

# GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



## Lone Oak Independent School District

### COVERAGE INFORMATION

You have a choice of two 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	PLAN 3
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
BENEFITS		PLAN 1	PLAN 3
EMERGENCY, HOSPITAL & TREATMENT CARE			
Accident Follow-Up	Up to 3 visits per accident	\$50	\$100
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$25	\$50
Ambulance – Air	Once per accident	\$600	\$1,200
Ambulance – Ground	Once per accident	\$200	\$400
Blood/Plasma/Platelets	Once per accident	\$150	\$300
Child Care	Up to 30 days per accident while insured is confined	\$25	\$30
Daily Hospital Confinement	Up to 365 days per lifetime	\$100	\$300
Daily ICU Confinement	Up to 30 days per accident	\$300	\$600
Diagnostic Exam	Once per accident	\$100	\$300
Emergency Dental	Once per accident	Up to \$150	Up to \$450
Emergency Room	Once per accident	\$100	\$200
Hospital Admission	Once per accident	\$500	\$1,500
Initial Physician Office Visit	Once per accident	\$50	\$100
Lodging	Up to 30 nights per lifetime	\$100	\$150
Medical Appliance	Once per accident	\$50	\$150
Rehabilitation Facility	Up to 15 days per lifetime	\$50	\$150
Transportation	Up to 3 trips per accident	\$200	\$500
Urgent Care	Once per accident	\$50	\$100
X-ray	Once per accident	\$50	\$75
SPECIFIED INJURY & SURGERY		PLAN 1	PLAN 3
Abdominal/Thoracic Surgery	Once per accident	\$1,000	\$2,000
Arthroscopic Surgery	Once per accident	\$200	\$400
Burn	Once per accident	Up to \$5,000	Up to \$15,000
Burn – Skin Graft	Once per accident for third degree burn(s)	25% of burn benefit	25% of burn benefit
Concussion	Up to 3 per year	\$100	\$200
Dislocation	Once per joint per lifetime	Up to \$2,000	Up to \$8,000
Eye Injury	Once per accident	Up to \$300	Up to \$600
Fracture	Once per bone per accident	Up to \$3,000	Up to \$9,000
Hernia Repair	Once per accident	\$100	\$200
Joint Replacement	Once per accident	\$1,500	\$3,000
Knee Cartilage	Once per accident	Up to \$500	Up to \$1,000
Laceration	Once per accident	Up to \$400	Up to \$600
Ruptured Disc	Once per accident	\$500	\$1,000
Tendon/Ligament/Rotator Cuff	Up to 2 per accident	Up to \$800	Up to \$1,500

CATASTROPHIC		OPTION 1	OPTION 3
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$20,000	\$50,000
Common Carrier Death	Within 90 days	3 times death benefit	3 times death benefit
Coma	Once per accident	\$5,000	\$15,000
Dismemberment	Once per accident	Up to \$20,000	Up to \$50,000
Home Health Care	Up to 30 days per accident	\$50	\$50
Paralysis	Once per accident	Up to \$5,000	Up to \$15,000
Prosthesis	Up to 2 per accident	Up to \$1,000	Up to \$2,000

## PREMIUMS

The amounts shown are MONTHLY amounts (12 payments/deductions per year):

COVERAGE TIER	PLAN 1	PLAN 3
Employee Only	\$6.61 (\$0.22 per day)	\$16.46 (\$0.54 per day)
Employee & Spouse	\$10.38 (\$0.34 per day)	\$25.84 (\$0.85 per day)
Employee & Child(ren)	\$10.71 (\$0.35 per day)	\$27.19 (\$0.89 per day)
Employee & Family	\$16.97 (\$0.56 per day)	\$42.83 (\$1.41 per day)

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active employee who works at least 20 hours per week on a regularly scheduled basis and are less than age 80.

### 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, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

### WHEN DOES THIS INSURANCE BEGIN?

The initial effective date of this coverage is September 1, 2017. Subject to any eligibility waiting period established by your employer, if you or your dependents are enrolled for coverage prior to this date, insurance will become effective on this date. If you or your dependents are enrolled for coverage after this date, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

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 dependent(s) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, 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.

<sup>1</sup>Rates and/or benefits may be changed.

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