. Please see your employer for further information.

## Accidental Death & Dismemberment

This benefit covers you against accidents occurring on or off the job, in or away from home, with no geographical limits. Accidental Death & Dismemberment insurance is offered through The Standard.

#### Benefits

You may purchase coverage for yourself in multiples of \$100,000 up to \$500,000 (not to exceed 10 times your annual earnings). Spouse/Domestic Partner in multiples of \$50,000 up to \$250,000 (not to exceed 50% of your coverage), and \$10,000 for your Children.

If a covered loss occurs while insured under this plan, benefits are payable to you, if living. Benefits payable because of loss of your life or coma will be paid to the Beneficiary you name.

The amount payable is a percentage of the AD&D Insurance Benefits or the Dependents AD&D Insurance Benefits in effect on the date of the accident and is determined by the Loss suffered as shown in the following table:

Loss		Percentage Payable
a.	Life	100%
b.	One Hand or One Foot	50%
C.	Sight in one eye, speech, or hearing in both ears	50%
d.	Two or more of the Loses listed in b. and c. above	100%
e.	Thumb and index finger of the same hand	*25%
f.	Quadriplegia	**100%
g.	Hemiplegia	<u>**</u> 50%
h.	Paraplegia	**75%
i.	Uniplegia	**25%
j.	Coma	***1%

<sup>\*</sup> No AD&D Insurance Benefits will be paid for Loss of thumb and index finger of the same hand if an AD&D Insurance Benefit is payable for the Loss of that entire hand.

No more than 100% of your AD&D Insurance Benefit will be paid for all Losses resulting from one accident.

## **Additional Benefits**

- Seat Belt Benefit
- Air Bag Benefit
- Repatriation Benefit
- Career Adjustment Benefit
- Child Care Benefit
- Higher Education Benefit

## **Guaranteed Coverage**

Accidental Death & Dismemberment coverage is offered on a guaranteed issue basis – no medical questions must be answered in order to enroll in coverage.

<sup>\*\*</sup> No AD&D Insurance Benefit will be paid for loss of function of a hand or foot if an AD&D Insurance Benefit is payable for Quadriplegia, Hemiplegia, Uniplegia or Paraplegia involving that same hand or foot.

<sup>\*\*\*</sup>Per month of the remainder of the AD&D Insurance Benefit payable for Loss of life after reduction by any AD&D Insurance Benefit paid for any other Loss as a result of the same accident. Payments for coma will not exceed a maximum of 12 months.

## Eligibility

AD&D insurance is available to:

- Employee
- Spouse/Domestic Partner
- Children to age 26 (includes your natural children, adopted children, stepchildren, or children of your Spouse/Domestic Partner)

Coverage will end when employment terminates.

## Active Work Requirement

If you are incapable of Active Work because of Sickness, Injury or Pregnancy on the day before the scheduled effective date of your insurance or an increase in your insurance or increase in your insurance will not become effective until the date after you complete one full day of Active Work as an eligible Member.

## **Additional Features**

Repatriation Benefit - provides coverage for unexpected hardship during employee travel, both for business and leisure.
 If an insured employee's death occurs while traveling more than 200 miles from the employee's residence, The Standard helps cover the expenses incurred when transporting the remains back home.

The Standard's Family Benefits Package extends financial assistance to eligible family members in the event of an employee's accidental death for which AD&D insurance benefits are payable:

- Career Adjustment Benefit pays for qualifying tuition expenses incurred by an employee's eligible children.
- Child Care Benefit pays for qualifying tuition expenses incurred by an employee's spouse for training aimed at obtaining employment or increasing earnings.
- Higher Education Benefit pays for qualifying child care costs incurred by an employee's spouse in order to work or obtain training aimed at securing employment or increasing earnings.

## **Exclusions**

No AD&D Insurance Benefits are payable if the accident or Loss is caused or contributed to by any of the following:

- 1. War or act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- 2. Suicide or other intentionally self-inflicted Injury, while sane or insane.
- 3. Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing official duties.
- 4. The voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a Physician.
- 5. Sickness or Pregnancy existing at the time of the accident or exposure.
- 6. Heart attack or stroke.
- 7. Medical or surgical treatment or diagnostic procedure for any of the above.
- 8. Boarding, leaving, or being in or on any kind of aircraft. However, this exclusion will not apply if the person who suffers the Loss is a fare paying passenger on a commercial aircraft.

