



# ACCIDENT INSURANCE

Presented by



A personalized guide to understanding your Accident coverage



# ACCIDENT INSURANCE BENEFIT SUMMARY

## What is Accident Insurance?

This coverage pays benefits for injuries, such as cuts, broken bones, concussions and related expenses.

Accident Insurance is supplemental coverage that can complement your health insurance and help cover your out-of-pocket expenses. When you carry this coverage, if you have a covered accident, you are paid a total cash benefit that is based on the amount listed for each covered benefit and/or treatment. See the benefit schedule for additional details.

## Use your benefits any way you like.

Benefit proceeds can be used however you want, whether it's toward your mortgage, medical bills or student loans. It's up to you.

## Coverage highlights

- No health questions asked
- Affordable premiums
- Simplified claims-filing

## How does the coverage work?

When you carry Accident Insurance and have a covered accident, simply file an Accident claim with our Claims Care Team online, over the phone, or via US mail or fax. You'll be paid a total cash benefit based on the amount listed for each covered benefit and/or treatment.

### Benefit snapshot: Luis' goal

One night while playing a game with his local soccer league, Luis went for a goal that left him with a broken leg and a concussion. Fortunately, he'd enrolled in Accident Insurance. The benefit Luis received helped to offset his medical bills and cover other expenses, like time away from work, while he recovered.

#### Luis' Accident policy paid these benefits\*:

Ground ambulance:	\$200
Emergency room treatment:	\$200
Fracture (thigh, non-surgical):	\$2,000
Concussion:	\$300
Medical appliance:	\$125
Follow-up physician office visit (2):	\$200
<b>Total benefits paid:</b>	<b>\$3,025</b>

\*This example is for illustrative purposes only. Your plan details may vary. See your enrollment guide for more information around the specific benefits covered under your group's plan.



## What benefits are included in my coverage?

Your Accident Insurance includes a range of covered accidents and additional benefits, as outlined below. For more information, see your certificate.

ACCIDENT PLAN BENEFITS	Premier	Premier Plus
<b>Emergency and Initial Accident Treatment Benefits</b>		
<b>Ambulance</b>		
Ground	\$200	\$400
Air	\$600	\$1,200
Water	\$600	\$1,200
<b>Emergency Room Treatment</b>	\$200	\$300
<b>Urgent Care</b>	\$100	\$200
<b>Major Diagnostic Imaging</b>	\$100	\$100
<b>X-ray</b>	\$150	\$300
<b>Hospital Benefits</b>		
<b>Hospital Admission</b>	\$1,000	\$2,000
Daily Hospital Confinement	\$200	\$300
Maximum number of days	365	365
<b>Intensive Care Admission</b>	-	-
ICU Daily Confinement	\$400	\$600
Maximum number of days	365	365
<b>Specific Injury Benefit</b>		
<b>Fractures</b>		
Closed/Non-Surgical Treatment		
<i>Skull (except Bones of Face or Nose) Depressed</i>	\$2,000	\$4,000
<i>Hip, Thigh (Femur)</i>	\$2,000	\$4,000
<i>Vertebrae, Body of (excluding Vertebral Process)</i>	\$1,000	\$2,000
<i>Pelvis</i>	\$1,000	\$2,000
<i>Leg (Tibia and/or Fibula)</i>	\$1,000	\$2,000
<i>Upper Arm (Humerus)</i>	\$400	\$800
<i>Shoulder Blade</i>	\$320	\$640
<i>Collarbone</i>	\$400	\$800
<i>Upper Jaw, Maxilla (except Alveolar Process)</i>	\$400	\$800
<i>Lower Jaw, Mandible (except Alveolar Process)</i>	\$320	\$640
<i>Vertebral Process</i>	\$320	\$640
<i>Forearm (Ulna and/or Radius)</i>	\$320	\$640
<i>Hand, Wrist (except Fingers)</i>	\$320	\$640
<i>Kneecap</i>	\$320	\$640
<i>Foot (except Toes)</i>	\$320	\$640
<i>Ankle</i>	\$800	\$1,600
<i>Rib</i>	\$200	\$400
<i>Coccyx</i>	\$120	\$240
<i>Finger, Toe</i>	\$160	\$320
Enhancement for Open/Surgical Reduction	2x	2x
Chip Fractures	25%	25%



