

Accident Insurance

ProHealth Care Inc. | All Eligible Employees

Protect your savings against an accident

Even a broken arm can result in medical costs not covered by your health plan. Accident insurance helps to protect your finances after a mishap. It pays you cash for covered accidents and treatments. You can use the money to help pay out-of-pocket medical costs or everyday expenses.

How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

The benefit schedule on the following pages lists what the plan pays for covered accidents.

You can elect coverage for:

You	You and your spouse
You and your children	You and your family

Additional features

- **This plan pays a \$50 wellness screening benefit each year once you provide proof of an eligible health screening. We'll pay for a dependent screening too.** The application is easy to fill out and includes common screenings, like certain blood tests; Pap smear; skin cancer screening; Lipid panels; cardiac exercise stress test; Electrocardiogram (ECG); Immunizations and interscholastic sports physical exam. (Availability of benefit and covered tests may vary by state.)
- Provides coverage for on- and off-the-job accidents
- Benefits are payable directly to you, the employee
- This plan pays benefits in addition to any other coverage you may have
- There are no health questions or pre-existing conditions limitations



What did Accident insurance mean for the Smiths?

This family of five is no stranger to sports accidents. Last June, their daughter Julie who is the top scorer on her soccer team tore her ACL and required surgery. Their son Robert fell and fractured his arm playing basketball that same year.

- The Smiths submitted claims for each child's ER visit, x-ray, physician appointments, and Julie's surgery.
- We reviewed the claim medical information, including details from their physicians, and approved the claims.
- The cash benefits helped the Smith family meet their medical deductible.

*Falls are the leading cause of injury treated in emergency rooms every year, for people of all ages.**



Benefit schedule

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance's effective date. Unless otherwise specified, benefits are payable only once for each Covered Accident as applicable. The full list of benefits is listed here. Choose the plan that best meet your needs and your budget.

Benefit	Low Plan		High Plan	
<i>Life and Dismemberment Losses (shown for employee only*)</i>				
Accidental Death	\$15,000		\$25,000	
Accidental Death Common Carrier	\$30,000		\$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		\$25,000	
Loss of one hand, foot, leg, or arm	\$7,500		\$15,000	
Loss of sight of one eye or loss of one eye	\$7,500		\$15,000	
Two or more fingers or toes	\$1,500		\$3,000	
One finger or one toe	\$750		\$1,500	
Loss of hearing of one ear or loss of one ear	\$2,500		\$5,000	
Dislocations	Open (surgery)	Closed (no surgery)	Open (surgery)	Closed (no surgery)
Hip	\$4,000	\$2,000	\$8,000	\$4,000
Knee, ankle, bones of the foot	\$2,000	\$1,000	\$3,000	\$1,500
Elbow or wrist	\$800	\$400	\$2,000	\$1,000
Shoulder	\$1,000	\$500	\$2,000	\$1,000
Collarbone, bones of the hand	\$1,600	\$800	\$2,000	\$1,000
Finger(s) or toe(s)	\$200	\$100	\$400	\$200
Lower jaw	\$800	\$400	\$2,000	\$1,000
Fractures	Open (surgery)	Closed (no surgery)	Open (surgery)	Closed (no surgery)
Hip or thigh	\$4,000	\$2,000	\$6,000	\$3,000
Skull-depressed	\$6,000	\$3,000	\$7,500	\$3,750
Skull-simple	\$3,000	\$1,500	\$4,000	\$2,000
Vertebral process	\$700	\$350	\$1,500	\$750
Bones of the face	\$700	\$350	\$1,500	\$750
Bones of the nose	\$700	\$350	\$1,500	\$750
Leg	\$2,000	\$1,000	\$3,000	\$1,500
Vertebrae, Sternum	\$1,600	\$800	\$2,400	\$1,200
Pelvis	\$1,600	\$800	\$2,400	\$1,200
Upper jaw or upper arm	\$800	\$400	\$1,500	\$750
Lower jaw	\$700	\$350	\$1,500	\$750
Collarbone	\$700	\$350	\$1,500	\$750
Shoulder	\$700	\$350	\$1,500	\$750
Forearm	\$700	\$350	\$1,500	\$750
Hand	\$700	\$350	\$1,500	\$750
Foot	\$700	\$350	\$1,500	\$750
Ankle	\$700	\$350	\$1,500	\$750
Kneecap	\$700	\$350	\$1,500	\$750
Elbow	\$700	\$350	\$1,500	\$750
Heel	\$700	\$350	\$1,500	\$750
Rib	\$400	\$200	\$600	\$300
Finger	\$400	\$200	\$600	\$300
Toe	\$400	\$200	\$600	\$300
Coccyx	\$400	\$200	\$600	\$300
Multiple ribs	\$1,000	\$500	\$1,500	\$750