## Long Term Disability

Many people are concerned about whether they have enough life insurance, but few give enough thought to disability coverage. Long term disability protection plans can replace lost income resulting from accidents, heart attacks, and even complicated pregnancies. The long term disability benefit is offered through Lincoln National Life Insurance Company.

#### Benefits

Benefit payments begin following a period of 6 months of total or partial disability. Payments will continue for up to 5 years or to age 65 (depending on which duration you elect). You will receive 60% of your basic monthly earnings up to a \$5,000 maximum monthly benefit. Benefits are reduced by your Social Security benefits, Workers Compensation, other employer-sponsored disability benefits or retirement plans, and earnings from any form of employment. Please see the Gallagher vChoice enrollment website for your coverage levels.

## Eligibility

Long term disability insurance is available to employees only.

### **Exclusions and Limitations**

Disability caused by mental or nervous disorders are covered to a lifetime maximum of 24 months (unless you are continuously confined in a hospital or institution at the end of the 24 month period).

This policy does not cover loss by or resulting from any one or more of the following:

- Disability due to war or act of war (declared or not), or active participation in a riot
- Intentionally self-inflicted injuries
- Disability due to committing or attempting to commit a felony, or any type of assault or battery
- Disabilities not under the care of a regular physician
- Age reduction schedule below

## Reduction Schedule

Age at Disability	5 year Benefit	Age at Disability	To Age 65 Benefit
Less than Age		Less than Age 60	To Age 65
65	60 months	60	60 months
66	48 months	61	48 months
67	36 months	62	42 months
68	24 months	63	36 months
69 and Over	12 months	64	30 months
		65	24 months
		66	21 months
		67	18 months
		68	15 months
		69 and Over	12 months

## Continuation of Coverage

Coverage can be continued at the same rate for up to 12 months after leaving employment. Coverage must have been in-force for at least 12 months prior to termination and you must not be disabled, on a leave of absence or retired on the date you terminate employment. Please see your employer for details.

### **Guaranteed Coverage**

Guaranteed coverage is available if you have not been previously declined for coverage by Lincoln in the past. If you have previously been denied coverage by Lincoln, you must complete Evidence of Insurability.

### **Important Notes**

#### **Pre-Existing Condition**

A pre-existing condition is any sickness or injury for which you have received medical treatment, consultation, care or services (including diagnostic measures or taking prescribed drugs or medicine) during the 12 months prior to the coverage effective date. A disability from any such sickness or injury will be covered only if it begins after you have been continuously insured under the policy for 12 months, unless no treatment was received for 12 consecutive months after your coverage effective date.

### **Total Disability Benefit**

In order to receive the total benefit amount, you must be deemed "totally disabled." Total disability is your inability to perform each of the material duties of your occupation due to a sickness or injury. After 24 months, it means you are unable to perform the main duties of any gainful occupation for which your training, education or experience will reasonably allow.

### Partial Disability Benefit

You may be eligible for a partial disability benefit if you are unable to perform one or more main duties of your occupation, or are unable to perform them full-time, due to a sickness or injury. To receive a partial disability benefit for longer than 24 months, you will need to satisfy an 85% earnings test. For more information, please contact a Benefit Advocate at 800.542.3737.

## Critical Illness

Medical insurance alone can't stop a major diagnosis from draining your finances. Copays, deductibles, alternative treatments — these unexpected expenses add up quickly. Critical Illness insurance provides an affordable option for easing the financial burden that can come with a serious illness. Under this plan, children are automatically covered at no extra cost. The critical illness benefit is offered through Standard Insurance Company.

### **Benefits**

Critical illness insurance will pay a lump sum benefit upon diagnosis of a covered critical illness. You may select one of the following benefit amounts for yourself: \$15,000. You can also select \$15,000 for your spouse. Children are automatically included at 25% of your amount.