<b>Dislocations</b>		
Closed/Non-Surgical Treatment		
<i>Hip</i>	\$2,000	\$4,000
<i>Knee (other than Kneecap)</i>	\$1,200	\$2,400
<i>Shoulder</i>	\$320	\$640
<i>Kneecap</i>	\$320	\$640
<i>Ankle bone or bones of the foot</i>	\$1,000	\$2,000
<i>Elbow</i>	\$320	\$640
<i>Wrist</i>	\$320	\$640
<i>Bone or bones of the hand</i>	\$320	\$640
<i>Jawbone</i>	\$320	\$640
<i>Collarbone</i>	\$400	\$800
<i>One toe or finger</i>	\$160	\$320
Enhancement for Open/Surgical Reduction	2x	2x
Partial Dislocations	25%	25%
<b>Lacerations</b>		
No Repair	\$100	\$200
Repair - up to 2 inches	\$100	\$200
Repair - over 2 inches, up to 6 inches	\$100	\$200
Repair - over 6 inches	\$100	\$200
<b>Burns</b>		
2nd Degree Burns		
<i>At least 1%, but less than 20% of skin surface</i>	\$250	\$500
<i>20% or greater of skin surface</i>	\$250	\$500
3rd Degree Burns		
<i>Less than 5% of skin surface</i>	\$1,000	\$2,000
<i>At least 5%, but less than 20% of skin surface</i>	\$1,000	\$2,000
<i>20% or greater of skin surface</i>	\$1,000	\$2,000
<b>Skin Graft</b>		
Due to Burns (% of applicable Burn benefit)	50%	50%
Not due to Burns		
<i>At least 1%, but less than 20% of skin surface</i>	\$500	\$500
<i>20% or greater of skin surface</i>	\$500	\$500
<b>Concussion and Other Brain Injuries</b>	\$300	\$1,200
<b>Dental Benefit</b>	-	\$400
<b>Eye Injury Benefit</b>	\$200	\$400
<b>Surgery Benefits</b>		
<b>Outpatient Surgery Benefit</b>		
Facilities other than Physician Office or Emergency Room	-	\$400
Physician Office or Emergency Room	\$100	\$200
<b>Internal Injuries Surgical Benefits</b>		
Open Abdominal & Thoracic	\$1,000	\$2,000
Exploratory without Repair	\$150	\$300
<b>Tendon/Ligament/Rotator Cuff Surgical Benefit</b>		
Single	\$500	\$750
Multiple	\$750	\$1,100
Exploratory without Repair	\$150	\$300



<b>Torn Knee Cartilage Surgery Benefit</b>		
Torn with Surgical Repair	\$450	\$700
<b>Ruptured Disc with Surgical Repair</b>	\$450	\$700
<b>Anesthesia Benefit</b>		
General Anesthesia	\$200	\$400
<b>Medical Benefits</b>		
<b>Blood, Plasma &amp; Platelets Benefit</b>	\$300	\$500
<b>Prosthetic Device Benefit</b>		
One only	\$500	\$750
Two or more	\$1,000	\$1,500
<b>Appliances</b>	\$125	\$200
<b>Pain Management Benefit</b>	-	\$200
<b>Prescription Drug Benefit</b>	\$10	\$10
Maximum number of payments	1	1
<b>Follow-Up Care and Transportation Benefits</b>		
<b>Physician Office Visit</b>	\$100	\$150
Maximum number of visits	2	2
<b>Therapy Services (Occupational, Physical, Speech Therapy)</b>	\$30	\$40
Maximum number of visits	10	10
<b>Rehabilitation Unit Confinement</b>	\$100	\$125
Maximum number of days	90	90
<b>Transportation (per mile, minimum of 100 miles from residence)</b>	\$0.30	\$0.30
<b>Lodging</b>	\$100	\$150
maximum number of days	30	30
<b>Accidental Death Benefits</b>		
<b>Accidental Death</b>		
Employee	\$40,000	\$60,000
Spouse	\$20,000	\$30,000
Child(ren)	\$20,000	\$30,000
<b>Common Carrier Accidental Death</b>		
Employee	\$100,000	\$150,000
Spouse	\$50,000	\$75,000
Child(ren)	\$50,000	\$75,000
<b>Organ Donor Benefit</b>	\$5,000	\$5,000
<b>Accidental Dismemberment Benefits</b>		
<b>Dismemberment</b>		
Loss of Both Hands; OR Loss of Both Feet; OR Loss of One Hand and One Foot	\$15,000	\$20,000
Loss of One Hand; OR Loss of One Foot	\$7,500	\$10,000
Partial Dismemberment		
Loss of One or More Fingers or Toes	\$300	\$750
Partial Amputation of Finger or Toe	\$100	\$250
<b>Catastrophic Benefits</b>		
<b>Coma</b>	\$20,000	\$40,000



