

# GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Dennis Stephens, CLU  
AllFeds.com  
888-330-1790

FEDADVANTAGE



## COVERAGE INFORMATION

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		PLAN 1
Coverage Type		On and off-job (24 hour)
BENEFITS		PLAN 1
EMERGENCY, HOSPITAL & TREATMENT CARE		PLAN 1
Accident Follow-Up	Up to 3 visits per accident	\$50
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$25
Ambulance – Air	Once per accident	\$600
Ambulance – Ground	Once per accident	\$200
Blood/Plasma/Platelets	Once per accident	\$150
Child Care	Up to 30 days per accident while insured is confined	\$25
Daily Hospital Confinement	Up to 365 days per lifetime	\$100
Daily ICU Confinement	Up to 30 days per accident	\$300
Diagnostic Exam	Once per accident	\$100
Emergency Dental	Once per accident	Up to \$150
Emergency Room	Once per accident	\$100
Hospital Admission	Once per accident	\$500
Initial Physician Office Visit	Once per accident	\$50
Lodging	Up to 30 nights per lifetime	\$100
Medical Appliance	Once per accident	\$50
Rehabilitation Facility	Up to 15 days per lifetime	\$50
Transportation	Up to 3 trips per accident	\$200
Urgent Care	Once per accident	\$50
X-ray	Once per accident	\$50
SPECIFIED INJURY & SURGERY		PLAN 1
Abdominal/Thoracic Surgery	Once per accident	\$1,000
Arthroscopic Surgery	Once per accident	\$200
Burn	Once per accident	Up to \$5,000
Burn – Skin Graft	Once per accident for third degree burn(s)	25% of burn benefit
Concussion	Up to 3 per year	\$100
Dislocation	Once per joint per lifetime	Up to \$2,000
Eye Injury	Once per accident	Up to \$300
Fracture	Once per bone per accident	Up to \$3,000
Hernia Repair	Once per accident	\$100
Joint Replacement	Once per accident	\$1,500
Knee Cartilage	Once per accident	Up to \$500
Laceration	Once per accident	Up to \$400
Ruptured Disc	Once per accident	\$500
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$800
CATASTROPHIC		PLAN 1
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$20,000
Common Carrier Death	Within 90 days	3 times death benefit
Coma	Once per accident	\$5,000
Dismemberment	Once per accident	Up to \$20,000
Home Health Care	Up to 30 days per accident	\$50
Paralysis	Once per accident	Up to \$5,000
Prosthesis	Once per accident	Up to \$1,000

FEATURES	PLAN 1
Ability Assist® EAP <sup>2</sup> – 24/7/265 access to help for financial, legal or emotional issues	Included
HealthChampion <sup>SM2</sup> – Administrative & clinical support following serious illness or injury	Included

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis and are less than age 80.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

### CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to “spouse” includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family’s health. All you have to do is elect the coverage to become insured.

### HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don’t have to worry about writing a check or missing a payment.

### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period or within 31 days of the date you have a change in family status.

<sup>1</sup>Rates and/or benefits may be changed.

<sup>2</sup>HealthChampion<sup>SM</sup> and Ability Assist<sup>®</sup> services are provided through The Hartford by ComPsych<sup>®</sup>. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent

### WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certificate.

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

### WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

### CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances.