



## Group Accident Coverage

Policy Series WPS-ACC 07/15

*Designed for the employees of*

**North Carolina Association of Rescue & Emergency Medical Services, Inc**

Accident Scenario - **Silver OTJ**

### ELIGIBILITY AND KEY FEATURES

**Coverage:** Off Job Silver Plan

**Eligibility:** All employees ages 18 or above, working 20 hours per week for at least 30 days following the date of employment, and, and who are actively at work at time of enrollment are eligible for participation. An enrolled employee may also insure their spouse. Children under the age of 26 are eligible regardless of marital or dependency status. Grandchildren under age 26 for whom the employee is required by a court or administrative order to provide health coverage are also eligible. No medical questions are required.

**Continuation of Coverage:** This coverage may be continued in the event the insured is no longer an employee/member of the Policyholder. Coverage must have been in force for 1 month after the certificate date. Coverage will be continued at the same premium and coverage amounts then in force.

**Effective Date of Coverage:** Coverage becomes effective at 11:59 PM on the date of the signed enrollment form.

### WEEKLY PREMIUMS

*Premiums are unisex, unismoke, are paid by the employee and are payroll deducted. Rates are based on the Certificate Effective Date*

Employee	Employee & Spouse	Employee & Children	Employee, Spouse & Children
\$0.94	\$1.69	\$2.46	\$3.21

### POLICY BENEFITS

All benefits are limited to one benefit per covered accident, per insured, and are paid independently of one another unless specifically noted otherwise.

### HOSPITAL CARE

**Hospital Admission:** Within 6 months after the covered accident. Amount will be doubled if placed in a Hospital Intensive Care Unit within the first 24 hours of admission. \$1,000

**Hospital Confinement:** Per day up to 365 days. Within 6 months after the covered accident. \$250

**Hospital Intensive Care Unit Confinement:** Per day up to 30 days. Within 30 days after the covered accident. \$500

**Lodging:** Per day up to 30 days per covered accident for companion. Hospital must be more than 100 miles round trip from the residence of the insured. \$100

**Rehabilitation Unit:** Per day up to 30 days. When confined in a rehab unit following hospitalization. \$75

**Transportation:** Up to 3 round trips per covered accident. Insured must travel more than 100 miles round \$300



trip for treatment.

**EMERGENCY CARE**

**Ambulance**

- *Air: Within 48 hours after the covered accident.* \$500
- *Ground: Within 90 days after the covered accident.* \$100

**Appliance:** Within 90 days after the covered accident. For personal locomotion or mobility. \$50

**Blood, Plasma, Platelets:** Within 90 days after the covered accident. \$100

**Physician Office/Urgent Care - Initial Visit:** Within 60 days of a covered accident. \$25

**Surgery**

- *Outpatient Surgery Facility Service: Torn Knee Cartilage, Ruptured Disc, Tendon/Ligament/Rotator Cuff.* \$100
- *Abdominal or Thoracic with repair: Within 72 hours of a covered accident.* \$500
- *Abdominal or Thoracic without repair: Within 72 hours of a covered accident.* \$50
- *Hernia: Diagnosed within 30 days and repaired within 90 days of the covered accident.* \$50

**EMERGENCY ROOM**

**Emergency Room Treatment:** Within 72 hours after a covered accident. \$50

**DIAGNOSTIC IMAGING**

**Medical Imaging:** For CT scan, MRI or EEG as the result of a covered accident. \$100

**X-Rays:** Payable for diagnosis and treatment of injuries received as the result of a covered accident. \$25

**CONTINUING CARE**

**Epidural Pain Management:** Within 6 months after the covered accident. Payable once per 12 month period. \$50

**Physician Follow-Up Care:** Within 180 days of the covered accident. Payable twice per covered accident. \$50

**Spinal Manipulation:** Payable for 1 visit per day, up to a maximum of 5 visits per 12 month period, regardless of the number of covered accidents. \$15

**Therapy Services – Occupational, Physical & Speech:** Maximum of 10 visits per covered accident and completed within 2 years after the covered accident. \$15

**SPECIFIC LOSS**

**Burns:** Treated by a physician within 72 hours after the covered accident.

- *2nd degree burns which cover at least 36% of the body* \$750
- *3rd degree burns which cover at least 9 square inches of the body but less than 35 square inches* \$1,500
- *3rd degree burns which cover 35 or more square inches of the body* \$10,000
- *Skin Grafts: 25% of the applicable burn benefit*

**Concussion:** Diagnosed by a physician within 72 hours after the covered accident. \$150

**Emergency Dental Work**

- *Broken teeth repaired with crown(s)* \$150
- *Broken teeth resulting in extraction(s)* \$50

**Eye Injury:** Within 90 days after the covered accident. \$250



**Gunshot Wound:** Treated in a hospital or by a physician as the result of a covered accident. \$1,000

**Laceration:** Repaired by a physician within 72 hours after the covered accident.

- *Treated without stitches, staples or glue* \$25
- *Total of all lacerations is not more than 3 inches long and repaired by stitches* \$50
- *Total of all lacerations is greater than 3 inches but not more than 5 inches and repaired by stitches* \$200
- *Total of all lacerations is over 5 inches and repaired by stitches* \$400

**Organized Sports:** Pays an additional 25% of the total benefit paid for the covered accident up to this amount. Payable once per 12 month period per insured. \$500

**Prosthetic Device/Artificial Limb:** Within 1 year of the covered accident.

- *One* \$500
- *More than one* \$1,000

**Ruptured Disc:** Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident. \$500

**Tendon, Ligament, Rotator Cuff:** Within 1 year of the covered accident.

- *Repair of one* \$600
- *Repair of more than one* \$900
- *Exploratory without repair* \$150

