



EQUITABLE

Group name: Madix, Inc

Policy number: 010822

Protection for when the unexpected happens

Accident insurance benefit summary



Accidents can happen at any time

Many would have a hard time paying for costs related to those injuries. With accident insurance, you can manage the costs and stress of falls, sports injuries, and other accidents. Our plan covers many types of accidents and pays a cash benefit if you or your dependents are injured as part of a covered accident. Benefits are paid directly to you, so you can use the money however you need to.

Watch this quick video to learn more



Did you know?

Americans visit the emergency room for injury-related visits

35 million times each year.¹

Two-thirds of Americans would struggle to pay

\$1,000
in an emergency.²

Benefit plan and Features

Class definition: Class 1 – All Active Full Time Employees

Coverage Effective Date
January 01, 2022

Coverage Basis
Non-Occupational

Portability
To age 70

Life and dismemberment losses	Employee	Spouse	Child
Accidental Death	\$50,000	\$50,000	\$25,000
Accidental Death Common Carrier	\$100,000	\$100,000	\$50,000
Catastrophic loss: loss of arm or loss of hand — both arms or both hands, loss of leg or loss of foot — both legs or both feet, loss of hand and loss of foot or loss of arm and loss of leg — one hand and one foot or one arm and one leg, loss of an ear — both ears, irrecoverable loss of hearing — both ears, loss of an eye — both eyes, irrecoverable loss of sight — both eyes, irrecoverable loss of speech or ability to speak, or any combination equaling two or more losses from: loss of arm, loss of hand, loss of leg, loss of foot, loss of an ear or loss of an eye	\$25,000	\$25,000	\$12,500
Accidental dismemberment	Employee	Spouse	Child
Loss of hand — one hand, Loss of foot — one foot, Loss of leg — one leg or loss of arm — one arm	\$10,000	\$10,000	\$5,000
Loss of a finger or loss of a toe — two or more fingers or toes	\$3,000	\$3,000	\$1,500
Loss of a finger or loss of a toe — one finger or one toe	\$1,000	\$1,000	\$500
Loss of hearing or loss of an ear — one ear	\$10,000	\$10,000	\$5,000
Loss of sight or loss of an eye — one eye	\$10,000	\$10,000	\$5,000
Dislocations (Open reduction/Closed reduction)	Employee	Spouse	Child
Hip	\$10,000/\$5,000	\$10,000/\$5,000	\$10,000/\$5,000
Knee, ankle or bones of the foot	\$5,000/\$2,500	\$5,000/\$2,500	\$5,000/\$2,500
Elbow or wrist	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Shoulder	\$3,000/\$1,500	\$3,000/\$1,500	\$3,000/\$1,500
Collarbone or bones of the hand	\$4,000/\$2,000	\$4,000/\$2,000	\$4,000/\$2,000
Finger(s) or toe(s)	\$1,000/\$500	\$1,000/\$500	\$1,000/\$500
Lower jaw	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Incomplete dislocation	25% of the applicable closed reduction		

Benefit plan and Features

Fractures (Open reduction/Closed reduction)	Employee	Spouse	Child
Hip or thigh	\$10,000/\$5,000	\$10,000/\$5,000	\$10,000/\$5,000
Skull — depressed	\$12,000/\$6,000	\$12,000/\$6,000	\$12,000/\$6,000
Skull — simple	\$7,000/\$3,500	\$7,000/\$3,500	\$7,000/\$3,500
Vertebral processes	\$2,000/\$1,000	\$2,000/\$1,000	\$2,000/\$1,000
Bones of face or nose	\$2,000/\$1,000	\$2,000/\$1,000	\$2,000/\$1,000
Leg (tibia or fibula)	\$6,000/\$3,000	\$6,000/\$3,000	\$6,000/\$3,000
Vertebrae (body of) or sternum	\$5,000/\$2,500	\$5,000/\$2,500	\$5,000/\$2,500
Pelvis (excluding coccyx)	\$8,000/\$4,000	\$8,000/\$4,000	\$8,000/\$4,000
Upper jaw or upper arm	\$2,000/\$1,000	\$2,000/\$1,000	\$2,000/\$1,000
Lower jaw	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Knee cap	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Ankle	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Foot	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Collarbone	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Shoulder	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Forearm	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Hand	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Wrist	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Elbow	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Heel	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Rib, finger, toe or coccyx	\$1,000/\$500	\$1,000/\$500	\$1,000/\$500
Multiple ribs	\$2,000/\$1,000	\$2,000/\$1,000	\$2,000/\$1,000
Chip fractures and other fractures not reduced	25% of the applicable closed reduction by open or closed reduction		

Additional injuries	Employee	Spouse	Child
Eye injury	\$600	\$600	\$600
Gunshot wound	\$500	\$500	\$500
Brain injury	\$1,000	\$1,000	\$1,000
Paralysis — monoplegia	\$2,500	\$2,500	\$2,500
Paralysis — diplegia	\$5,000	\$5,000	\$5,000
Paralysis — hemiplegia	\$5,000	\$5,000	\$5,000
Paralysis — paraplegia	\$25,000	\$25,000	\$25,000
Paralysis — quadriplegia	\$50,000	\$50,000	\$50,000
Coma	\$20,000	\$20,000	\$20,000
Concussion	\$400	\$400	\$400
Concussion lifetime maximum benefit	\$2,000	\$2,000	\$2,000