Covered Illness	Maximum Benefit
<ul> <li>Cancer</li> <li>Heart Attack</li> <li>Stroke</li> <li>End-Stage Renal Disease</li> <li>Major Organ Transplant</li> <li>Coma</li> <li>Paralysis</li> <li>Blindness</li> <li>Occupational Hepatitis</li> <li>Occupational HIV</li> <li>21 Childhood Diseases</li> </ul>	100% of the Benefit Amount
<ul><li>Carcinoma in Situ</li><li>Severe Coronary Artery Disease</li></ul>	25% of the Benefit Amount

## Health Screening Benefit (\$50 per year)

- Mammography
- Stress test on bicycle or treadmill
- Pap Smear
- Lipid Panel ABI Screening for peripheral vascular disease
- PSA (Blood Test for Prostate Cancer)
- CA 15-3 for Breast Cancer
- CEA Blood Test for Colon Cancer
- Biopsies for cancer
- HPV vaccination

- Bone density screening
- EKG
- Complete Blood Count (CBC)
- Hemoglobin A1C
- Colonoscopy
- Breast Ultrasound
- CA 125 for Ovarian Cancer
- Hemocult Stool Analysis
- Comprehensive Metabolic Panel (CMP)
   Abdominal aortic aneurysm ultrasound

## Eligibility

Critical illness coverage is available to the following. Please note, an employee must enroll in order to cover any dependents.

- Employee (18 -70 years old)
- Spouse/Domestic Partner (18-70 years old)
- Children to age 26 (includes your natural offspring, adopted children, stepchildren, domestic partner's dependents and foster children)

#### **Exclusions and Limitations**

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or act of War.
- Attempted suicide or other intentionally self-inflicted Injury, while sane or insane.
- Committing or attempting to commit an assault, felony, act of terrorism, or actively participating in a violent disorder or riot.
- Alcoholism or drug addiction.
- · Initial diagnosis outside of the United States.
- Elective surgery or other procedure which:

Does not promote the proper function of the body or prevent or treat sickness or injury.

Is directed at improving the insured's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement.

This exclusion will not apply to a Critical Illness caused or contributed to by donation of an organ or tissue.

### Continuation of Coverage

Continuation of coverage is available should you wish to continue critical illness insurance when you would otherwise lose coverage (i.e., your employment terminates). Please see your employer for details.

## **Guaranteed Coverage**

Critical Illness coverage is offered on a guaranteed issue basis - no medical questions must be answered in order to enroll in coverage.

#### **Important Notes**

#### **Additional Occurrence Benefit:**

If you are diagnosed with a different and subsequent covered illness at least 90 days after the diagnosis of the first critical illness, you will receive an additional critical illness insurance benefit.

#### Recurrence Benefit:

If you are diagnosed with a covered illness again after a treatment free period of 12 months, you will receive 25 percent of the original benefit amount.

### **Pre-Existing Condition**

Preexisting conditions can affect your coverage if they occurred at any time during the 12 month period just before the date your or your dependent's insurance or an increase in coverage amount becomes effective. Preexisting conditions are defined as:

A mental or physical condition (whether or not diagnosed or misdiagnosed) for you or your dependent consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures including self-administered procedures or taking prescribed drugs or medications.

A mental or physical condition that was discovered or suspected as a result of any medical examination, including a routine examination.

You or your dependent will not be covered for a critical illness (or an increase in coverage) if it is caused or contributed to by a preexisting condition or medical or surgical treatment of a preexisting condition. The preexisting condition will be covered if, on the day you or your dependent incur the critical illness:

You or your dependent have been continuously insured under the group policy for 12 months.

You have been actively at work for at least a full day after the end of that 12 months.

## Accident

Nobody plans to have an accident — and most people don't budget for one, either. Accident insurance helps you pay for out-of-pocket expenses medical insurance won't cover. If your covered child gets injured while participating in an organized sport, you'll receive an additional 25 percent of the total benefit paid. It's an affordable way for you to keep your financial lives moving in the right direction. The accident benefit is offered through Standard Insurance Company.

### **Benefits**

The following table lists benefits available through the accident policy.

