

# Employee Accident Insurance 24 Hour Coverage



- A limited supplemental policy providing Accident Insurance.
- 24-hour coverage for accidents, on or off the job.
- Non-Cancelable and Guaranteed Renewable for life.

Protection for the Unexpected!



Approved for use in: MA

BOSTON MUTUAL LIFE INSURANCE COMPANY - 120 Royall Street • Canton, MA 02021

## ELIGIBILITY AND PREMIUM RATES

#### ELIGIBILITY FOR BASE PLAN

All employees ages 18-70 and working a minimum of 20 hours a week are eligible for participation in the Accident Insurance plan; an enrolled employee may also insure their spouse (ages 18-70). Children under the age of 26 are also eligible regardless of marital or dependency status.

#### NON-CANCELABLE AND **GUARANTEED RENEWABLE**

Coverage is guaranteed renewable for life as long as premiums are paid. The premiums are guaranteed for life not to change.

#### EFFECTIVE DATE OF COVERAGE

Coverage becomes effective at 11:59 PM on the date of the signed application.

#### PORTABILITY

This policy is fully portable. If an employee leaves the group, he/she can keep this policy at the same premium rate which active employees are paying.

#### **ELIGIBILITY FOR RIDERS**

All employees, spouses and/or children enrolled in the base plan are eligible for the following riders. These riders must be purchased on all enrolled family members.

- · Enhanced Emergency Room Benefit Rider
- Enhanced Physician Office/Urgent Care • Treatment Benefit Rider

PLAN WEEKLY CONTRIBUTIONS					
	Employee Only	Employee & Spouse Only	Employee & Children Only	Employee Spouse & Children	
Base Plan - 24 hour coverage	\$3.89	\$5.83	\$7.09	\$9.04	
Enhanced Emergency Room Benefit Rider - per \$100 benefit ( <i>max 3 units</i> )	\$ .30	\$ .57	\$ .91	\$1.18	
Enhanced Physician Office/Urgent Care Treatment Benefit Rider - per \$25 benefit ( <i>max 2 units</i> )	\$ .19	\$ .37	\$ .40	\$ .58	

