

## Accident Insurance

**Class Description(s):** All Active Full-time Employees

**Eligibility Requirement:** Eligible person working 20 hours per week

Plan Information		Plan Design Option
Plan Type		Plan 3
Coverage Type		Non-Occupational (Off-job only)
Dependent Benefit Amounts		Dependent benefit amounts are the same as employee benefit amounts unless otherwise indicated within the package.
Accident Benefits		
The Hartford's Accident plan(s) will pay each scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident while insurance is in effect, subject to any plan limitations and exclusions. State specific variations may apply to the benefits shown below.		
Emergency, Hospital & Treatment Care Package <sup>3</sup> :		
Treatment/Service	Detail (Per covered person)	Plan 3
ACCIDENT FOLLOW-UP	Up to 3 Treatments/accident within 90 Days	\$100
ACUPUNCTURE	Up to 10 visits/accident within 365 Days	\$50
AMBULANCE – AIR	Once/accident within 72 Hours	\$1,200
AMBULANCE – GROUND	Once/accident within 90 Days	\$400
BLOOD/PLASMA/PLATELETS	Once/accident within 90 Days	\$300
CHILD CARE	Up to 30 Days/accident while insured is confined	\$30
CHIROPRACTIC CARE	Up to 10 visits/accident within 365 Days	\$50
DAILY HOSPITAL CONFINEMENT	Up to 365 Days/lifetime (Total daily and ICU)	\$300
DAILY ICU CONFINEMENT	Up to 30 Days/accident (Subject to 365 Days/lifetime)	\$600
DIAGNOSTIC EXAM	Once/accident within 90 Days	\$300
EMERGENCY DENTAL – CROWN	Highest benefit once/accident within 90 Days	\$450
EMERGENCY DENTAL – EXTRACTION	Highest benefit once/accident within 90 Days	\$150
EMERGENCY ROOM	Once /accident within 72 Hours	\$200
HOSPITAL ADMISSION	Once/accident within 90 Days	\$1,500
INITIAL PHYSICIAN OFFICE VISIT	Once/accident within 90 Days	\$100
LODGING	Up to 30 Nights/lifetime	\$150
MEDICAL APPLIANCE	Once/accident within 90 Days	\$150
PHYSICAL THERAPY	Up to 10 Visits/accident within 90 Days	\$50
REHABILITATION FACILITY	Up to 15 Days/lifetime within 90 Days	\$150
TRANSPORTATION	Up to 3 Trips/accident	\$500
URGENT CARE	Once /accident within 72 Hours	\$100
X-RAY	Once/accident within 90 Days	\$75
Specified Injury & Surgery Benefit Package:		
Injury/Treatment/Service	Detail (Per covered person)	Plan 3
ABDOMINAL/THORACIC SURGERY	Once/accident within 90 Days	\$2,000
ARTHROSCOPIC SURGERY	Once/accident within 90 Days	\$400
BURN – 2ND DEGREE (≥ 34% OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$1,500
BURN – 3RD DEGREE (≥ 18IN2 OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$15,000

BURN – SKIN GRAFT (FOR 3RD DEGREE BURN)	Once/accident	25% of burn benefit
CONCUSSION	Up to 3 Concussions/year within 72 Hours	\$200
EYE INJURY – OBJECT REMOVAL	Highest benefit once/accident within 90 Days	\$300
EYE INJURY – SURGERY	Highest benefit once/accident within 90 Days	\$600
HERNIA REPAIR	Once/accident within 365 Days	\$200
JOINT REPLACEMENT	Once/accident within 90 Days	\$3,000
KNEE CARTILAGE – WITH REPAIR	Highest benefit once/accident within 12 Months	\$1,000
KNEE CARTILAGE – WITHOUT REPAIR		\$200
LACERATION – 2” TO 6”	Highest benefit once/accident within 72 Hours	\$500
LACERATION – 6” OR GREATER	Highest benefit once/accident within 72 Hours	\$600
RUPTURED DISC	Once/accident within 365 Days	\$1,000
TENDON/LIGAMENT/CUFF – SINGLE	Highest benefit once/accident within 365 Days	\$1,000
TENDON/LIGAMENT/CUFF – 2 OR MORE		\$1,500
Specified Injury & Surgery Benefit Package: Dislocations (dollar amounts shown are for Open Surgical injuries)		
Injury	Detail (Per covered person)	Plan 3
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
ANKLE, FOOT BONES (EXCEPT TOES)	Once/joint/lifetime (Open or closed)	\$2,000
COLLARBONE – ACROMIO/SEPARATION		\$1,000
COLLARBONE – STERNOCLAVICULAR		\$2,000
ELBOW		\$1,500
FINGER, TOE		\$400
HIP		\$8,000
KNEE		\$3,200
LOWER JAW		\$1,500
SHOULDER (GLENOHUMERAL )		\$1,500
WRIST		\$1,500
HAND BONES (EXCEPT FINGERS)		\$1,500
CLOSED (NON-SURGICAL)		50% of open benefit
INCOMPLETE/WITHOUT ANESTHESIA		25% of closed benefit
MULTIPLE DISLOCATIONS/FRACTURES		--
Specified Injury & Surgery Benefit Package: Fractures (dollar amounts shown are for Open Surgical injuries)		
Injury	Detail (Per covered person)	Plan 3
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
ANKLE	Once/bone/accident within 90 Days	\$1,500
FOOT BONES (EXCEPT TOES)		\$1,500
COCCYX		\$600
COLLARBONE/CLAVICLE OR STERNUM		\$2,000