Benefit plan and Features

Lacerations	Employee	Spouse	Child
Laceration(s) with no sutures and treated by a physician	\$100	\$100	\$100
Single laceration under 5 cm with sutures	\$150	\$150	\$150
Lacerations 5–15 cm with sutures (total of all lacerations)	\$500	\$500	\$500
Lacerations greater than 15 cm with sutures (total of all lacerations)	\$1,000	\$1,000	\$1,000

Surgery	Employee	Spouse	Child
Miscellaneous surgery requiring general anesthesia not otherwise listed (once per 24-hour period, even though multiple surgical procedures may be performed)	\$1,000	\$1,000	\$1,000
Open surgery	\$3,000	\$3,000	\$3,000
Exploratory surgery or debridement	\$800	\$800	\$800
Laparoscopic surgery or hernia repair	\$1,000	\$1,000	\$1,000
Tendon/Ligament/Rotator cuff tear	\$1,500	\$1,500	\$1,500
Torn knee cartilage	\$1,500	\$1,500	\$1,500
Ruptured/herniated disc	\$1,500	\$1,500	\$1,500

Burns	Employee	Spouse	Child
21–40 sq. cm second degree	\$400	\$400	\$400
21–40 sq. cm third degree	\$1,000	\$1,000	\$1,000
41–65 sq. cm second degree	\$800	\$800	\$800
41–65 sq. cm third degree	\$2,000	\$2,000	\$2,000
66–160 sq. cm second degree	\$1,200	\$1,200	\$1,200
66–160 sq. cm third degree	\$6,000	\$6,000	\$6,000
161–225 sq. cm second degree	\$1,600	\$1,600	\$1,600
161–225 sq. cm third degree	\$14,000	\$14,000	\$14,000
More than 225 sq. cm second degree	\$2,000	\$2,000	\$2,000
More than 225 sq. cm third degree	\$20,000	\$20,000	\$20,000
Skin graft	50% of the applicable burn benefit		

Medical services	Employee	Spouse	Child
Diagnostic exam (one-time per benefit year):	\$300	\$300	\$300
• Arteriogram, angiogram, CT, CAT, EKG, EEG or MRI X-ray	\$100	\$100	\$100
Accident emergency treatment (non-ER or non-urgent care facility) (one time per covered accident)	\$125	\$125	\$125
Physician's follow-up treatment office visit	\$75	\$75	\$75

Benefit plan and Features

Medical services	Employee	Spouse	Child
(per visit, up to 10 times per covered accident)			
Physical and occupational therapy (per visit, up to 10 times per covered accident)	\$100	\$100	\$100
Medical devices	\$500	\$500	\$500
Epidural pain management (up to 2 times per covered accident)	\$100	\$100	\$100
Prescription drug	\$50	\$50	\$50
Prosthesis (one)	\$1,500	\$1,500	\$1,500
Prosthesis (two)	\$3,000	\$3,000	\$3,000
Anesthesia	\$100	\$100	\$100
Blood, plasma or platelet transfusion	\$500	\$500	\$500
Hospital	Employee	Spouse	Child
Hospital admission (once per benefit year)	\$1,800	\$1,800	\$1,800
Hospital confinement (per day up to 365 days per covered accident)	\$400	\$400	\$400
Intensive care unit admission (once per benefit year; payable instead of hospital admission benefit if confined immediately to ICU)	\$2,000	\$2,000	\$2,000
Intensive care unit confinement (per day up to 15 days; payable in addition to any hospital confinement benefit)	\$800	\$800	\$800
Ambulance (Ground)	\$600	\$600	\$600
Ambulance (Air)	\$4,000	\$4,000	\$4,000
ER admission or urgent care facility	\$250	\$250	\$250
Family Lodging			
Maximum Lodging night stays: one benefit per day, 30 days per benefit year	\$300	\$300	\$300
Transportation (100 or more miles up to three times per covered accident)	\$1,000	\$1,000	\$1,000
Rehabilitation unit (per day, up to 30 days per covered accident)	\$100	\$100	\$100
Emergency dental	Employee	Spouse	Child
Emergency dental extraction	\$200	\$200	\$200
Emergency dental crown	\$400	\$400	\$400
Wellness benefit	Employee	Spouse	Child
Wellness screening benefit (once per benefit year)	\$50	\$50	\$50

Qualifying exams and screenings for Wellness Screening Benefit

- CA15-3 (blood test for breast cancer)
- Breast Cancer Screening (clinical breast exam, mammography, MRI, thermography, ultrasound)
- CA 125 (blood test for ovarian cancer)
- Colorectal Cancer Screening (fecal occult blood test, colonoscopy, sigmoidoscopy)
- CEA (blood test for colon cancer)
- Lipid panel(cholesterol, triglycerides, HDL, LDL)
- Pap smear
- Prostate Cancer Screening (digital rectal exam, PSA blood test)
- Skin Cancer Screening
- Diabetes tests (fasting blood glucose test, hemoglobin A1c)
- Cardiac exercise stress test
- Electrocardiogram (ECG)-resting or stress
- Chest x-ray
- Hemocult stool analysis
- Serum protein electrophoresis
- Carotid Doppler
- Echocardiogram
- Immunizations
- Interscholastic Sports Physical Exam