

# ACCIDENT

UNDERWRITTEN BY MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

SPECIALLY DESIGNED FOR THE EMPLOYEES OF:

## Kalispell Public Schools

### Benefit Highlights

**Benefit Payments**

Insured: 100% | Spouse: 100% | Child(ren): 100%

**Accident Limit**

**2 Accidents** during each group policy year

**Job Coverage**

**Non-Occupational**, off the job only

**Benefit Waiting Period**      **0** days

### Monthly Rates

	Rate
<b>Employee</b>	4.27
<b>Employee + Spouse</b>	8.70
<b>Employee + Child</b>	11.53
<b>Family</b>	17.81

### Key Features

**Premium Contribution**

Voluntary

**Insurance Portability**

Enables Insureds who have been continuously covered for 12 months prior to termination and under age 60 to continue insurance with the required premium payment until the group policy terminates, or Insured attains age 80

### Benefit Summary

**Per Accident, Per Calendar Year**

*Benefit availability will vary by state*

<b>INITIAL CARE &amp; TREATMENT</b>	Transfusion of Blood, Plasma & Platelets	\$75, limit 1
	Ground Ambulance	\$100
	Air Ambulance	\$250
	Outpatient Physician Office / Urgent Care	\$20, limit 1 visit
	Emergency Room	\$250 per visit, limit 1 per year
	Medical Appliances	\$50
	Therapy Services (physical, speech, occupational)	\$15 per visit, limit 1 visit
	Outpatient X-Ray	\$\$25
	Advanced Diagnostic Imaging	\$\$150
	Outpatient Surgery	\$\$100

This brochure is for Certificate of Insurance form number GACC-C-0819. For a complete list of benefits, limitations and exclusions, please see the Certificate of Insurance. **Not available in all states.**

# Benefit Summary

## Per Accident, Per Calendar Year

**Benefit availability will vary by state**

<b>INPATIENT</b>	First Day Hospital Admission	\$100 per first day, limit 1 per 12 months
<b>HOSPITAL CARE</b>	Hospital Stay	\$150 per day, limit 30 days
	ICU Stay	\$300 per day, limit 30 days
	Rehabilitation	\$50 per day, limit 5 days
	Miscellaneous Hospital Services	\$50
<b>FOLLOW UP CARE &amp; TREATMENT</b>	Prosthesis Device / Artificial Limb (one or multiple)	\$250 minimum per day, \$750 maximum per day
	Telemedicine Consult	\$10 per encounter, limit 1 encounter
	Outpatient Physician Office or Urgent Care	\$25 per visit, limit 1 day
	Pain Management (epidural anesthesia)	\$50
	Home Health Care	\$15 per visit, limit 5 visits
<b>FRACTURES</b> (complete break of bone)	Hip or Thigh	\$2,500
	Vertebrae	\$700
	Pelvis (except the tailbone)	\$700
	Skull Dented	\$3,500
	Skull Cracked	\$1,500
	Leg	\$700
	Foot, Ankle or Kneecap	\$350
	Forearm, Hand or Wrist (except fingers)	\$350
	Lower Jaw	\$350
	Shoulder Blade or Collar Bone	\$350
	Upper Arm or Upper Jaw	\$350
	Facial Bones (except teeth)	\$350
	Vertebral Processes	\$350
	Tailbone	\$250
	Rib (one or more)	\$250
Finger	\$50	
Toe	\$50	
<b>DISLOCATIONS</b> (bone separation at the joint)	Hip	\$1,000
	Knee (except knee cap)	\$750
	Shoulder	\$250
	Foot or Ankle	\$500
	Hand	\$250
	Lower Jaw	\$250
	Wrist	\$250
	Elbow	\$250
	Finger or Toe	\$100
	Collar Bone (treated near the center of chest)	\$500
Collar Bone (treated near the shoulder)	\$100	
<b>LACERATIONS</b>	Over 6 inches	\$200
	2 inches to 6 inches	\$50
	Under 2 inches	\$25
	Lacerations – no stitches	\$25

