

# Accident insurance

## Plan design and rates

### Accident Insurance plan design

Eligible employees	All Full-Time United States Employees working in the United States who are scheduled to work a minimum of 20 hours per week	
Effective Date	January 1, 2022	
Participation requirement	5 enrolled employees	
	<b>Class 1</b>	
Class description	All Eligible Employees	
Eligibility Waiting Period	First of the month following 60 days of employment	
Contributions	Contributory	
Member direct billing	Not included	
<b>Covered benefits</b>		
<b>Life and Dismemberment Losses *</b>		
Accidental Death	\$25,000	
Accidental Death Common Carrier	\$100,000	
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$15,000	
One hand, one foot, one leg, one arm	\$7,500	
Loss of sight of one eye or loss of one eye	\$7,500	
Two or more fingers or toes	\$1,500	
One finger or one toe	\$750	
<b>Dislocations</b>		
	<b>Open</b>	<b>Closed</b>
Hip	\$4,000	\$2,000
Knee, ankle, or bones of the foot	\$2,000	\$1,000
Elbow, wrist or Lower jaw	\$800	\$400
Shoulder	\$1,000	\$500
Collarbone or bones of the hand	\$1,600	\$800
Finger(s) or toe(s)	\$200	\$100
<b>Fractures</b>		
	<b>Open</b>	<b>Closed</b>

Group Accident Insurance is underwritten by  
Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series  
12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, 16-AC-C-01 and 16-ACPort-C-01 subject to state availability.

Hip or thigh	\$4,000	\$2,000
Skull-depressed	\$6,000	\$3,000
Skull-simple	\$3,000	\$1,500
Vertebral processes, Bones of the face or Nose	\$700	\$350
Leg	\$2,000	\$1,000
Vertebrae, Sternum or Pelvis	\$1,600	\$800
Upper jaw or upper arm	\$750	\$375
Lower jaw, Collarbone, Shoulder, Forearm, Hand, Wrist, Foot, Ankle, Kneecap, Elbow or Heel	\$650	\$325
Rib, Finger, Toe or Coccyx	\$350	\$175
Multiple ribs	\$1,000	\$500
<b>Additional Injuries</b>		
Eye Injury - surgical repair		\$250
Eye Injury - object remove		\$250
Gunshot wound		\$500
Paralysis—paraplegia		\$25,000
Paralysis—quadriplegia		\$50,000
Coma		\$10,000
Concussion		\$100
<b>Lacerations</b>		
No sutures and treated by doctor		\$35
Single laceration under 5 cm with sutures		\$65
5-15 cm with sutures (total of all lacerations)		\$250
Greater than 15 cm with sutures (total of all lacerations)		\$500
<b>Burns</b>		
	<b>2nd Degree</b>	<b>3rd Degree</b>
20-40 square centimeters	\$400	\$1,000
40-65 square centimeters	\$800	\$2,000
65-160 square centimeters	\$1,200	\$6,000
160-225 square centimeters	\$1,600	\$14,000
More than 225 square centimeters	\$2,000	\$20,000
Skin graft	50% of the applicable Burn Benefit	
<b>Medical Services</b>		

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Diagnostic Exam Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$200
Diagnostic Exam X-ray (1 time per covered accident)	\$30
Accident Emergency Treatment, non- emergency room (once per covered accident)	\$50
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$25
Physical Therapy (per visit up to 10 visits per covered accident)	\$25
Medical Devices	\$125
Epidural Pain Management (up to 2 times per covered accident)	\$50
Prescription drug	\$25
Prosthesis (one)	\$500
Prosthesis (two)	\$1,000
Blood, Plasma, or Platelet Transfusion	\$200
<b>Hospital</b>	
Hospital Admission (once per benefit year)	\$1,000
Hospital Confinement (per day up to 365 days per covered accident)	\$250
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$1,500
Intensive Care Unit Confinement (per day up to 14 days, payable in addition to any Hospital Confinement benefit)	\$500
Ambulance (Ground)	\$200
Ambulance (Air)	\$1,500
Emergency Room Admission	\$150
Family Lodging (per day up to 30 days per benefit year)	\$100
Transportation (100 or more miles up to 3 times per covered accident)	\$500
Rehabilitation Unit (per day up to 30 days per covered accident)	\$100
<b>Surgery</b>	
Miscellaneous Surgery requiring general anesthesia (not covered by any other benefit)	\$300
Open Surgery	\$1,250
Exploratory Surgery or Debridement	\$250
Tendon/Ligament/Rotator Cuff Tear	\$625
Torn Knee Cartilage	\$625
Ruptured/Herniated Disc	\$625
<b>Emergency Dental</b>	

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Emergency Dental extraction	\$65
Emergency Dental crown	\$200
<b>Wellness</b>	
Wellness Screening Benefit (once per benefit year)	\$50

Unless otherwise specified, the above benefits will be payable only once for each Covered Accident as applicable.

\* Life and dismemberment losses: Benefits displayed are payable for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

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## Accident Plan monthly rates

	High / Off Job
	Off Job
Employee only	\$11.19
Employee and Spouse	\$19.32
Employee and Children	\$21.93
Employee and Family	\$30.06

### Included in this plan:

- 12-month rate guarantee from the Effective Date.
- Portability
- Coverage options
  - Employee, spouse, and dependent children

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