Accident/Injury	Benefit Amount
Accident Emergency Treatment	\$150
Accident Follow-Up Visit (up to 2 visits per person, per accident)	\$50
Accidental Death*	
Employee	\$50,000
Spouse/Domestic Partner	\$25,000
Child	\$12,500
*The accidental death benefit increases if the accidental death occurs on a common Employee-\$100,000; Spouse/Domestic Partner-\$50,000; Child-\$25,000	n carrier.
Accidental Dismemberment*	
Loss of two or more digits	\$5% of Accidental Death benefit
Loss of one hand; or one foot; loss of sight of one eye; loss of hearing of one ear	15% of Accidental Death benefit
Loss of one hand and one foot; loss of both hands or both feet; or the loss of sight of both eyes; or loss of hearing in both ears	30% of Accident Death benefit
Admission*	
Hospital Admission Benefit	\$1,000
Intensive Care Unit Admission Benefit	\$750
*Note: The Intensive Care Unit Admission Benefit pays in addition to the Hospital A	dmission Benefit.
Ambulance	
Ground Ambulance Benefit	\$300
Air Ambulance Benefit	\$800

ccident/Injury	Benefit Amount
ppliance and Prosthetic Device	
Appliance Benefit (crutches,etc.)	\$100
Prosthetic Device Benefit	\$500 for one device \$1,000 for two or more devices
Blood/Plasma/Platelets Administration	\$300
Burns*	
2nd degree burns covering at least 15% of the body surface	\$200
2nd degree burns covering over 15% of the body surface	\$1,000
3 <sup>rd</sup> degree burns covering at least 15% of the body surface	\$5,000
3rd degree burns covering over 15% of the body surface	\$10,000
Burn requiring skin graft	additional 25% of the applicable burn benefit
Coma	\$7,500
Complete Dislocation (Separated Joint)	
Hip	Closed Reduction: \$2,500 Open Reduction: \$5,000
Knee (except patella)	Closed Reduction: \$900 Open Reduction: \$1,800
Ankle – bone/bones of the foot (other than toes)	Closed Reduction: \$800 Open Reduction: \$1600
Collarbone (sternoclavicular)	Closed Reduction: \$800 Open Reduction: \$1,600
Lower jaw	Closed Reduction: \$800 Open Reduction: \$1600
Shoulder	Closed Reduction: \$800 Open Reduction: \$1600
Elbow	Closed Reduction: \$800 Open Reduction: \$1600
Wrist	Closed Reduction: \$800 Open Reduction: \$1600
Bone/bones of the hand (other than fingers)	Closed Reduction: \$800 Open Reduction: \$1600
Collarbone (acromioclavicular and separation)	Closed Reduction: \$400 Open Reduction: \$800
One toe or finger	Closed Reduction: \$150 Open Reduction: \$300

Accident/Injury	Benefit Amount	
Concussion	\$150	
Confinement*		
Hospital Confinement Benefit	\$200 per day, up to 365 days	
Intensive Care Unit Confinement Benefit	\$200 per day, up to 15 days	
Rehabilitation Unit Confinement Benefit	\$100 per day, up to 15 days	
*Note: The Intensive Care Unit Confinement Benefit pays in addition to the Hospital Confinement Benefit.		
Emergency Dental Work		
Broken tooth repaired with a crown, denture or implant	\$200	
Broken tooth resulting in extraction	\$100	
Eye Injury*	\$200	
Family Lodging	\$175 per night, up to 30 days per covered accident.	
Fracture (Broken Bone)*		
Skull (except bones of face or nose), depressed skull fracture	Closed Reduction: \$4,000 Open Reduction: \$8,000	
Skull (except bones of face or nose), Simple non-depressed skull fracture	Closed Reduction: \$1,500 Open Reduction: \$3,000	
Hip)	Closed Reduction: \$2,500 Open Reduction: \$5,000	
Vertebral column	Closed Reduction: \$1,200 Open Reduction: \$2,400	
Pelvis	Closed Reduction: \$1,200 Open Reduction: \$2.400	
Leg (Hip to knee)	Closed Reduction: \$2,000 Open Reduction: \$4,000	
Leg (Knee to ankle)	Closed Reduction: \$1,200 Open Reduction: \$2.400	
Bones of face or nose	Closed Reduction: \$500 Open Reduction: \$1,000	
Arm	Closed Reduction: \$500 Open Reduction: \$1,000	
Lower jaw, mandible (except alveolar process)	Closed Reduction: \$550 Open Reduction: \$1,100	
Shoulder blade (scapula) and/or collarbone (clavicle, sternum)	Closed Reduction: \$550 Open Reduction: \$1,100	

