

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million
emergency
department visits
every year are
caused by youth
sports.¹

MAINE EYE CENTER P.A.

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit
www.thehartford.com/employee-benefits/employees

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		
Coverage Type		On and off-job (24 hour)
BENEFITS		
EMERGENCY, HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	\$75
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	Up to \$50
Ambulance – Air	Once per accident	\$1,500
Ambulance – Ground	Once per accident	\$500
Blood/Plasma/Platelets	Once per accident	\$200
Child Care	Up to 30 days per accident while insured is confined	\$25
Daily Hospital Confinement	Up to 365 days per lifetime	\$200
Diagnostic Exam	Once per accident	\$200
Emergency Dental	Once per accident	Up to \$300
Emergency Room	Once per accident	\$150
Health Screening Benefit	Once per year for each covered person	\$50
Hospital Admission	Once per accident	\$1,000
Initial Physician Office Visit	Once per accident	\$75
Lodging	Up to 30 nights per lifetime	\$125
Medical Appliance	Once per accident	\$100
Rehabilitation Facility	Up to 15 days per lifetime	\$150
Transportation	Up to 3 trips per accident	\$400
Urgent Care	Once per accident	\$100
X-ray	Once per accident	\$100
SPECIFIED INJURY & SURGERY		
Abdominal/Thoracic Surgery	Once per accident	\$2,000
Arthroscopic Surgery	Once per accident	\$250
Burn	Once per accident	Up to \$10,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit
Concussion	Up to 3 per year	\$150
Dislocation	Once per joint per lifetime	Up to \$4,000
Eye Injury	Once per accident	Up to \$500
Fracture	Once per bone per accident	Up to \$8,000

Hernia Repair	Once per accident	\$200
Joint Replacement	Once per accident	\$2,000
Knee Cartilage	Once per accident	Up to \$1,000
Laceration	Once per accident	Up to \$500
Ruptured Disc	Once per accident	\$1,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$1,500

CATASTROPHIC

Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$50,000
Common Carrier Death	Within 90 days	\$75,000
Coma	Once per accident	\$10,000
Dismemberment	Once per accident	Up to \$50,000
Home Health Care	Up to 30 days per accident	\$50
Paralysis	Once per accident	Up to \$50,000
Prosthesis	Once per accident	Up to \$2,000

FEATURES

Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues	Included
HealthChampion ^{SM3} – Administrative & clinical support following serious illness or injury	Included

PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year):⁴

COVERAGE TIER	
Employee Only	\$6.22 (\$0.20 per day)
Employee & Spouse/Partner	\$9.79 (\$0.32 per day)
Employee & Child(ren)	\$10.32 (\$0.34 per day)
Employee & Family	\$16.27 (\$0.53 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 30 hours per week on a regularly scheduled basis, and excluding on call hours.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 19 (or under age 26 if a full-time student).

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to “spouse” in this document 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 MUCH DOES IT COST AND 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 completion of any eligibility waiting period established by your employer.

WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

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).

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, 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. The specific terms and qualifying events for portability are described in the certificate.

¹National Health Statistics Reports, November 2019. CDC/National Center for Health Statistics: <https://www.cdc.gov/nchs/data/nhsr/nhsr133-508.pdf>, as viewed as of 10/14/2020

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⁴Rates and/or benefits may be changed on a class basis.

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