

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million emergency department visits every year are caused by youth sports.¹

City of Republic

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

You have a choice of three accident plans, which allows you the flexibility to enroll for the coverage that best meets your needs. This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		PLAN 1.1	PLAN 2.1	PLAN 3.1
Coverage Type		Off-job only	Off-job only	Off-job only
BENEFITS		PLAN 1.1	PLAN 2.1	PLAN 3.1
EMERGENCY, HOSPITAL & TREATMENT CARE				
Accident Follow-Up	Up to 3 visits per accident	\$75	\$100	\$150
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$25	\$50	\$75
Ambulance – Air	Once per accident	\$1,500	\$2,000	\$2,500
Ambulance – Ground	Once per accident	\$500	\$750	\$1,000
Blood/Plasma/Platelets	Once per accident	\$200	\$300	\$400
Child Care	Up to 30 days per accident while insured is confined	\$25	\$35	\$50
Daily Hospital Confinement	Up to 365 days per lifetime	\$200	\$400	\$600
Daily ICU Confinement	Up to 30 days per accident	\$400	\$600	\$800
Diagnostic Exam	Once per accident	\$200	\$300	\$400
Emergency Dental	Once per accident	Up to \$300	Up to \$450	Up to \$600
Emergency Room	Once per accident	\$150	\$200	\$250
Hospital Admission	Once per accident	\$1,000	\$1,500	\$2,000
Initial Physician Office Visit	Once per accident	\$75	\$100	\$150
Lodging	Up to 30 nights per lifetime	\$125	\$150	\$175
Medical Appliance	Once per accident	\$100	\$200	\$300
Rehabilitation Facility	Up to 15 days per lifetime	\$150	\$300	\$450
Transportation	Up to 3 trips per accident	\$400	\$600	\$800
Urgent Care	Once per accident	\$100	\$150	\$200
X-ray	Once per accident	\$100	\$150	\$200
SPECIFIED INJURY & SURGERY		PLAN 1.1	PLAN 2.1	PLAN 3.1
Abdominal/Thoracic Surgery	Once per accident	\$2,000	\$3,000	\$4,000
Arthroscopic Surgery	Once per accident	\$250	\$500	\$750
Burn	Once per accident	Up to \$10,000	Up to \$15,000	Up to \$20,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit	50% of burn benefit	50% of burn benefit
Concussion	Up to 3 per year	\$150	\$200	\$250
Dislocation	Once per joint per lifetime	Up to \$4,000	Up to \$8,000	Up to \$12,000
Eye Injury	Once per accident	Up to \$500	Up to \$750	Up to \$1,000

Fracture	Once per bone per accident	Up to \$8,000	Up to \$10,000	Up to \$12,000
Hernia Repair	Once per accident	\$200	\$400	\$600
Joint Replacement	Once per accident	\$2,000	\$4,000	\$6,000
Knee Cartilage	Once per accident	Up to \$1,000	Up to \$2,000	Up to \$3,000
Laceration	Once per accident	Up to \$500	Up to \$1,000	Up to \$1,500
Ruptured Disc	Once per accident	\$1,000	\$2,000	\$3,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$750	Up to \$1,000	Up to \$1,500
CATASTROPHIC		PLAN 1.1	PLAN 2.1	PLAN 3.1
Accidental Death	Within 90 days	\$50,000	\$75,000	\$100,000
Common Carrier Death	Within 90 days	\$75,000	\$150,000	\$300,000
Coma	Once per accident	Up to \$10,000	Up to \$15,000	Up to \$20,000
Dismemberment	Once per accident	Up to \$50,000	Up to \$75,000	Up to \$100,000
Home Health Care	Up to 30 days per accident	\$50	\$75	\$100
Paralysis	Once per accident	Up to \$50,000	Up to \$75,000	Up to \$100,000
Prosthesis	Once per accident	Up to \$2,000	Up to \$3,000	Up to \$4,000
FEATURES		PLAN 1.1	PLAN 2.1	PLAN 3.1
Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues		Included	Included	Included
HealthChampion ^{SM3} – Administrative & clinical support following serious illness or injury		Included	Included	Included

PREMIUMS

The amounts shown are semi-monthly amounts (24 payments/deductions per year):⁴

COVERAGE TIER	PLAN 1.1	PLAN 2.1	PLAN 3.1
Employee Only	\$2.81 (\$0.18 per day)	\$4.52 (\$0.30 per day)	\$6.35 (\$0.42 per day)
Employee & Spouse	\$4.41 (\$0.29 per day)	\$7.11 (\$0.47 per day)	\$10.00 (\$0.66 per day)
Employee & Child(ren)	\$4.71 (\$0.31 per day)	\$7.62 (\$0.50 per day)	\$10.70 (\$0.70 per day)
Employee & Family	\$7.41 (\$0.49 per day)	\$11.96 (\$0.79 per day)	\$16.79 (\$1.10 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You have a choice of plan options. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.
You may enroll from 11/8/2021 to 11/30/2021.

WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is 1/1/2022.

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

¹National Health Statistics Reports, November 2019. CDC/National Center for Health Statistics: <https://www.cdc.gov/nchs/data/nhsr/nhsr133-508.pdf>, as viewed as of 10/14/2020

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⁴Rates and/or benefits may be changed on a class basis.

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