



## 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 “High 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 = \$12.78/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
<b>Total out-of-pocket</b>	<b>\$1,850</b>

#### 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.

Note: This example is an illustration of how the Accident Plan works. Your specific medical costs may vary depending on your employer's medical insurance and contribution offerings.

**SUMMARY OF BENEFITS**

<b>Benefit Waiting Period</b>	None
<b>Pre-Existing Condition Limitation</b>	Does not apply.
<b>Employee Benefit Amount(s)</b>	100% of the Benefit Amount shown
<b>Spouse Benefit Amount(s)</b> (spouse to age 100 is eligible for coverage if employee is enrolled)	100% of the Benefit Amount shown
<b>Dependent Child Benefit Amount(s)</b> Child only eligible if employee is enrolled (Birth to 26; 26+ if disabled)	100% of the Benefit Amount shown
<b>Age Based Reductions</b>	None
<b>Coverage</b>	Pays a fixed benefit according to the schedule below. This is a group accident 24 hour insurance policy for accidents on or off the job.

**Rates Per Insured Class**

**Monthly**

**Employee Paid**

	<u>Low Plan</u>	<u>High Plan</u>
Employee	\$9.70	\$16.95
Employee + Spouse	\$16.40	\$28.75
Employee + Child(ren)	\$16.10	\$28.20
Family	\$22.80	\$39.75

**Coverage and Benefit Amounts**

**INITIAL CARE AND EMERGENCY CARE**

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Low Plan</u>	<u>High Plan</u>
<b>Emergency Care Treatment</b> Limited to 1 per accident.	\$100	\$200
<b>Physician Office Visit</b> – <i>Includes urgent care, Virtual Care accepted</i> Limited to 1 per accident.	\$50	\$100
<b>Diagnostic Exam (x-ray or lab)</b> Limited 1 per accident.	\$10	\$25
<b>Ground / Water Ambulance (to nearest hospital)</b>	\$100	\$200
<b>Air Ambulance</b> Limited 1 per accident.	\$300	\$600

**HOSPITALIZATION**

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Low Plan</u>	<u>High Plan</u>
<b>Hospital Admission*</b> Limited to 1 per accident.	\$500	\$1,500
<b>Intensive Care Unit Admission</b> Limited to 10 per year, 1 per accident.	\$500	\$1,500
<b>Hospital Stay</b> Limited to 365 days, 1 stay per accident.	\$100 per day	\$300 per day
<b>Intensive Care Unit Stay</b> Limited to 365 days, 1 stay per accident.	\$200 per day	\$400 per day

**FRACTURES**

Limited to 1 per accident.

Benefit Type

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

Limited to 1 per accident

Benefit Type

	<u>Low Plan</u>		<u>High Plan</u>	
	<u>Benefit Amount</u>		<u>Benefit Amount</u>	
	<u>Non-Surgical</u>	<u>Surgical</u>	<u>Non-Surgical</u>	<u>Surgical</u>
<b>Hip Joint</b>	\$1,000	\$2,000	\$2,000	\$4,000
<b>Knee Joint</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Bones of Foot</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Ankle</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Wrist</b>	\$400	\$800	\$800	\$1,600
<b>Elbow</b>	\$300	\$600	\$600	\$1,200
<b>Shoulder</b>	\$200	\$400	\$400	\$800
<b>Hand</b>	\$200	\$400	\$400	\$800

<b>Collarbone</b>	\$200	\$400	\$400	\$800
<b>Lower Jaw</b>	\$200	\$400	\$400	\$800
<b>Finger or Toe</b>	\$50	\$100	\$100	\$200

More than 1 finger or toe pays 2 times the benefit

**FOLLOW UP CARE – Virtual Care accepted**

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Low Plan</u>	<u>High Plan</u>
<b>Follow up Physician Office Visit</b> <i>(includes medical professionals)</i> Limited to <b>10 Visits</b> treatments per accident.	\$50	\$100
<b>Follow up Physical Therapy Visits</b> Limited to <b>10 Visits</b> treatments per accident.	\$25	\$50

**Benefit – Specific Conditions, Exclusions & Limitations**

- **Ambulance:** Only one benefit will be paid whichever is the greater amount.
- **\*Hospital Admission:** Must be admitted as an Inpatient due to a Covered Accident. Must be billed Room and Board charges by a Hospital. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident.
- **Intensive Care Unit (ICU) Admission Benefit:** Must be admitted as an Inpatient and confined in an ICU of a Hospital, within 90 days due to a Covered Accident. The ICU Admission will be payable on Day 0 and is limited to 10 admissions per year. Excludes: treatment in an emergency room, provided on an outpatient basis, or for ICU re-admission for the same Covered Accident.