Additional Injuries				
Eye injury – Surgery		\$200		\$300
Eye Injury – Object remove		\$200		\$300
Brain Injury		\$500		\$500
Paralysis – paraplegia		\$5,000		\$12,500
Paralysis – quadriplegia		\$10,000		\$20,000
Coma		\$5,000		\$10,000
Concussion		\$100		\$200
Lacerations				
No sutures treated by doctor		\$20		\$35
Single laceration under 5 cm with sutures		\$35		\$65
5 to 15 cm with sutures (total of all lacerations)		\$125		\$250
Greater than 15 cm with sutures (total of all lacerations)		\$500		\$700
Burns				
	2nd degree	3rd degree	2nd degree	3rd degree
21 to 40 square centimeters	\$200	\$500	\$300	\$750
41-65 sq cm	\$400	\$1,000	\$600	\$1,500
66-160 sq cm	\$600	\$3,000	\$800	\$4,500
161-225 sq cm	\$800	\$7,000	\$1,200	\$10,000
More than 225 sq cm	\$1,000	\$10,000	\$1,500	\$15,000
Skin graft	50% of the Burn benefit			
Medical Services				
Diagnostic Exam: CT, CAT, MRI, EEG, EKG		\$100		\$200
X-ray (1 time per benefit year)		\$50		\$100
Emergency treatment in a non-emergency room		\$100		\$200
Physician's follow-up office visit (per visit, up to 6 visits per Covered Accident)		\$50		\$100
Physical Therapy per visit (up to 10 visits per Covered Accident)		\$25		\$50
Medical Devices		\$200		\$400
Epidural (up to 2 injections per Covered Accident)		\$50		\$100
Prescription Drug		\$15		\$35
Prosthesis – one		\$500		\$750
Prosthesis – two		\$1,000		\$1,500
Blood, Plasma or Platelet Transfusion		\$100		\$200
Hospital				
Hospital Admission		\$1,000		\$1,500
Hospital Confinement per day (up to 365 days per Covered Accident)		\$200		\$300
ICU Admission		\$1,500		\$2,000
ICU per day (up to 14 days)		\$200		\$300
Ambulance Ground		\$300		\$400
Ambulance Air		\$1,000		\$1,500
Emergency Room Admission		\$100		\$200
Family Lodging per day (up to 30 days per benefit year)		\$50		\$100
Transportation (100 or more miles up to 3 times per Covered Accident)		\$250		\$500
Rehab per day (per day, up to 30 days per Covered Accident)		\$50		\$100
Surgery				
Miscellaneous surgery		\$300		\$750
Open surgery		\$1,000		\$1,500
Exploratory surgery or debridement		\$250		\$500
Tendon/ligament/rotator cuff tear single		\$500		\$750
Ruptured / herniated disc		\$500		\$750
Torn knee cartilage		\$500		\$750
Emergency Dental				
Emergency dental extraction		\$30		\$65
Emergency dental crown		\$100		\$200
Wellness				
Wellness Screening (1 per year)		\$50		\$50

*Benefits displayed for life and dismemberment are 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.

Accident FAQs

What happens if I am injured?

Once your claim is approved, Accident insurance pays you a benefit amount if you are hurt or receive treatment as a result of a covered accident. The benefit amount you receive depends on your injury and/or the treatment you receive. Benefits are payable only once for each Covered Accident (unless noted otherwise in the benefit schedule).

Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your certificate for details.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

How do I file a claim?

We will ask for information from you and your doctor about the specific accident and the treatment provided. You can download forms from our website. Please complete and sign all forms. Missing information or signatures can delay your claim.

Accident insurance is a limited benefit policy. The certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.

Read the important plan provisions section for more information including limitations and exclusions.

*Health, United States, 2016," US Department of Health and Human Services, Table 75.

Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”) and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Accident

We will not pay a benefit that is due to or results from: suicide while sane or insane; intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger; work-related illness or injuries unless you are enrolled in 24-hour coverage.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, “Sun Life Financial” or “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

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Rate Sheet

Coverage and **semi-monthly** rate for Accident Insurance.

Accident coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Low Plan:

Coverage	Semi-Monthly Cost*
Employee	\$3.07
Employee + Spouse	\$5.13
Employee + Child(ren)	\$5.98
Employee + Family	\$8.04

High Plan:

Coverage	Semi-Monthly Cost*
Employee	\$4.75
Employee + Spouse	\$8.41
Employee + Child(ren)	\$9.86
Employee + Family	\$13.52

*The rate is in effect for January 1, 2024. Contact your employer to confirm the portion of the cost for which you will be responsible.