

Accident Insurance

Class Description(s): All Active Full-time Employees

Eligibility Requirement: Eligible person working 20 hours per week

Plan Information		Plan Design Option
Plan Type		Plan 1.2
Coverage Type		24 Hour (On and off-job)
Dependent Benefit Amounts		Dependent benefit amounts are the same as employee benefit amounts unless otherwise indicated within the package.
Accident Benefits		
The Hartford's Accident plan(s) will pay each scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident while insurance is in effect, subject to any plan limitations and exclusions. State specific variations may apply to the benefits shown below.		
Emergency, Hospital & Treatment Care Package ³ :		
Treatment/Service	Detail (Per covered person)	Plan 1.2
ACCIDENT FOLLOW-UP	Up to 3 Treatments/accident within 90 Days	\$100
ACUPUNCTURE	Up to 10 visits/accident within 365 Days	\$50
AMBULANCE – AIR	Once/accident within 72 Hours	\$1,500
AMBULANCE – GROUND	Once/accident within 90 Days	\$750
BLOOD/PLASMA/PLATELETS	Once/accident within 90 Days	\$300
CHILD CARE	Up to 30 Days/accident while insured is confined	\$50
CHIROPRACTIC CARE	Up to 10 visits/accident within 365 Days	\$50
DAILY HOSPITAL CONFINEMENT	Up to 365 Days/lifetime (Total daily and ICU)	\$250
DAILY ICU CONFINEMENT	Up to 30 Days/accident (Subject to 365 Days/lifetime)	\$500
DIAGNOSTIC EXAM	Once/accident within 90 Days	\$300
EMERGENCY DENTAL – CROWN	Highest benefit once/accident within 90 Days	\$300
EMERGENCY DENTAL – EXTRACTION	Highest benefit once/accident within 90 Days	\$150
EMERGENCY ROOM	Once /accident within 72 Hours	\$150
HOSPITAL ADMISSION	Once/accident within 90 Days	\$1,500
ICU ADMISSION	Once/accident within 90 Days	\$3,000
INITIAL PHYSICIAN OFFICE VISIT	Once/accident within 90 Days	\$150
LODGING	Up to 30 Nights/lifetime	\$125
MEDICAL APPLIANCE	Once/accident within 90 Days	\$150
PHYSICAL THERAPY	Up to 10 Visits/accident within 90 Days	\$75
REHABILITATION FACILITY	Up to 15 Days/lifetime within 90 Days	\$200
TRANSPORTATION	Up to 3 Trips/accident	\$400
URGENT CARE	Once /accident within 72 Hours	\$150
X-RAY	Once/accident within 90 Days	\$100
Specified Injury & Surgery Benefit Package:		
Injury/Treatment/Service	Detail (Per covered person)	Plan 1.2
ABDOMINAL/THORACIC SURGERY	Once/accident within 90 Days	\$3,000
ARTHROSCOPIC SURGERY	Once/accident within 90 Days	\$500
BURN – 2ND DEGREE (≥ 34% OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$1,000
BURN – 3RD DEGREE (≥ 18IN ² OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$10,000
BURN – SKIN GRAFT (FOR 3RD DEGREE BURN)	Once/accident	50% of burn benefit

CONCUSSION	Up to 3 Concussions/year within 72 Hours	\$200
EYE INJURY – OBJECT REMOVAL	Highest benefit once/accident within 90 Days	\$200
EYE INJURY – SURGERY	Highest benefit once/accident within 90 Days	\$500
HERNIA REPAIR	Once/accident within 365 Days	\$500
JOINT REPLACEMENT	Once/accident within 90 Days	\$2,500
KNEE CARTILAGE – WITH REPAIR	Highest benefit once/accident within 12 Months	\$1,000
KNEE CARTILAGE – WITHOUT REPAIR		\$250
LACERATION – 2” TO 6”	Highest benefit once/accident within 72 Hours	\$250
LACERATION – 6” OR GREATER	Highest benefit once/accident within 72 Hours	\$500
ORGANIZED AMATEUR SPORTS INJURY	--	25% increase of non-catastrophic benefits
RUPTURED DISC	Once/accident within 365 Days	\$1,000
TENDON/LIGAMENT/CUFF – SINGLE	Highest benefit once/accident within 365 Days	\$1,000
TENDON/LIGAMENT/CUFF – 2 OR MORE		\$2,000

Specified Injury & Surgery Benefit Package: Dislocations (dollar amounts shown are for Open Surgical injuries)