For purposes of this benefit: An Intensive Care Unit is a unit of the Hospital that:

- a) is for the treatment of patients who are in acute or critical condition;
- b.) is furnished with emergency life-saving equipment and supplies that are immediately at hand;
- c.) is staffed 24 hours a day by Nurses who are specially trained to work in an Intensive Care Unit; and
- d.) is equipped and staffed to monitor each patient's vital signs around-the-clock.

An Intensive Care Unit includes a cardiac care unit. It is not a recovery room. This means that it is not an area used primarily for post-operative or post-anesthesia care.

- **Hospital Stay:** Must be admitted for at least 23 hours or as an Inpatient and confined to the Hospital, due to a Covered Accident, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater. Hospital stays within 90 days for the same or a related Covered Accident is considered one Hospital Stay.
- **Intensive Care Unit (ICU) Stay:** Must be admitted for at least 23 hours or Inpatient and confined in an ICU of a Hospital, due to a Covered Accident, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater. ICU stays within 90 days for the same or a related Covered Accident is considered one ICU stay.
- **Follow up Physician Office and Physical Therapy Visits:** Must be examined, treated or prescribed by Physician. First examination or treatment must be within 90 days of the Covered Accident, Physical Therapy Visits within 120 days. Subsequent Follow up Treatment must be completed within 365 days from the Covered Accident. *\*Follow up Physician Office visit can include providers that are appropriately licensed professionals, including but not limited to those practicing chiropractic care, speech therapy, occupational therapy, vocational therapy, respiratory therapy, and mental health treatment associated with Covered Accidents.*
- **Fracture:** If more than fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture.
- **Dislocation:** If more than dislocation, only one benefit will be paid, whichever is the greater amount.
- **Other:**
  - Requires admissions, stays, diagnostic exams, diagnosis, visits, ambulance trips, or treatment to be within 90 days of a Covered Accident. Emergency care within 30 days.
  - Excludes visits by a surgeon while confined to a Hospital.
  - If eligible for Physician Office or Emergency Care benefits for the same Covered Accident, only one benefit will be payable, whichever is greater. Not eligible for Physician Office benefit if eligible to receive benefits under Emergency Treatment.
  - Some benefits require services to be performed, prescribed or recommended by a Physician.

### Optional Benefits

#### ENHANCED ACCIDENT BENEFITS

Pays additional fixed benefits per schedule below.

Benefit Type	Benefit Amount	
	<u>Low Plan</u>	<u>High Plan</u>
Limited to 1 per Covered Accident, unless otherwise indicated.		
<b>Small Burns</b> (2 <sup>nd</sup> or 3 <sup>rd</sup> degree – 20% or less of body)	\$100	\$300
<b>Large Burns</b> (2 <sup>nd</sup> degree – More than 20% of body)	\$300	\$900
<b>Large Burns</b> (3 <sup>rd</sup> degree – More than 20% of body)	\$7,500	\$10,000
<b>Skin-Graft Benefit (if burn benefit paid)</b>	50% of the applicable Benefit amount for Small Burns or Large Burns	50% of the applicable Benefit amount for Small Burns or Large Burns
<b>Lacerations</b> Limited to 2		
<b>Small Lacerations</b> (<6 inches with 2+ sutures)	\$50	\$100
<b>Large Lacerations</b> (>6 inches with 2+ sutures)	\$100	\$200
<b>General Anesthesia Benefit</b>	\$100	\$200
<b>Medicine Benefit</b>	\$5	\$10
<b>Medical Supply Benefit</b>	\$5	\$10
<b>Abdominal or Thoracic Surgery</b>	\$1,000	\$1,500
<b>Tendon, Ligament, Rotator Cuff, or Knee Surgery - Repair</b>	\$200	\$400
<b>Tendon, Ligament, Rotator Cuff, or Knee Surgery - Exploratory</b>	\$100	\$200
<b>Ruptured Disc Surgery - Repair</b>	\$500	\$750
<b>Eye Injury Surgery</b>	\$200	\$400
<b>Eye Injury – Removal of Foreign Object</b>	\$100	\$200
<b>Emergency Dental – Extraction</b>	\$100	\$150
More than 1 tooth pays 2 times the Benefit Amount		
<b>Emergency Dental – Broken Tooth</b>	\$50	\$75
More than 1 tooth pays 2 times the Benefit Amount		
<b>Concussion</b>	\$100	\$150
<b>Coma</b>	\$5,000	\$10,000
<b>Diagnostic Advanced</b>	\$50	\$75
<b>Appliance (Durable Medical Equipment)</b>	\$100	\$150
Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements		
<b>Prosthesis (arm, leg, hand, foot, eye)</b>	\$200	\$500
Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements		
<b>Paralysis – Paraplegia (&gt;30 days)</b>	\$1,000	\$3,000
<b>Paralysis – Quadriplegia (&gt;30 days)</b>	\$2,000	\$6,000
<b>Blood, plasma, platelets</b>	\$100	\$200
<b>Transportation (100+ miles one-way)</b>	\$100	\$200
This benefit is limited 1 time per Covered Accident. Treatment not available locally with required Hospital Stay.		