Accident/Injury	Benefit Amount
Fracture (Broken Bone)* continued	
Vertebral processes	Closed Reduction: \$500 Open Reduction: \$1,100
Forearm (radius and/or ulna), hand, wrist (except fingers)	Closed Reduction: \$550 Open Reduction: \$1,100
Kneecap (patella)	Closed Reduction: \$550 Open Reduction: \$1,100
Foot (except toes)	Closed Reduction: \$550 Open Reduction: \$1,100
Ankle	Closed Reduction: \$550 Open Reduction: \$1,100
Rib	Closed Reduction: \$400 Open Reduction: \$800
Соссух	Closed Reduction: \$500 Open Reduction: \$1,000
Finger, toe	Closed Reduction: \$100 Open Reduction: \$200
*Note: If an Insured Person sustains more than one fracture in a Covered Ac There is not a maximum benefit amount for fractures. Chip fractures are paid.	d at 25% of the associated fracture.
There is not a maximum benefit amount for fractures. Chip fractures are paid	
There is not a maximum benefit amount for fractures. Chip fractures are pai	d at 25% of the associated fracture.
There is not a maximum benefit amount for fractures. Chip fractures are paid Major Diagnostic Exam  Laceration (cut)	d at 25% of the associated fracture. \$200
There is not a maximum benefit amount for fractures. Chip fractures are paid Major Diagnostic Exam  Laceration (cut)  Total of all lacerations is less than 2 inches long	d at 25% of the associated fracture. \$200 \$75
There is not a maximum benefit amount for fractures. Chip fractures are paid Major Diagnostic Exam  Laceration (cut)  Total of all lacerations is less than 2 inches long  Total of all lacerations is at least 2 but less than 6 inches long  Total of all lacerations is 6 inches or longer	\$200 \$75 \$200
There is not a maximum benefit amount for fractures. Chip fractures are paid Major Diagnostic Exam  Laceration (cut)  Total of all lacerations is less than 2 inches long  Total of all lacerations is at least 2 but less than 6 inches long  Total of all lacerations is 6 inches or longer  Physical or Occupational Therapy	\$200 \$75 \$200 \$500
There is not a maximum benefit amount for fractures. Chip fractures are paid Major Diagnostic Exam  Laceration (cut)  Total of all lacerations is less than 2 inches long  Total of all lacerations is at least 2 but less than 6 inches long  Total of all lacerations is 6 inches or longer  Physical or Occupational Therapy	\$200 \$75 \$200 \$500
There is not a maximum benefit amount for fractures. Chip fractures are paid Major Diagnostic Exam  Laceration (cut)  Total of all lacerations is less than 2 inches long  Total of all lacerations is at least 2 but less than 6 inches long  Total of all lacerations is 6 inches or longer  Physical or Occupational Therapy  Surgery	\$200 \$75 \$200 \$500 \$50 per day, up to 3 days
There is not a maximum benefit amount for fractures. Chip fractures are paid Major Diagnostic Exam  Laceration (cut)  Total of all lacerations is less than 2 inches long  Total of all lacerations is at least 2 but less than 6 inches long  Total of all lacerations is 6 inches or longer  Physical or Occupational Therapy  Surgery  Open Abdominal; Thoracic surgery	\$200 \$75 \$200 \$500 \$50 per day, up to 3 days
There is not a maximum benefit amount for fractures. Chip fractures are paid Major Diagnostic Exam  Laceration (cut)  Total of all lacerations is less than 2 inches long  Total of all lacerations is at least 2 but less than 6 inches long  Total of all lacerations is 6 inches or longer  Physical or Occupational Therapy  Surgery  Open Abdominal; Thoracic surgery  Ruptured Disc with surgical repair	\$200 \$75 \$200 \$500 \$50 per day, up to 3 days \$1,500 \$750
There is not a maximum benefit amount for fractures. Chip fractures are paid Major Diagnostic Exam  Laceration (cut)  Total of all lacerations is less than 2 inches long  Total of all lacerations is at least 2 but less than 6 inches long  Total of all lacerations is 6 inches or longer  Physical or Occupational Therapy  Surgery  Open Abdominal; Thoracic surgery  Ruptured Disc with surgical repair  Exploratory and Arthroscopic Surgery	\$200 \$75 \$200 \$500 \$50 per day, up to 3 days \$1,500 \$750 \$200
There is not a maximum benefit amount for fractures. Chip fractures are paid Major Diagnostic Exam  Laceration (cut)  Total of all lacerations is less than 2 inches long  Total of all lacerations is at least 2 but less than 6 inches long  Total of all lacerations is 6 inches or longer  Physical or Occupational Therapy  Surgery  Open Abdominal; Thoracic surgery  Ruptured Disc with surgical repair  Exploratory and Arthroscopic Surgery  Knee Cartilage Torn – repair	\$200 \$75 \$200 \$500 \$500 \$50 per day, up to 3 days \$1,500 \$750 \$200 \$750
There is not a maximum benefit amount for fractures. Chip fractures are paid Major Diagnostic Exam  Laceration (cut)  Total of all lacerations is less than 2 inches long  Total of all lacerations is at least 2 but less than 6 inches long  Total of all lacerations is 6 inches or longer  Physical or Occupational Therapy  Surgery  Open Abdominal; Thoracic surgery  Ruptured Disc with surgical repair  Exploratory and Arthroscopic Surgery  Knee Cartilage Torn – repair  Knee Cartilage Exploratory Surgery	\$200 \$75 \$200 \$500 \$500 \$50 per day, up to 3 days \$1,500 \$750 \$200 \$750