**Torn Knee Cartilage:** Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident.

- *Surgery with Repair* \$750
- *Exploratory surgery* \$150

### MAJOR INJURY

**Accidental Death:** Within 90 days from the date of a covered accident.

- *Employee* \$50,000
- *Spouse* \$50,000
- *Children* \$10,000

**Accidental Death / Common Carrier:** Within 90 days after the covered accident.

- *Employee* \$100,000
- *Spouse* \$100,000
- *Children* \$20,000

**Coma:** Unconscious for 30 consecutive days if as a result of a covered accident. \$5,000

**Dismemberment:** Within 90 days after the covered accident.

- *Loss of both hands, or both feet or the sight of both eyes or any combination of two or more listed* \$10,000
- *Loss of one hand, or one foot or sight of one eye* \$5,000
- *Loss of two or more fingers or two or more toes or any combination of two or more fingers and toes* \$1,200
- *Loss of one finger or one toe* \$600

**Catastrophic Accident:** Payable after a 365 day elimination period.

- *Employee (reduced by 50% at age 70)* \$50,000
- *Spouse (reduced by 50% at age 70)* \$50,000



• Children \$10,000

**DISLOCATIONS:** Diagnosed by a physician within 90 days after the covered accident. Closed Open

**Dislocation (with Anesthesia)**

• Hip	\$2,000	\$4,000
• Knee (except Patella)	\$1,000	\$2,000
• Ankle – Bones or Bones of Foot (not Toes)	\$800	\$1,600
• Collarbone (Sternoclavicular)	\$500	\$1,000
• Lower Jaw	\$300	\$600
• Shoulder (Glenohumeral)	\$300	\$600
• Elbow	\$300	\$600
• Wrist	\$300	\$600
• Bone or Bones of the Hand (not Fingers)	\$300	\$600
• Collarbone (Acromioclavicular and separation)	\$100	\$200
• One Toe or Finger	\$100	\$200
• Closed without Anesthesia: 25% of the closed with anesthesia benefit		

**FRACTURES:** Diagnosed by a physician within 90 days after the covered accident. Closed Open

• Skull - depressed fracture (except Bones of Face or Nose)	\$2,500	\$5,000
• Skull - simple non-depressed fracture (except Bones of Face or Nose)	\$1,000	\$2,000
• Hip, Thigh (Femur)	\$1,500	\$3,000
• Vertebrae, Body of (except Vertebral processes)	\$800	\$1,600
• Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx)	\$800	\$1,600
• Leg	\$800	\$1,600
• Bones of Face or Nose (except Mandible or Maxilla)	\$350	\$700
• Upper Jaw - Maxilla (except Alveolar process)	\$350	\$700
• Upper Arm between Elbow and Shoulder	\$350	\$700
• Lower Jaw - Mandible (except Alveolar process)	\$300	\$600
• Shoulder blade or Collarbone (Scapula, Clavicle, Sternum)	\$300	\$600
• Vertebral Processes	\$300	\$600
• Forearm, Hand, Wrist (except fingers)	\$300	\$600
• Kneecap (Patella)	\$300	\$600
• Foot (except toes)	\$300	\$600
• Ankle	\$300	\$600
• Rib	\$250	\$500
• Coccyx	\$200	\$400
• Finger, Toe	\$50	\$100
• Chips; 25% of closed benefit		



## POLICY EXCLUSIONS – WHAT WE WILL NOT PAY FOR

We will not pay benefits for losses that are caused or contributed to by, or are the result of:

1. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
2. any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any Injury. This exclusion does not apply to the Sickness Hospital Confinement Rider or the Health Screening Benefit Rider;
3. intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane;
4. declared war or military conflicts, active participation in an insurrection or riot, civil commotion or state of belligerence. For purposes of this exclusion, was does not include an act of terrorism;
5. active service in any of the armed forces, or units auxiliary thereto, including the National Guard or any Military Reserve;
6. repetitive stress or motion disorders caused by overuse or degenerative changes;
7. driving any taxi, limousine, bus or personal vehicle of any kind when used to transport fare-paying passengers;
8. mental or nervous disorders;
9. alcoholism or drug addiction;
10. ingestion or use of any substance or drug unless taken as prescribed by a Physician. This does not apply to accidental ingestion of substances by Children under the age of 5;
11. being under the influence of alcohol. Being under the influence of alcohol, for purposes of the Policy, means a blood alcohol level of 0.08 or more;
12. while incarcerated or detained in a penal institution of any kind, including house arrest and/or work furlough;
13. the commission of or an attempt to commit a felony or any loss to which a contributing cause was being engaged in an illegal activity; and
14. the Insured working for pay or profit.

## DISCLAIMERS

*Underwritten by Boston Mutual Life Insurance Company. The information provided here is a brief description of the important features of WPS-ACC 07/15 for the state of North Carolina. It is not a certificate of insurance or evidence of coverage. Any discrepancies between this proposal and the group policy will be resolved by the language issued in the Master Policy. Please refer to the Master Policy and individual Certificates of Coverage for a detailed description of the benefits, limitations, and exclusions.*

*If you have employees residing in Ohio who are eligible to enroll for this coverage, and the case is not sitused in their state of residence, the underwriting, rates and coverage will vary for these individuals. Please contact us if you need additional information for this state.*

*We believe this product is suitable for use in connection with a HSA (Health Savings Account) as permitted insurance. However, we do not give tax advice. You should consult with your tax advisor.*