

Designed Especially for:

Tomball Independent School District



Accident Indemnity Plus



Receive a Benefit if You Have an Accident

An Accident Indemnity Plan:

- Covers 24 Hour (on and off the job) accidents
- Can cover you, your spouse and your children
- Pays benefits directly to you, in addition to any other coverage you may have, unless otherwise designated
- No limit to the number of accidents covered in a specified time frame*

Why Do I Need Accident Coverage?

“Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during leisure activities, and 44 percent occurred in or around the home.”

— Source: www.CDC.gov/nchs/fastats/accident-insury.htm; May 8, 2020

INITIAL CARE BENEFITS

Benefit Name and Description	Custom Enhanced
Urgent Care Payable for initial treatment within 60 days of a covered accident. Benefit paid once per covered accident and is not payable if Emergency Room Treatment benefit is paid for the same covered accident.	\$375
Doctor’s Office Care Payable for initial treatment within 60 days of a covered accident. Benefit paid once per covered accident and is not payable if Emergency Room Treatment benefit is paid for the same covered accident.	\$375
Emergency Room Care* Payable for injury due to a covered accident when a covered person requires examination and treatment by a doctor in a hospital emergency room within 30 days after covered accident.	\$375
Ground Ambulance Payable when covered person receives transportation in an ambulance by ground for an injury received as a result of a covered accident. The total amount payable for all ground ambulance services in connection with any one covered accident will not exceed the benefit chosen. One trip per accident.	\$300
Air Ambulance Payable when covered person receives transportation in an ambulance by air for an injury received as a result of a covered accident. Must be to a hospital. One trip per accident.	\$1,500

DIAGNOSTIC BENEFITS

Diagnostic Benefits Payable for x-ray, medical imaging (MRI, CT Scan) or EEG performed in a doctor’s office or hospital. Pays once per covered accident.	X-rays \$200 MRI/CT Scan/EEG \$350
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*Coverage for ER visits is limited to five per person per calendar year. Benefits and riders may vary by state and may not be available in all states.

Policy: M-8036

Underwritten by ManhattanLife Insurance and Annuity Company
CUSTOM-TBISD-AIP_0526

www.manhattanlife.com

IN-PATIENT CARE BENEFITS

Benefit Name and Description	Custom Enhanced
<p>Hospital Daily Non-ICU Confinement (Accident) Pays benefit if a covered person is confined as an inpatient in a hospital for an injury received because of a covered accident, for each day of Hospital Confinement starting with the first full day of confinement. A day is a 24-hour period. The benefit is limited to 365 days per accident.</p>	\$400
<p>Hospital Non-ICU Admission (Accident) Pays a benefit amount for covered person's first hospital confinement for an injury received as a result of a covered accident and at the direction of and under the supervision of a doctor. Benefit is limited to one per calendar year for each covered person. If confinement is a non-ICU admission, the covered person must be admitted to the hospital within 90 days after the accident for this benefit to be payable. If the Non-ICU Admission benefit is paid, the ICU Admission benefit is not.</p>	\$2,000
<p>Hospital ICU Admission (Accident) Pays a benefit amount for covered person's first hospital confinement for an injury received as a result of a covered accident and at the direction of and under the supervision of a doctor. Benefit is limited to one per calendar year for each covered person. If confinement is an ICU admission, the covered person must be admitted to the hospital within 10 days after the accident for this benefit to be payable. If the ICU Admission benefit is paid, the Non-ICU Admission benefit is not.</p>	\$4,000
<p>Hospital Daily ICU Confinement (Accident) Pays benefit if a covered person is confined as an inpatient in a hospital for an injury received because of a covered accident, for each day of hospital confinement starting with the first full day of confinement. A day is a 24-hour period. The benefit is limited to 365 days per accident.</p>	\$800
<p>Rehabilitation Admission Payable when a covered person is transferred to a hospital Rehabilitation Unit.</p>	\$1,000
<p>Rehabilitation Confinement Payable for each day a covered person is confined to a hospital Rehabilitation Unit for up to 30 days. Calendar year maximum 60 days.</p>	\$300
FOLLOW-UP CARE/TREATMENT BENEFITS	
<p>Physical/Occupational/Speech Therapy Pays a benefit amount each day a covered person receives physical, occupational, speech therapy for an injury received because of a covered accident. Therapy must begin within 90 days after the covered accident and completed within one year after the covered accident. Benefit is not payable for the same visit that the Accident Follow-Up benefit is paid. Maximum of 10 visits per accident.</p>	\$35
<p>Follow-Up Treatment Payable if: initial treatment was received within 30 days; it is doctor prescribed; and it occurs within 90 days of hospital discharge (if applicable). Maximum of four visits per accident.</p>	\$150
<p>Chiropractic Treatment Available if started within 60 days and completed within 180 days. Pays up to 10 visits per accident.</p>	\$70

MEDICALLY NECESSARY BENEFITS

Benefit Name and Description	Custom Enhanced
Blood and Plasma Payable if received within 90 days.	\$600
Prosthesis - One Payable for a covered device the covered person uses when needed, due to a covered accident. This includes one payment per accident based on the one or multiple prosthesis benefit.	\$1,250
Prosthesis - Multiple Payable for covered devices the covered person uses when needed, due to a covered accident. This includes one payment per accident based on the one or multiple prosthesis benefit.	\$2,000
Medical Appliances Payable for appliances used for aid in personal locomotion (crutches, wheelchairs, leg braces, back braces and walkers). Max one payment.	\$300

TRANSPORTATION/LODGING BENEFITS

Transportation Payable if the covered person needs care not available locally. The benefit is payable if a covered person is injured and requires a doctor-recommended hospital treatment or diagnostic study that is not available in the covered person's resident city. Use of such transportation must begin within 90 days after the covered accident date. Hospital treatment or diagnostic study must be greater than 50 miles from the covered person's residence. Maximum three trips per accident.	Train or Plane \$500 Bus \$500
Family Member Lodging Payable per night for an adult family member if the covered person is hospitalized more than 100 miles from home for a maximum of 30 nights.	\$200

MAJOR ACCIDENT BENEFITS

Accidental Death Payable to the named beneficiary. The employee is the beneficiary for all covered dependents. Spouse receives 50% of amount shown and child receives 50% of amount shown.	\$100,000
Dismemberment Payable according to a schedule based on the specific loss incurred. Spouse receives 50% of amount shown and child receives 50% of amount shown.	\$50,000
Common Carrier Provides an additional benefit if accident occurs while a fare paying passenger is on a commercial airline, passenger train or intercity bus line.	\$200,000

BURN BENEFITS

Burns Payable for second and third degree burns according to a schedule if treatment is received within 30 days.	2nd Degree \$500 - \$1,500 3rd Degree \$3,000 - \$27,000
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EMERGENCY DENTAL/VISION BENEFITS

Benefit Name and Description	Custom Enhanced
<p>Eye Injuries Payable if surgical repair is performed within 90 days or a foreign body is removed from the eye, by a doctor, with or without anesthesia.</p>	<p>Surgical Repair \$400</p> <p>Removal of Foreign Body \$150</p>
<p>Emergency Dental Work Payable for injury to sound natural teeth as a result of a covered accident.</p>	<p>Repaired with Crown \$300</p> <p>Resulting in Extraction \$100</p>

LACERATION BENEFITS

<p>Laceration Benefit Payable according to schedule of length provided that treatment is received within 30 days.</p>	<p>Over 6 Inches \$700</p> <p>2 – 6 Inches \$500</p> <p>Under 2 Inches \$200</p> <p>Not Requiring Stitches \$50</p>
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ORTHOPEDIC BENEFITS

<p>Fracture Payable according to a schedule if diagnosed and treated by a doctor within 90 days. A chipped bone is 25% of scheduled benefit. Open reduction is 200% of closed reduction.</p>	<p>Minimum \$500</p> <p>Maximum \$8,250</p>
<p>Dislocation Payable according to a schedule if diagnosed and treated by a doctor within 90 days. A partial dislocation is 25% of scheduled benefit. Open reduction is 200% of closed reduction.</p>	<p>Minimum \$300</p> <p>Maximum \$6,000</p>
<p>Repaired Ligaments Payable if treatment is received within 60 days and surgical repair is performed within 90 days.</p>	<p>Single \$1,000</p> <p>Multiple \$2,000</p>
<p>Repaired Knee Cartilage Payable if treatment is received within 60 days and surgical repair is performed within one year.</p>	<p>Single \$1,000</p> <p>Multiple \$1,000</p>
<p>Repaired Tendon Payable if treatment is received within 60 days and surgical repair is performed within 90 days.</p>	<p>Single \$1,000</p> <p>Multiple \$2,000</p>
<p>Repaired Rotator Cuff Payable if surgical repair is performed within one year.</p>	<p>Single \$1,000</p> <p>Multiple \$2,000</p>
<p>Ruptured Disc Payable if treatment is received within 60 days and surgical repair is performed within one year.</p>	<p>\$1,000</p>

ORTHOPEDIC BENEFITS

Benefit Name and Description	Custom Enhanced
<p>Exploratory Surgery Without Repair Payable if an injury received because of a covered accident requires exploratory surgery that doesn't require surgical repair.</p>	\$500

HEAD AND SPINE BENEFITS

<p>Concussion Payable if diagnosed within 30 days using medical imaging (such as x-ray, CT Scan or MRI).</p>	\$600
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ADDITIONAL BENEFITS

<p>Coma Payable if the comatose state lasts more than 30 days and diagnosis indicates that permanent neurological deficit is present. Paid once per covered person per covered accident.</p>	\$20,000
<p>Paralysis (Monoplegia/Paraplegia/Quadriplegia) Payable if paralysis lasts more than 90 days and is diagnosed by a doctor within those 90 days.</p>	<p>Monoplegia \$500</p> <p>Paraplegia \$10,000</p> <p>Quadriplegia \$20,000</p>
<p>Total Disability Premium Waiver Waives premiums after being disabled for three consecutive months and disability starts before the Certificate anniversary prior to the 65th birthday. Limit of 12 months per disability.</p>	Included
<p>Portability Employees are able to continue their coverage if they leave their employer, as long as master contract remains in force. Coverage is portable assuming the following parameters are met: employee is less than 70, insured is not totally disabled and master policy issued to the employer is active. Employees on ported coverage terminated at age 70. Dependents on ported certificates terminate when the spouse attained age is 70 or the child attained age is 25, or when the primary insured's insurance terminates.</p>	Included

RIDERS

<p>Organized Sports Benefit - Adults and Children Pays an additional 25% of the total benefit paid when covered person/eligible dependent child suffers an injury received as a result of a covered accident, while participating in an organized sports event or scheduled practice. The dependent child is age 18 or younger. The certificate holder provides proof of the covered person/eligible dependent child's registration in the organized sports event. The benefit is paid once per covered accident per covered person/eligible dependent child.</p>	Additional 25% up to \$1,000
<p>On-the-Job (24 Hour Insurance) Benefit Pays a benefit for injuries, due to an accident, that are covered by Worker's Compensation or occupational disease law.</p>	Included

RIDERS

Benefit Name and Description	Custom Enhanced
<p>Wellness Screening Pays a cash benefit when a member has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.</p>	\$75
<p>Ambulatory Surgical Pays a benefit for the day surgery is performed in an ambulatory surgical center facility or outpatient hospital facility on an insured person because of a covered accident. This benefit is payable only once per covered accident. Two or more surgeries performed during the same ambulatory surgery session are considered one surgery.</p>	\$500
<p>Epidural Pain Management Pays a benefit if any insured person is prescribed, receives and incurs a charge for an epidural administered for pain management in a hospital or doctor's office for injuries sustained in an accident. This benefit is not payable for an epidural administered during a surgical procedure. The benefit is paid once per accident per insured person.</p>	\$200
<p>Gunshot Wound Pays a benefit if the primary insured is injured by one or more gunshot wounds and did not intentionally shoot themselves. The wound(s) must be caused by a shot from a conventional firearm. The wound(s) must require treatment by a doctor, including confinement within 24 hours and surgery within 72 hours after the injury. This benefit will only be paid once per accident.</p>	\$2,000
<p>Open Abdominal/Thoracic/Cranial Surgery Pays a benefit if any insured person has an open abdominal, thoracic or cranial surgery provided by a doctor to repair an internal injury within 72 hours of the accident. This benefit is payable once per accident. Two or more surgeries performed during the same ambulatory surgery session will be considered one surgery. Hernia repair will not be covered.</p>	\$2,000
<p>Walk-In Clinic/Telemedicine Provides a benefit if a covered person receives initial treatment and/or advice by a doctor in a walk-in clinic or by way of a telemedicine consultation for an injury received as a result of a covered accident. The treatment must be within 60 days of the covered accident, and the services provided must be the result of a covered accident and not for routine examinations or preventative testing. This benefit is not payable if the Emergency Room Treatment benefit is paid for the same covered accident. Pays benefit one time per covered accident.</p>	\$150
<p>Animal Bite Treatment Provides a benefit if the covered person sustains an animal bite and needs an anti-venom, tetanus or rabies shot. Treatment must take place within 30 days after the accidental injury. If more than one type of shot is received, only the benefit of the highest amount is payable. Maximum of one benefit per accident.</p>	<p>Tetanus Shot \$100</p> <p>Anti-Venom Shot \$200</p> <p>Rabies Shot \$300</p>

RIDERS

Benefit Name and Description	Custom Enhanced
Home and Vehicle Alteration Pays a benefit if the covered person sustains an injury that results in dismemberment or paralysis and the following conditions are met: 1) a doctor must prescribe that the covered person have their primary home or vehicle altered to maintain an independent lifestyle, 2) the installation is done by a licensed contractor who is not the covered person or their family member, and 3) a written receipt for the alteration is received within 365 days after the covered accident. Maximum of one alteration per covered accident.	\$1,500
Service Dog Provides a benefit if a doctor recommends that the covered person would benefit from a service dog due to an accidental injury and a service dog is placed with them. The covered person must be a covered person when the service dog is placed with them, the service dog must be purchased from an organization accredited by Assistance Dogs International (ADI) or the International Guide Dog Federation (IGDF) and must provide proof of purchase. Max of one service dog per lifetime.	\$1,500
Post-Traumatic Stress Disorder (PTSD) Pays a benefit if the covered person receives a diagnosis of PTSD from a doctor due to accidental injury. The diagnosis of PTSD must be received within 365 days after the accidental injury. This benefit is payable for the diagnosis only, and not payable for treatment of PTSD. Maximum of one diagnosis per lifetime.	\$500

Benefits and riders may vary by state and may not be available in all states.

IMPORTANT NOTICE: The Insurance coverage provided under the policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and it does not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Act. This is not a complete disclosure of plan qualifications and limitations. For a complete list of limitations and exclusions, please refer to www.ManhattanLife.com/Disclosure. Please review this information before applying for coverage. The benefits provided depend on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS.

Accident Rates

Tomball Independent School District

Monthly (12) Premium

Benefit	Employee Only	Employee & Spouse	Employee & Children	Family
Custom Enhanced	\$17.45	\$24.83	\$27.64	\$35.00

Note: Final implementation rate may vary slightly due to rounding.