**Family Lodging (100+ miles one-way)**

\$50 per day

\$75 per day

Limited to 30 days. This benefit is payable 1 times per Covered Accident. Treatment not available locally with required Hospital Stay.

**Benefit – Specific Conditions, Exclusions & Limitations**

- **Abdominal or Thoracic Surgery:** If paid, no other surgical benefit will be paid.
- **Eye Injury – Removal of Foreign Object:** If Eye Surgery benefit is paid, this benefit will not be paid for or during the same procedure.
- **Burns:** Excludes sunburn.
- **Medical Supplies:** Excludes durable medical equipment.
- **Coma:** Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Not payable if a coma is medically induced.
- **Paralysis:** If more than one benefit is payable, only the largest available benefit will be paid.
- **Transportation:** Benefits will not be payable if Ambulance benefit is paid.
- **Other:**
  - Some benefits require stays, treatment, services or items to be diagnosed, performed, prescribed or recommended by a Physician, or in the case of Anesthesia if benefit is payable, a Nurse Anesthetist. For dental services, they must be performed by a licensed dentist.
  - Requires treatment, grafting, diagnosis, purchases, extractions, transfusions, or exams to be within 90 days of a Covered Accident. Surgery within 120 days, unless exploratory, ruptured disk or eye injury which will be 90 days.

**WELLNESS TREATMENT, HEALTH SCREENING TEST AND PREVENTIVE CARE BENEFIT**

This coverage is payable if a Covered Person undergoes or receives Wellness Treatment, Health Screening Tests, and/or Preventive Care as shown below. *Virtual Care accepted.*

**Benefit Type****Benefit Amount****Low Plan****High Plan****Wellness Treatment, Health Screening Test and Preventive Care Benefit**

\$50 per day

\$50 per day

Limited to 1 per year

*Examples include (but are not limited to) general health exams, routine dental, vision, gynecological exams, mammography and certain blood tests. Also includes COVID-19 Immunization.*

### Continuation Options

#### PORTABILITY

The same coverage may be continued upon employee's termination of employment with the employer, or when the employee is no longer eligible for coverage.

- Only available to U.S. citizens, permanent resident aliens and non U.S. citizens working in the U.S. lawfully (Inpats) while residing in the United States.
- Portable period: Coverage continues to age 100
- Coverage(s) may be ported on all Covered Persons
- Maximum port age is 100

### POLICY PROVISIONS

**NOTE:** The following are some of the important policy provisions that apply to benefits described in the policy. This is not a complete list of policy provisions, terms and conditions.

#### **Important Definitions:**

**Active Service Definition:** an Employee will be considered in Active Service with the Employer on a day which is one of the Employer's scheduled work days if either of the following conditions are met:

- He or she is actively at work. This means the Employee is performing his or her regular occupation for the Employer on a full-time basis, either at one of the Employer's usual places of business or at some location to which the Employer's business requires the Employee to travel.
- The day is a scheduled holiday, vacation day or period of Employer approved paid leave of absence, other than disability or sick leave after 7 days, only if the Employee was in Active Service on the preceding schedule workday.

**Covered Person:** An eligible person who is enrolled for coverage under the Policy.

**Covered Accident:** A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions:

- occurs while the Covered Person is insured under this Policy;
- is not contributed to by disease, sickness, mental or bodily infirmity;
- is not otherwise excluded under the terms of this Policy.

**Covered Injury:** Any bodily harm that results, directly and independently of all other causes, from a Covered Accident.

**Covered Loss:** A loss that is:

- the result, directly and independently of all other causes, from a Covered Accident; and
- one of the Covered Losses specified in the *Schedule of Benefits*
- suffered by the Covered Person within the applicable time period specified in the *Schedule of Benefits*.

**Hospital:** an institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis, and charges for its services. The term Hospital does not include a clinic, facility, or unit of a Hospital for: (1) rehabilitation, convalescent, custodial, educational, or nursing care; or (2) the aged, drug addicts or alcoholics.