Injury	Detail (Per covered person)	Plan 1.2
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
ANKLE, FOOT BONES (EXCEPT TOES)	Once/joint/lifetime (Open or closed)	\$2,500
COLLARBONE – ACROMIO/SEPARATION		\$500
COLLARBONE – STERNOCLAVICULAR		\$1,000
ELBOW		\$1,000
FINGER, TOE		\$250
HIP		\$8,000
KNEE		\$2,500
LOWER JAW		\$1,000
SHOULDER (GLENOHUMERAL)		\$1,000
WRIST		\$1,000
HAND BONES (EXCEPT FINGERS)		\$1,000
CLOSED (NON-SURGICAL)		50% of open benefit
INCOMPLETE/WITHOUT ANESTHESIA		25% of closed benefit
MULTIPLE DISLOCATIONS/FRACTURES	--	≤ 200% of highest benefit

Specified Injury & Surgery Benefit Package: Fractures (dollar amounts shown are for Open Surgical injuries)

Injury	Detail (Per covered person)	Plan 1.2
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
ANKLE	Once/bone/accident within 90 Days	\$1,500
FOOT BONES (EXCEPT TOES)		\$1,500
COCCYX		\$1,000
COLLARBONE/CLAVICLE OR STERNUM		\$2,000
FINGER, TOE		\$250
FOREARM – RADIUS OR ULNA		\$1,500
HIP, THIGH/FEMUR		\$4,000

KNEECAP/PATELLA		\$1,500
LOWER JAW/MANDIBLE (EXC. ALV. PROCESS)		\$1,500
LOWER LEG – FIBULA OR TIBIA		\$2,000
NOSE, FACIAL BONES (EXCEPT JAW BONES)		\$1,500
PELVIS (EXCEPT COCCYX)		\$8,000
VERTEBRAE – PROCESSES		\$1,500
RIB		\$500
SHOULDER BLADE/SCAPULA		\$2,000
SKULL – DEPRESSED		\$8,000
SKULL – NON-DEPRESSED/SIMPLE		\$2,000
UPPER ARM/HUMERUS		\$1,500
UPPER JAW/MAXILLA (EXC. ALVEOLAR PROCESS)		\$1,500
VERTEBRAE – BODY		\$1,500
WRIST, HAND BONES (EXCEPT FINGERS)		\$1,500
CLOSED (NON-SURGICAL)		50% of open benefit
CHIP FRACTURE		25% of closed benefit
MULTIPLE FRACTURES/DISLOCATIONS	--	≤ 200% of highest benefit
Catastrophic Benefits Package:		
Injury/Treatment/Service	Detail (Per covered person)	Plan 1.2
ACCIDENTAL DEATH – EMPLOYEE	Within 90 Days	\$50,000
ACCIDENTAL DEATH – SPOUSE		50% of employee benefit
ACCIDENTAL DEATH – CHILD(REN)		25% of employee benefit
COMMON CARRIER DEATH	Within 90 Days	3 times death benefit
COMA (≥ 168 CONTINUOUS HOURS)	Once/accident within 90 Days	\$10,000
HOME HEALTH CARE	Up to 30 Days/accident	\$75
PARALYSIS – QUADRIPLEGIA	Highest benefit once/accident within 90 Days	\$50,000
PARALYSIS – PARAPLEGIA		\$25,000
PROSTHESIS – SINGLE	Highest benefit once/accident within 365 Days	\$1,500
PROSTHESIS – 2 OR MORE		\$3,000
Catastrophic Benefits Package: Dismemberments		
Injury	Detail (Per covered person)	Plan 1.2
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
BOTH HANDS OR BOTH FEET	Within 90 Days	\$50,000
SIGHT – BOTH EYES		\$50,000
SPEECH & HEARING (BOTH EARS)		\$50,000
1 HAND & 1 FOOT	Once/accident within 90 Days	\$50,000
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)		\$50,000
THUMB & INDEX FINGER (SAME HAND)		\$5,000

Additional Plan Features & Services:	
POLICY AGE LIMIT	Not Included
PORTABILITY	Included
CONTINUATION OF COVERAGE	Included
CONTINUITY OF COVERAGE	Included
ACCIDENT PREVENTION BENEFIT	\$100 once per year for each covered person
ABILITY ASSIST® ¹	Included
HEALTH CHAMPION SM ¹	Included
THE HARTFORD'S CLAIMS CONNECTIONS	Concierge-Guided Experience ⁵ – Employees receive text or email notification of potential claims opportunities based on core claim events with option for telephonic claims intake
Enrollment & Contribution:	
ENROLLMENT TYPE	Annual Open Enrollment ⁴
EMPLOYEE CONTRIBUTION	100% employee paid (Voluntary)
NUMBER OF ELIGIBLE EMPLOYEES	368

Rate Information:				
PLAN TYPE	Employee	Employee & Spouse	Employee & Child(ren)	Family
MONTHLY RATES – PLAN 1.2 ²	\$7.88	\$12.46	\$14.00	\$21.68
INITIAL RATE GUARANTEE PERIOD	3 Years <i>Please note: If at least 10% participation is not achieved for this product, The Hartford reserves the right to adjust the Initial Rate Guarantee Period to one (1) year or to reevaluate the risk.</i>			

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