# Benefit Summary

## Per Accident, Per Calendar Year

*Benefit availability will vary by state*

### INJURIES

Concussions (once per 12-month period)	\$50
Coma	\$2,500
Emergency Dental Work - Repair with Crown	\$50
Emergency Dental Work - Extraction	\$25
Quadriplegia	\$5,000
Paraplegia	\$2,500
Hemiplegic	\$2,500

### INJURIES REQUIRING SURGERY

Eye Injury requiring surgical repair	\$75
Eye Injury - Removal of Foreign Body	\$20
Tendons, Ligaments, Rotator Cuff, Knee Cartilage	
- Single	\$200
- Multiple	\$400
Ruptured / Herniated Disc	\$100
Joint Replacement	\$3,000
Exploratory / Arthroscopic (without repair)	\$100
Hernia	\$100
Cranial, Abdominal, Thoracic (chest)	\$250

### BURNS

Second Degree less than 10%	\$50
Second Degree 10-34%	\$100
Second Degree 35% or more	\$200
Third Degree less than 10%	\$300
Third Degree 10-34%	\$500
Third Degree 35% or more	\$2,500

### ADDITIONAL ACCIDENT BENEFITS

Organized Sports (for a Dependent Child only) (a one-time benefit per Accident)	\$150
Accidental Death	Employee: \$20,000 Spouse: \$12,500 Child: \$12,500
Accidental Death - Common Carrier (public transportation)	Equal to 2X Accidental Death Benefit
Accidental Dismemberment: Loss of One Hand, Foot or entire eyesight in one Eye	\$10,000, each loss
Accidental Dismemberment: Loss of Multiple Hands, Feet or Eyesights	\$20,000

## SPECIFIC DETAILS

**UNDERWRITING:** Guaranteed Issue (GI).

**INSURANCE ENDS:** Insured and Spouse at age 80 / Children at 26.

**GUARANTEED ISSUE:** the amount of insurance that is available to insureds and dependents who apply for insurance within 31 days from the date they satisfy the eligibility requirements or become eligible during a Special Enrollment Period.

**ANNUAL ENROLLMENT:** Limited to one annual enrollment in a 12-month period.

**SPECIAL ENROLLMENT:** Eligible Persons and Dependents may apply upon loss of other accident benefits and eligibility changes.

**NO COORDINATION:** Benefits paid are not offset or coordinated with other health insurance or medical plan.

**SUPPLEMENTAL ONLY:** This insurance provides a limited benefit for certain accidents. It is not intended to qualify as the minimum essential coverage required by the Affordable Care Act (ACA).

## EXCLUSIONS

(Each exclusion may not be applicable in every state)

Benefits are not payable if the Accident is caused or contributed by, including, but not limited to: war or act of war, committing or attempting to commit a felony or being engaged in an illegal occupation, being confined in a penal or correctional facility, being on active duty or training in the military, being intoxicated or under the influence of any narcotic (unless administered on the advice of a Physician), an intentional self-inflicted injury, attempted suicide or voluntarily taking poison or inhaling gas, and handling or using an illegal weapon.

This brochure is for Certificate form number GACC-C-0819.

### **About Madison National Life Insurance Company, Inc.**

Founded in 1961, Madison National Life is headquartered in Madison, the rapidly growing capital city of Wisconsin. Madison National Life is licensed in 49 states and specializes in group life, disability and specialty health insurance. The company is a wholly owned subsidiary of Horace Mann Educators Corporation (NYSE:HMN), the largest financial services company focused on providing America's educators and school employees with insurance and retirement solutions.

At Madison National Life, we aim to help you strengthen your workforce. We are guided by this singular purpose each day. It drives the interaction with our distribution partners, group policyholders and insureds. We believe much value exists in doing business with an insurer that is very collaborative, relationship oriented, skilled at developing niche opportunities, and looks after its insureds throughout the claims process. This is Madison National Life.