

Accident

Administered by Symetra

Accident insurance is a type of insurance coverage that provides financial protection in the event of an accident resulting in injury or disability. It is designed to supplement existing health insurance plans by offering additional benefits specifically for accidents. Accident insurance typically covers medical expenses, hospital stays, emergency room visits, and other related costs. This type of insurance is especially beneficial for individuals who engage in high-risk activities or have physically demanding jobs, as it offers financial support during unexpected accidents. This is a 100% voluntary benefit.

The premium rates are as follows:

	Benefit Amount (per person, per accident unless otherwise noted)
Emergency Care & Diagnostics	
Ambulance: Ground / Air	\$400 Ground; \$1,500 Air
Emergency Room	\$400
Major Diagnostic Testing (MRI, CT Scan, EEG)	\$300
X-Ray	\$200
Pain Management/Epidural	\$250
Initial Doctor's Visit	\$400
Accident Hospitalization & Surgical Benefits	
Hospital Admission / ICU Admission	\$2,000 Hospital; \$4,000 ICU
Hospital Confinement / ICU Confinement	\$400 per day Hospital; \$1,200 per day ICU
Rehabilitation/Skilled Nursing Facility	\$350 per day
Blood/Plasma/Platelets	\$400
Surgery	Varies from \$300—\$3,000 Please refer to full plan summary
Transportation	\$500 per trip
Family Lodging	\$150 per night (up to 30 nights)
Coma	\$10,000 (after 7 day duration)
Follow Up Care	
Follow Up Doctor's Visit (6 visits per covered accident)	\$200
Physical Therapy (Up to 10 visits per accident)	\$100 per visit
Chiropractic Visit (Up to 10 visits per accident)	\$100 per visit
Medical Equipment (1 appliance per covered accident)	\$500
Prosthetic Device (1 device per covered accident)	\$2,000

Voluntary Benefit 100% Employee Paid	Monthly Employee Cost
Employee	\$8.34
Employee + Spouse	\$14.04
Employee + Child(ren)	\$16.69
Family	\$22.44

	Benefit Amount (per person, per accident unless otherwise noted)
Common Injuries & Other Benefits	
Burns	Varies from \$125—\$20,000 Please refer to full plan summary
Paralysis	Varies from \$3,750—\$15,000 Please refer to full plan summary
Lacerations	Varies from \$100—\$800 Please refer to full plan summary
Emergency Dental Work	\$150 extraction; \$300 crown repair
Eye Injuries (removal of foreign object/ surgery repair)	\$200
Specific Injuries (Ruptured Disc, Tendons/ Ligaments, Torn Knee Cartilage, Concussion)	Varies from \$200—\$900 Please refer to full plan summary
Dislocations	Varies from \$150—\$5,000 Please refer to full plan summary
Fractures	Varies from \$400—\$5,000 Please refer to full plan summary
Accidental Death & Dismemberment	Varies from \$2,500—\$50,000 Please refer to full plan summary
Child Organized Sports Benefit	Included: Additional 25% of accident benefits (\$5,000 per person/per accident maximum)

For more information and a full summary of this benefit,
please visit
<https://britehr.app/willmarindependentschool/1>