Additional Benefits	Benefit Range
<b>Organized Athletic Activity Benefit:</b> Benefit payment is increased by a set percentage for an accident resulting from participating in a covered athletic event, such as: club sports; collegiate sports; competitions; team practices; trainings & workout sessions	<b>10% standard</b> up to \$1,500 per accident
<b>Health Screening Benefit:</b> Benefit paid for eligible health screening tests & employer-sponsored wellness initiatives	<b>\$100</b> 2 tests per insured per year*

Examples of Eligible Screening Events			
Blood tests for triglycerides	Colonoscopy	Hepatitis B immunization	Sports physicals
Annual exam for adults	Bone marrow testing	HPV immunization	Stress test
Bone density screening	Chicken pox immunization	Mammography	Tetanus
Breast MRI	Fasting blood glucose test	Pap smear	Virtual colonoscopy
Carotid ultrasound	Flu vaccination	Pneumonia immunization	Well child visits
Concussion baseline testing	Dermatological screenings for skin cancer	Genetic screening for medical diagnosis & treatment	Serum cholesterol HDL/LDL

## How much does it cost?

See the rate chart below to calculate your coverage costs.

### Monthly Rates – Off-Job Only

	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
<b>Premier</b>	\$14.93	\$25.12	\$29.67	\$45.76
<b>Premier Plus</b>	\$22.80	\$37.31	\$48.54	\$74.55



## Exclusions & limitations

This is not a complete disclosure of plan qualifications and limitations. Benefits and riders may vary by state and may not be available in all states. In addition to any benefit-specific exclusion, benefits will not be paid for any loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following, unless coverage is specifically provided for by name in insurance certificate:

- An injury incurred while working for pay or profit (Off-Job coverage only);
- Intentionally self-inflicted injury, suicide, or any attempt or threat while sane or insane;
- Participating in war or any act of war whether declared or undeclared;
- Commission or attempt to commit a felony;
- Commission of or active participation in a riot, insurrection, or terrorist activity;
- Engaging in an illegal activity or occupation;
- Flight in, boarding, or alighting from an aircraft or any craft designed to fly above the earth's surface, including any travel beyond the earth's atmosphere except a fare-paying passenger on a regularly scheduled commercial or charter airline;
- Travel in or on any on-road and off-road motorized vehicle except a golf cart that does not require licensing as a motor vehicle;
- Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the covered person receives any compensation or remuneration;
- Sickness, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- Travel or activity outside the contiguous United States, Alaska, Hawaii and the territories and possessions of the United States, Canada, or Mexico;
- Voluntary ingestion or inhalation of any narcotic, drug, poison, gas, or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
- Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the State in which the covered accident occurred;
- Experimental or investigational procedures; and
- Care that is not recommended and approved by a physician



## Questions?

Contact your plan administrator with questions about the offered Accident coverage.

This document is meant to highlight some, but not all the features Wellfleet coverage provides. It is not an insurance contract. Wellfleet Workplace benefits provide limited benefits and are not a substitute for mandated ACA healthcare coverage. This coverage is available in: AL, AK, AZ, AR, DC, FL, GA, HI, IL, IA, KS, KY, LA, ME, MA, MS, MO, MT, NE, NV, NC, OH, OK, PA, RI, SC, SD, TN, TX, UT, VA, WV, WI and WY. Like most supplemental offerings, these benefits may have state-specific variations, and some product offerings and details may not be available in all states. Rates are subject to change. Wellfleet reserves the right to raise premium rates with proper notice, as noted in the policy. For complete details see your certificate.

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