Accident Insurance

UnitedHealthcare®

Accident insurance pairs well with those who have active lifestyles or children involved in sports/other extracurricular activities. This plan is designed to pay benefits directly to you based on treatment received and injuries sustained from a covered accident.

	ACCIDENT PROTECTION PLAN CLASS 1 - VOLUNTARY PRIMARY
Eligibility	All Active Full Time Employees working a minimum of 30 hours per week
PLAN PROVISIONS	
Coverage Type	24 Hours
Portability	Included; no termination age
Telephonic Claim Submission	Included

CATEGORIES OF BENEFITS

BENEFITS PAYABLE*	MAXIMUM AMOUNT PAYABLE PER INSURED	
	Option A	Option B
ACCIDENTAL DEATH & DISMEMBERMENT *(Spouse Benefit is 100% of EE; Child benefit 50% of EE)*		
Death & Dismemberment	$5,000-$50,000	$5,000-$50,000
Common Carrier		
Life	$100,000	$100,000
INITIAL CARE		
Ground or Water Ambulance *(1 per accident)*	$200	$400
Air Ambulance *(1 per accident)*	$600	$1,200
Emergency Room Treatment *(1 per covered accident)*	$150	$200
Physician Office/Telemedicine/Urgent Care *(1 per covered accident)*	$100	$100
HOSPITAL CARE		
Hospital Admission *(1 per covered accident)*	$750	$1,000
Hospital Confinement *(up to 365 days per accident; starting Day 2 of Confinement)*	$150	$300
Hospital ICU Admission *(1 per covered accident)*	$1,500	$2,000
Hospital ICU Confinement *(up to 30 days per accident; starting Day 2)*	$350	$600
FOLLOW UP CARE		
Chiropractic Care *(5 per accident)*	$25	$35
Follow up Physician Visit *(5 per accident)*	$50	$75
Major Diagnostic Exam *(1 per accident)*		
MRI; CT; PET; EEG; ImPACT; or SPECT scan	$150	$250
Minor Diagnostic Exam *(1 per accident)*		
X-ray; or a laboratory test	$50	$75

BENEFITS PAYABLE*	MAXIMUM AMOUNT PAYABLE PER INSURED	
	Option A	Option B
COMMON INJURIES		
Burns *(2nd or 3rd degree)*	$250-$10,000	$500-$15,000
Coma	$5,000	$7,500
Concussion	$250	$500
Dislocations *(highest 2 dislocations per accident)* *Surgically Corrected/Non-Surgically Corrected* *Partial Dislocations: 25% of the Non-Surgically Corrected Amount*	$250-$4,500	$375-$6,000
Fractures *(highest 2 fractures per accident)* *Surgically Corrected/Non-Surgically Corrected* *Chip Fractures: 25% of the Non-Surgically Corrected Amount*	$200-$6,000	$265-$8,000
Lacerations	$30-$400	$50-$400
Paralysis	$2,500-$10,000	$3,750-$15,000
Traumatic Brain Injury	$2,000	$2,000
Surgery	$100-$1,000	$150-$1,500
ORGANIZED SPORTING ACTIVITY INJURY		
Payable for all covered persons	Increases benefits by 25%	
ADDITIONAL BENEFITS		
Lodging *(per day up to 30 days)*	$100	$200
Transportation *(per day up to 3 days)*	$250	$500
WELLNESS BENEFIT		
Wellness See Wellness Details below for covered exams	$50 Benefit payable upon completion of a covered Wellness exam or health screening test. One covered test per calendar year per covered employee, spouse and child.	

*All Benefits are payable once per covered accident unless otherwise noted

ACCIDENT INSURANCE BI-WEEKLY RATES *(24 of 26 pay periods)*		
	Option A	Option B
Employee	$4.23	$5.51
Employee & Spouse	$6.89	$8.84
Employee & Children	$8.59	$11.44
Family	$12.43	$15.88