## BOSTON MUTUAL'S ACCIDENT POLICY PROVIDES THE FOLLOWING BENEFITS:

Air Ambulance \$500	$\rightarrow$	Within 48 hours after the covered accident.
<u>Ambulance</u> \$100	$\rightarrow$	Within 90 days of the covered accident.
<u>Appliance</u>	$\rightarrow$	Within 90 days after the covered accident. For mobility and personal locomotion.
Blood/Plasma/Platelets \$300	$\rightarrow$	Within 90 days of the covered accident.
<u>Burns</u> \$750 to \$10,000	$\rightarrow$	Treated by a physician within 72 hours after the covered accident. Scheduled amount based on degree of burn. Skin grafts are 25% of the burn benefit.
<u>Concussion</u> \$100	$\rightarrow$	Diagnosed by a physician within 72 hours after the covered accident.
Dislocations (Separated Joint) \$50 to \$8,000	$\rightarrow$	Based on the type of surgery and joint involved.
Emergency Dental Work \$50 to \$150	$\rightarrow$	Based on whether tooth is extracted or crowned.
Emergency Room Treatment \$50	$\rightarrow$	Examination and treatment within 72 hours after the covered accident. Can be increased by \$100, \$200 or \$300 with the Enhanced Emergency Room Benefit Rider.
<u>Eye Injury</u> \$200		
Follow-Up Physician Treatment \$50		
<u>Fractures</u>	$\rightarrow$	Based on the type of surgery and bone involved.
Hospital Confinement \$350 per day up to 365 days		-
Hospital Intensive Care \$500 per day up to 30 days	$\rightarrow$	The confinement must begin within 30 days after the covered accident.
Initial Physician's Office/Urgent Care Visit \$50	$\rightarrow$	Within 60 days after the covered accident. Can be increased by \$25 or \$50 with the Enhanced Physician Office/Urgent
		Care Treatment Benefit Rider.
<u>Lacerations</u> \$25 to \$400	$\rightarrow$	Care Treatment Benefit Rider.
<u>Lacerations</u> \$25 to \$400 <u>Lodging</u> \$100 per night		<i>Care Treatment Benefit Rider.</i> <i>Repaired by a physician within 72 hours after the covered accident. Paid based on the total length of all lacerations received in any one covered accident.</i>
	$\rightarrow$	<i>Care Treatment Benefit Rider.</i> <i>Repaired by a physician within 72 hours after the covered accident. Paid based on the total length of all lacerations received in any one covered accident.</i> <i>Up to 30 days per covered accident. Hospital must be more than 100 miles from the insured person's residence.</i>
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Lodging \$100 per night Major Diagnostic Exams \$150	$\rightarrow$ $\rightarrow$ $\rightarrow$	Care Treatment Benefit Rider. Repaired by a physician within 72 hours after the covered accident. Paid based on the total length of all lacerations received in any one covered accident. Up to 30 days per covered accident. Hospital must be more than 100 miles from the insured person's residence. Per calendar year for CT scan, MRI or EEG as the result of a covered accident. Maximum of 6 days. Within 6 months of covered accident.
Lodging \$100 per night Major Diagnostic Exams \$150 Physical Therapy \$25 per day Prosthetic Device/Artificial Limb \$500 to \$1,000 Rehabilitation Unit \$150 per day	$\uparrow  \uparrow  \uparrow  \uparrow  \uparrow  \uparrow  \uparrow  \uparrow  \uparrow  \uparrow $	Care Treatment Benefit Rider. Repaired by a physician within 72 hours after the covered accident. Paid based on the total length of all lacerations received in any one covered accident. Up to 30 days per covered accident. Hospital must be more than 100 miles from the insured person's residence. Per calendar year for CT scan, MRI or EEG as the result of a covered accident. Maximum of 6 days. Within 6 months of covered accident. Within 1 year of the covered accident. When confined in a rehab unit following hospitalization. Up to 30 days.
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Lodging \$100 per night Major Diagnostic Exams \$150 Physical Therapy \$25 per day Prosthetic Device/Artificial Limb \$500 to \$1,000 Rehabilitation Unit \$150 per day Ruptured Disc \$400 Surgery (Abdominal or thoracic)	$\uparrow \uparrow \uparrow \uparrow \uparrow \uparrow \uparrow \uparrow \uparrow \uparrow$	Care Treatment Benefit Rider. Repaired by a physician within 72 hours after the covered accident. Paid based on the total length of all lacerations received in any one covered accident. Up to 30 days per covered accident. Hospital must be more than 100 miles from the insured person's residence. Per calendar year for CT scan, MRI or EEG as the result of a covered accident. Maximum of 6 days. Within 6 months of covered accident. Within 1 year of the covered accident. When confined in a rehab unit following hospitalization. Up to 30 days. Treated by a physician within 60 days after the covered accident and repaired through surgery within 1 year after the covered accident.
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Lodging       \$100 per night         Major Diagnostic Exams       \$150         Physical Therapy       \$25 per day         Prosthetic Device/Artificial Limb       \$500 to \$1,000         Rehabilitation Unit       \$150 per day         Ruptured Disc       \$400         Surgery (Abdominal or thoracic)       \$1,000	$\uparrow \uparrow \uparrow$	Care Treatment Benefit Rider. Repaired by a physician within 72 hours after the covered accident. Paid based on the total length of all lacerations received in any one covered accident. Hospital must be more than 100 miles from the insured person's residence. Per calendar year for CT scan, MRI or EEG as the result of a covered accident. Maximum of 6 days. Within 6 months of covered accident. Within 1 year of the covered accident. When confined in a rehab unit following hospitalization. Up to 30 days. Treated by a physician within 60 days after the covered accident and repaired through surgery within 1 year after the covered accident. Within 72 hours after the covered accident. Benefit is \$100 if exploratory surgery with no repair. Hernia repair will not be covered. Must be repaired within 90 days after the covered accident. The benefit is based on the number of repairs needed and repaired through surgery.

#### ACCIDENTAL DEATH

Boston Mutual's Accident policy will provide the following benefits for injuries that are the result of a covered accident and cause death within 90 days from the date of the accident.

ACCIDENTAL DEATH BENEFITS:				
COVERED PERSON	COMMON CARRIER	<b>OTHER</b>		
Named Insured	\$100,000	\$50,000		
Spouse	\$100,000	\$50,000		
Child(ren)	\$20,000	\$10,000		

#### Loss of Finger or Toe:

We will pay the following benefit for loss received as the result of a covered accident which occurs within 90 days from the date of the accident.

