

# GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



More than 3.5 million children ages 14 and younger get hurt annually playing sports or participating in recreational activities.<sup>1</sup>

## CITY OF LEE'S SUMMIT

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/employeebenefits](http://thehartford.com/employeebenefits)

## COVERAGE INFORMATION

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 2                   |
|--------------------------------------|--|--------------------------|
| Coverage Type                        |  | On and off-job (24 hour) |
| BENEFITS                             |  | PLAN 2                   |
| EMERGENCY, HOSPITAL & TREATMENT CARE |  |                          |
| Accident Follow-Up                   | Up to 3 visits per accident                          | \$75                     |
| Acupuncture/Chiropractic Care/PT     | Up to 10 visits each per accident                    | \$25                     |
| Ambulance – Air                      | Once per accident                                    | \$900                    |
| Ambulance – Ground                   | Once per accident                                    | \$300                    |
| Blood/Plasma/Platelets               | Once per accident                                    | \$200                    |
| Child Care                           | Up to 30 days per accident while insured is confined | \$25                     |
| Daily Hospital Confinement           | Up to 365 days per lifetime                          | \$200                    |
| Daily ICU Confinement                | Up to 30 days per accident                           | \$400                    |
| Diagnostic Exam                      | Once per accident                                    | \$200                    |
| Emergency Dental                     | Once per accident                                    | Up to \$300              |
| Emergency Room                       | Once per accident                                    | \$150                    |
| Hospital Admission                   | Once per accident                                    | \$1,000                  |
| Initial Physician Office Visit       | Once per accident                                    | \$75                     |
| Lodging                              | Up to 30 nights per lifetime                         | \$125                    |
| Medical Appliance                    | Once per accident                                    | \$100                    |
| Rehabilitation Facility              | Up to 15 days per lifetime                           | \$100                    |
| Transportation                       | Up to 3 trips per accident                           | \$300                    |
| Urgent Care                          | Once per accident                                    | \$75                     |
| X-ray                                | Once per accident                                    | \$50                     |

| SPECIFIED INJURY & SURGERY  |  | PLAN 2                |
|---|--|-----------------------|
| Abdominal/Thoracic Surgery  | Once per accident                            | \$1,500               |
| Arthroscopic Surgery  | Once per accident                            | \$300                 |
| Burn  | Once per accident                            | Up to \$10,000        |
| Burn – Skin Graft   | Once per accident for third degree burn(s)   | 25% of burn benefit   |
| Concussion  | Up to 3 per year                             | \$150                 |
| Dislocation   | Once per joint per lifetime                  | Up to \$4,000         |
| Eye Injury  | Once per accident                            | Up to \$400           |
| Fracture  | Once per bone per accident                   | Up to \$6,000         |
| Hernia Repair   | Once per accident                            | \$150                 |
| Joint Replacement   | Once per accident                            | \$2,000               |
| Knee Cartilage  | Once per accident                            | Up to \$750           |
| Laceration  | Once per accident                            | Up to \$600           |
| Ruptured Disc   | Once per accident                            | \$750                 |
| Tendon/Ligament/Rotator Cuff  | Once per accident                            | Up to \$1,000         |
| CATASTROPHIC  |  | PLAN 2                |
| Accidental Death  | Within 90 days; Spouse @ 50% and child @ 25% | \$30,000              |
| Common Carrier Death  | Within 90 days                               | 3 times death benefit |
| Coma  | Once per accident                            | Up to \$10,000        |
| Dismemberment   | Once per accident                            | Up to \$30,000        |
| Home Health Care  | Up to 30 days per accident                   | \$50                  |
| Paralysis   | Once per accident                            | Up to \$10,000        |
| Prosthesis  | Up to 2 per accident                         | Up to \$1,500         |
| FEATURES  |  | PLAN 2                |
| Ability Assist® EAP <sup>2</sup> – 24/7/365 access to help for financial, legal or emotional issues   |  | Included              |
| HealthChampion <sup>SM2</sup> – Administrative & clinical support following serious illness or injury |  | Included              |

## PREMIUMS

The amounts shown are BI-WEEKLY amounts (26 payments/deductions per year)<sup>3</sup>:

| COVERAGE TIER             | PLAN 2                   |
|---------------------------|--------------------------|
| Employee Only             | \$4.69 (\$0.33 per day)  |
| Employee & Spouse/Partner | \$7.38 (\$0.53 per day)  |
| Employee & Child(ren)     | \$7.74 (\$0.55 per day)  |
| Employee & Family         | \$12.21 (\$0.87 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 and are less than age 80.

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

### CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

### 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 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 from November 6<sup>th</sup>, 2017 to November 22<sup>nd</sup>, 2017.

### WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is January 1<sup>st</sup>, 2018.

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).

### 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>Sports Injury Statistics." Stanford Children's Health, n.d. Web. 30 June 2017. <http://www.stanfordchildrens.org/en/topic/default?id=sports-injury-statistics-90-P02787>

<sup>2</sup>HealthChampion<sup>SM</sup> and Ability Assist<sup>®</sup> services are provided through The Hartford by ComPsych<sup>®</sup>. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych.

<sup>3</sup>Rates and/or benefits may be changed.

### Prepare. Protect. Prevail. With The Hartford.®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. 5962g NS 08/16 © 2016 The Hartford Financial Services Group, Inc. All rights reserved.

This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent

