

Accident

You do everything you can to stay active and healthy, but accidents happen every day. An injury that hurts an arm or a leg can hurt your finances too. Chubb Accident pays cash benefits directly to you regardless of any other coverage you have. Benefits can be used to help cover health plan gaps for out-of-pocket expenses like deductibles, copays, and coinsurance.

Coverage Type	24-Hour
Sports Package	25%
First Accident	\$100 payable benefit
Initial Care Benefits	Payable Benefit
Emergency Room	\$400
Urgent Care	\$200
Initial Dr. Visit	\$200
Telemedicine Services	\$150
Hospital/Facility Benefits	Payable Benefit
Standard Hospital Admission	\$3,000
ICU Hospital Admission	\$6,000
Hospital Confinement (per day, up to 365 days)	\$750
ICU Confinement (per day, up to 30 days)	\$1,500
Step Down Intensive Care Unit Daily	\$750
Outpatient Surgery Facility	\$75
Rehab Confinement (per day, up to 30 days)	\$225
Recovery Benefit (per day)	\$50
No. of Days	7
Additional Benefits	Payable Benefit
Accidental Death *	
Employee	\$100,000
Spouse	\$100,000
Child	\$50,000
Common Carrier	2X
Ambulance (air)	\$3,000
Ambulance (ground)	\$600
Animal Bite Treatment	
Anti- Venom Shot	\$200
Tetanus Shot	\$100
Rabies Shot	\$300
Maximum Shots Per Accident	1
Appliance	\$300
Blood, Plasma, Platelets	\$600
Burns	Up to \$20,000
Skin Graft	50%

*Under Accidental Death Benefit, double indemnity paid if you die on the job from an accident.

Additional Benefits	Payable Benefit
Chiropractic Care (per visit)	\$75
Maximum Visits Per Accident	5
Maximum Visits Per Plan Year	30
Coma	\$10,000
Induced Coma	\$500
Dislocations (up to)	\$12,000
Partial	25%
Emergency Dental	Up to \$500
Eye Injury	\$500
Family Care (up to 30 days)	\$75 per day, per child in child care center
Follow-up Treatment (per visit)	\$150
Maximum Visits	6
Fractures (up to)	\$16,500
Gunshot Wound	\$2,000
Herniated Disc Surgery	\$1,500
Inpatient Sickness Rider	
Hospital Admission	\$500
Hospital Stay (Max 90 Days)	\$300
Knee Cartilage - Torn	\$1,500
Lab Work	\$50
Lacerations	\$50-\$800
Lodging (per night, 100 or more miles)	\$300
Loss of Hands, Feet, Sight	\$30,000
Loss of Fingers or Toes	\$4,000
Loss of Ability to Speak	\$20,000
Loss of Ability to Hear (per ear)	\$15,000
Major Diagnostic Exam (CT, MRI, etc.)	\$300
Medical Supplies	\$50
Medicine Benefit	\$50
Observation Unit	\$100
Outpatient Physician Treatment & Preventive Care Benefit	\$100
Pain Management	\$75
Paralysis	
Monoplegia	\$5,000
Diplegia	\$10,000
Two limbs (paraplegia, hemiplegia, or triplegia)	\$30,000
Four limbs (quadriplegia)	\$50,000
Post - Traumatic Stress Disorder	\$500
Maximum Visits	6
Prosthetics	
One Limb	\$1,000
Multiple Limbs	\$2,000
Residence/Vehicle Modification	\$1,500
Service Dog	\$1,500
Surgery - Abdominal, Cranial and Thoracic	\$3,750
Hernia	\$300
Arthroscopic or Exploratory	\$400
Non Specified Surgery- Inpatient and Outpatient	\$500

Additional Benefits	Payable Benefit
Tendon, Ligament, Rotator Cuff Repair (One)	\$1,200
Tendon Ligament, Rotator Cuff Repair (Two or more)	\$1,800
Therapy – Physical, Occupational, or Speech	\$100
Maximum Visits	6
Transportation (per trip, 100 or more miles)	\$900
Traumatic Brain Injury	\$300
Waiver of Premium	Included
X-Ray	\$150

Exclusions and Limitations*

No benefits will be paid for services rendered by a member of the Immediate Family of a Covered Person. No benefits will be paid for an injury that is caused by, contributed to, or occurs as a result of a Covered Person's: 1) being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction in which the accident occurred); 2) participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place); 3) committing or attempting to commit suicide or intentionally injuring himself or herself; 4) having dental treatment, except for such care or treatment due to injury to sound natural teeth within twelve (12) months of the Covered Accident; 5) being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto; 6) participation in any contest using any type of motorized vehicle. No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

Rates

Monthly Premiums	
Employee	\$16.49
Employee + Spouse	\$28.57
Employee + Children	\$28.63
Family	\$41.14

*Please refer to your Certificate of Insurance for a complete listing of available benefits, limitations and exclusions. Underwritten by ACE Property & Casualty Company, a Chubb company.

This information is a brief description of the important benefits and features of the insurance plan. It is not an insurance contract. This is an accident only policy and does not pay benefits for loss from sickness.