

# GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million  
emergency  
department visits  
every year are  
caused by youth  
sports.<sup>1</sup>

## Columbia Public Schools

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](http://thehartford.com/employee-benefits/employees)

## 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                     |  | MID PLAN            | HIGH PLAN           |
|--------------------------------------|--|---------------------|---------------------|
| Coverage Type                        |  | Off-job only        | Off-job only        |
| BENEFITS                             |  | MID PLAN            | HIGH PLAN           |
| EMERGENCY, HOSPITAL & TREATMENT CARE |  |                     |                     |
| Accident Follow-Up                   | Up to 3 visits per accident                          | \$100               | \$150               |
| Accident Prevention Benefit          | Once per year for each covered person                | \$50                | \$50                |
| Acupuncture/Chiropractic Care/PT     | Up to 10 visits each per accident                    | Up to \$75          | Up to \$100         |
| Ambulance – Air                      | Once per accident                                    | \$2,000             | \$2,500             |
| Ambulance – Ground                   | Once per accident                                    | \$750               | \$1,000             |
| Blood/Plasma/Platelets               | Once per accident                                    | \$300               | \$400               |
| Child Care                           | Up to 30 days per accident while insured is confined | \$35                | \$50                |
| Daily Hospital Confinement           | Up to 365 days per lifetime                          | \$400               | \$600               |
| Daily ICU Confinement                | Up to 30 days per accident                           | \$600               | \$800               |
| Diagnostic Exam                      | Once per accident                                    | \$300               | \$400               |
| Emergency Dental                     | Once per accident                                    | Up to \$450         | Up to \$600         |
| Emergency Room                       | Once per accident                                    | \$200               | \$250               |
| Hospital Admission                   | Once per accident                                    | \$1,500             | \$2,000             |
| Initial Physician Office Visit       | Once per accident                                    | \$100               | \$150               |
| Lodging                              | Up to 30 nights per lifetime                         | \$150               | \$175               |
| Medical Appliance                    | Once per accident                                    | \$200               | \$300               |
| Rehabilitation Facility              | Up to 15 days per lifetime                           | \$300               | \$450               |
| Transportation                       | Up to 3 trips per accident                           | \$600               | \$800               |
| Urgent Care                          | Once per accident                                    | \$150               | \$200               |
| X-ray                                | Once per accident                                    | \$150               | \$200               |
| SPECIFIED INJURY & SURGERY           |  | MID PLAN            | HIGH PLAN           |
| Abdominal/Thoracic Surgery           | Once per accident                                    | \$3,000             | \$4,000             |
| Arthroscopic Surgery                 | Once per accident                                    | \$500               | \$750               |
| Burn                                 | Once per accident                                    | 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 |
| Concussion                           | Up to 3 per year                                     | \$200               | \$250               |
| Dislocation                          | Once per joint per lifetime                          | Up to \$8,000       | Up to \$12,000      |

|   |  |                 |                  |
|---|--|-----------------|------------------|
| Eye Injury  | Once per accident                            | Up to \$750     | Up to \$1,000    |
| Fracture  | Once per bone per accident                   | Up to \$10,000  | Up to \$12,000   |
| Hernia Repair   | Once per accident                            | \$400           | \$600            |
| Joint Replacement   | Once per accident                            | \$4,000         | \$6,000          |
| Knee Cartilage  | Once per accident                            | Up to \$2,000   | Up to \$3,000    |
| Laceration  | Once per accident                            | Up to \$1,000   | Up to \$1,500    |
| Ruptured Disc   | Once per accident                            | \$2,000         | \$3,000          |
| Tendon/Ligament/Rotator Cuff  | Once per accident                            | Up to \$2,000   | Up to \$3,000    |
| <b>CATASTROPHIC</b>   |  | <b>MID PLAN</b> | <b>HIGH PLAN</b> |
| Accidental Death  | Within 90 days; Spouse @ 50% and Child @ 25% | \$75,000        | \$100,000        |
| Common Carrier Death  | Within 90 days                               | \$150,000       | \$300,000        |
| Coma  | Once per accident                            | Up to \$15,000  | Up to \$20,000   |
| Home Health Care  | Up to 30 days per accident                   | \$75            | \$100            |
| Paralysis   | Once per accident                            | Up to \$75,000  | Up to \$100,000  |
| Prosthesis  | Once per accident                            | Up to \$3,000   | Up to \$4,000    |
| <b>FEATURES</b>   |  | <b>MID PLAN</b> | <b>HIGH PLAN</b> |
| Ability Assist® EAP <sup>2</sup> – 24/7/365 access to help for financial, legal or emotional issues   |  | Included        | Included         |
| HealthChampion <sup>SM3</sup> – Administrative & clinical support following serious illness or injury |  | Included        | Included         |

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 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.

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

Yes. Any reference to "spouse" in this document 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.

### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of completion of any eligibility waiting period established by your employer.

### WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, 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).

### 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.

<sup>1</sup>National Health Statistics Reports November 2018. CDC National Center for Health Statistics. <https://www.cdc.gov/nchs/data/nhsr/nhr133-598.pdf>, as viewed as of 10/14/2020

<sup>2</sup>Ability Assist® services are offered through The Hartford by ComPsych®. 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 and reserves the right to discontinue any of these services at any time. Ability Assist is a registered trademark of The Hartford. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

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## LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

### GROUP ACCIDENT INSURANCE LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

### NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

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This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. **IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

5562g 10/05/21 Accident Form Series includes 1201-2000 0213-2100 or state equivalent

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