Accident/Injury	Benefit Amount	
Transportation*	\$150, up to 30 days per Insured Person per covered accident.	
*Note: The transportation benefit covers insured persons required to travel more than 100 miles one way from his or her residence for treatment of Injuries resulting from a Covered Accident. This benefit is not payable when the Insured Person is transported by an ambulance.		
X-Ray	\$50	

### **Additional Benefits**

Youth Organized Sports Benefit

A Youth Organized Sports benefit is included with child coverage. If a covered child aged 18 or younger is injured while playing an organized sport, an additional 25% of the total benefit will be paid.

Automobile Accident Benefit

The Automobile Accident Benefit pays an additional \$500 if the insured is injured in an automobile accident.

## Eligibility

Accident coverage is available to:

- Employee (18-70 years old)
- Spouse/Domestic Partner (18-70 years old)
- Children to age 26 (includes your natural offspring, adopted children, stepchildren, domestic partner's dependents and foster children)

### **Exclusions and Limitations**

- Benefits are not payable if the accident was caused or contributed by any of the following:
- War or act of War.
- Suicide or other intentionally self-inflicted Injury, while sane or insane.
- Committing or attempting to commit an assault, felony, act of terrorism, or actively participating in a violent disorder or
- riot
- Sickness existing at the time of the Accident, including any medical or surgical treatment or diagnostic procedure for a
- Sickness
- Travel or flight in or on any aircraft (certain exceptions apply, including as a fare paying passenger on a regularly
- scheduled commercial flight).
- Engaging in high risk sports or activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests.
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a Covered
- Accident.
- Riding in or driving any automobile in a race, stunt show, or speed test.
- · Cosmetic surgery, unless such surgery or procedure is necessary to correct a deformity or restore bodily function
- · resulting from a Covered Accident.
- Any Accident which arises out of or in the course of the insured's incarceration in a jail, penal, or correctional institution.

## Continuation of Coverage

Continuation of coverage is available should you wish to continue injury/accident insurance when you would otherwise lose coverage (i.e., your employment terminates). Please see your employer for details.

## **Guaranteed Coverage**

Accident coverage is offered on a guaranteed issue basis – no medical questions must be answered in order to enroll for coverage.

NOTES	

The intent of this outline is to briefly highlight key features of your plan and is not to replace your insurance contract, certificate or booklet. We have compiled information into summary form to outline answers to questions we most commonly receive. If this benefit outline does not address your specific benefit needs, you should contact the insurance carrier or refer to their contract, certificate or booklet for more specific information and limitations. The information provided in the enclosed material is for comparative and informational purposes only. Actual claims paid are subject to the terms and conditions of the individual carriers' contracts. Please review the carriers' contracts for more detailed information on the plans being offered. The descriptions in this brochure are HIGHLIGHTS only. Should any conflict arise between this brochure and the contracts underwritten by the insurance companies, the contracts will govern in all cases.