- loss of one finger or one toe ......\$ 750
  loss of two or more fingers, two or more toes or any combination
- of two or more ...... \$1,500

#### CATASTROPHIC ACCIDENT

Boston Mutual can help with catastrophic injuries by providing a benefit for the life-altering loss that results from a covered accident. Catastrophic loss is an injury which results in the total and irrecoverable loss of:

- both hands or both feet, or
- one hand or one foot, or
- sight of both eyes, or
- hearing in both ears, or
- both arms or both legs (or loss of use), or
- one arm or one leg (or loss of use), or
- the ability to speak
- g (or loss of use), Or

The **Catastrophic Accident Benefit** is reduced by 50% beginning on the day that the insured person reaches age 70.

COVERED PERSON	BENEFIT AMOUNT PER LIFETIME
Named Insured	\$100,000
Spouse	\$100,000
Child(ren)	\$50,000

#### **GENERAL INFORMATION**

All benefits are subject to limitations as explained in the policy. They are payable once per covered accident and treatment and/or loss must occur within 90 days of the covered accident unless noted otherwise. This brochure provides a general description of the important features of Policy Form WS-ACC 8/08.

This brochure is not the insurance contract and only the actual policy provisions will control. Before purchasing coverage, refer to the Policy or Outline of Coverage for state-specific description of benefit provisions, exclusions and limitations.

#### POLICY EXCLUSIONS - WHAT WE WILL NOT PAY FOR

We will not pay benefits for losses that are caused by or are the result of any Insured Person:

- 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. having 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;
- 3. intentionally self-inflicted Injury;
- 4. committing suicide or attempted suicide, while sane or insane;
- 5. receiving injuries due to an act of declared or undeclared war;
- 6. actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or any Military Reserve;
- 7. driving any taxi for wage, compensation, or profit;
- 8. having Mental or Nervous Conditions;
- 9. suffering from alcoholism or drug addiction;
- 10. suffering from a loss sustained or contracted as the result of being physically or mentally impaired due to being under the influence of alcohol or any illicit or Controlled Substance unless administered on the advice of a Physician; "Being under the influence of alcohol", for purposes of this Policy, means a blood alcohol level of 0.08 or more. The Insured Person's alcohol or illicit or Controlled Substance impairment must be the cause or contributing cause of his or her loss, irrespective of whether the loss occurred while the Insured Person was driving a motor vehicle or engaged in any other activity; or
- 11. sustaining a loss to which a contributing cause was the commission of or an attempt to commit a felony. Nor will We be liable for any loss to which a contributing cause was being engaged in an illegal activity.



### **OPTIONAL BENEFIT RIDERS**

#### ENHANCED PHYSICIAN OFFICE/ URGENT CARE TREATMENT BENEFIT RIDER

#### EPO-Rider 8/08 - Available for additional premium

We will pay an additional \$25 or \$50 benefit amount when an insured person requires initial examination and treatment by a Physician in a physician's office or urgent care facility. The treatment must be within 60 days of the covered accident and the services provided must be the result of a covered accident and not for routine examinations or preventative testing. Payable once per Covered Accident. This benefit is paid in addition to the \$50 Physician's Office/Urgent Care benefit in the base policy.

#### ENHANCED EMERGENCY ROOM BENEFIT RIDER

EER-Rider 8/08 - Available for additional premium

We will pay an additional \$100, \$200 or \$300 benefit amount when an insured person is treated in a hospital emergency room within 72 hours after the covered incident. This amount is paid in addition to the base policy Emergency Room benefit of \$50.



# Accidents Do Happen!

They often occur in places where you feel most safe.



While many health insurance plans will cover most of the major expenses, you could still be left with out-of-pocket expenses such as co-payments, deductibles, transportation and lodging costs and emergency room expenses.

Are you prepared for these extra expenses?

Let BML's Employee Accident Option Plus give you protection for the unexpected!





BOSTON MUTUAL LIFE INSURANCE COMPANY

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Policy Form WS-ACC 8/08 Sp Acc - Rider 8/08, CA - Rider 8/08, EER - Rider 8/08, EPO - Rider 8/08 335-1234 7/13