FINGER, TOE		\$400
FOREARM – RADIUS OR ULNA		\$1,500
HIP, THIGH/FEMUR		\$6,000
KNEECAP/PATELLA		\$1,500
LOWER JAW/MANDIBLE (EXC. ALV. PROCESS)		\$1,500
LOWER LEG – FIBULA OR TIBIA		\$2,400
NOSE, FACIAL BONES (EXCEPT JAW BONES)		\$1,200
PELVIS (EXCEPT COCCYX)		\$2,500
VERTEBRAE – PROCESSES		\$800
RIB		\$800
SHOULDER BLADE/SCAPULA		\$2,000
SKULL – DEPRESSED		\$9,000
SKULL – NON-DEPRESSED/SIMPLE		\$3,000
UPPER ARM/HUMERUS		\$1,500
UPPER JAW/MAXILLA (EXC. ALVEOLAR PROCESS)		\$1,500
VERTEBRAE – BODY		\$2,400
WRIST, HAND BONES (EXCEPT FINGERS)		\$1,500
CLOSED (NON-SURGICAL)		50% of open benefit
CHIP FRACTURE		25% of closed benefit
MULTIPLE FRACTURES/DISLOCATIONS		--
Catastrophic Benefits Package:		
Injury/Treatment/Service	Detail (Per covered person)	Plan 3
ACCIDENTAL DEATH – EMPLOYEE	Within 90 Days	\$50,000
ACCIDENTAL DEATH – SPOUSE		50% of employee benefit
ACCIDENTAL DEATH – CHILD(REN)		25% of employee benefit
COMMON CARRIER DEATH	Within 90 Days	3 times death benefit
COMA (≥ 168 ] CONTINUOUS HOURS)	Once/accident within 90 Days	\$15,000
HOME HEALTH CARE	Up to 30 Days/accident	\$50
PARALYSIS – QUADRIPLÉGIA	Highest benefit once/accident within 90 Days	\$15,000
PARALYSIS – PARAPLEGIA		\$7,500
PROSTHESIS – SINGLE	Highest benefit once/accident within 365 Days	\$1,000
PROSTHESIS – 2 OR MORE		\$2,000
Catastrophic Benefits Package: Dismemberments		
Injury	Detail (Per covered person)	Plan 3
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
BOTH HANDS OR BOTH FEET	Within 90 Days	\$50,000
SIGHT – BOTH EYES		\$50,000
SPEECH & HEARING (BOTH EARS)		\$50,000
1 HAND & 1 FOOT	Once/accident within 90 Days	\$50,000

1 HAND/FOOT & SIGHT OF 1 EYE	\$50,000
1 HAND OR 1 FOOT	\$25,000
SIGHT – 1 EYE	\$25,000
SPEECH OR HEARING (BOTH EARS)	\$25,000
THUMB & INDEX FINGER (SAME HAND)	\$10,000
<b>Additional Plan Features &amp; Services:</b>	
POLICY AGE LIMIT	Coverage terminates when the employee reaches age 80
PORTABILITY	Included
CONTINUATION OF COVERAGE	Included
CONTINUITY OF COVERAGE	Included
ABILITY ASSIST® 1	Included
HEALTH CHAMPIONS® 1	Included
<b>Enrollment &amp; Contribution:</b>	
ENROLLMENT TYPE	Annual Open Enrollment <sup>4</sup>
EMPLOYEE CONTRIBUTION	100% employee paid (Voluntary)
NUMBER OF ELIGIBLE EMPLOYEES	207
MINIMUM PARTICIPATION REQUIREMENT	10 enrolled employees

<b>Rate Information:</b>				
PLAN TYPE	Employee	Employee & Spouse	Employee & Child(ren)	Family
MONTHLY RATES – PLAN 3 <sup>2</sup>	\$10.88	\$17.08	\$17.97	\$28.31
INITIAL RATE GUARANTEE PERIOD	2 Years			

<sup>1</sup> HealthChampion<sup>SM</sup> and Ability Assist<sup>®</sup> are offered 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.

<sup>2</sup> Rates/benefits may change on a class or plan basis.

<sup>3</sup> Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities for the aged, drug addicts or alcoholics.

<sup>4</sup> Assumes all eligible employees can enroll in the plan and/or increase existing benefits without providing evidence of insurability during the scheduled initial enrollment period and subsequent scheduled enrollment periods occurring annually thereafter. Guarantee Issue and pre-existing condition limitations apply. Annual Open Enrollment necessitates that pre-defined enrollment experience practices are agreed to be implemented by the employer.

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## Qualifications and Assumptions

### **The following are the qualifications upon which this proposal is based:**

Our quote is contingent upon receipt of complete census data including voluntary coverage elections. All missing information must be received prior to the quote "valid until date" listed on the cover of this proposal. The quote will not be binding until all missing information is received, reviewed, and approved in writing by The Hartford.

### **The following are assumptions upon which this proposal is based:**

1. The effective date of this case will be 4/1/2018.
2. Proposal and rates are valid until 04/01/2018.
3. Rates assume a SIC code of 8011.
4. Quote assumes a situs state of North Carolina. Hartford standard filed contract language applies unless approved in advance by Underwriting. State filings or specially drafted contract language is not assumed in the quoted rates.
5. Assumes a fully insured, non-participating, non-dividend eligible funding arrangement, unless otherwise specified.
6. Assumes employees must be actively-at-work on the effective date and the deferred effective date provision applies.
7. The Hartford reserves the right to re-price:
  - If the sold plan design differs from the proposed/quoted plan design.
  - For change in State or Federal Insurance regulations that impacts the plan design.
  - If a material misstatement of the information provided in the RFP, bid specifications, claim experience, or plan of benefits is discovered post-sale.
  - If the quoted minimum enrollment threshold is not met.
8. The Hartford reserves the right to change the plan to comply with state mandated benefits, including charging additional premium for such changes, if applicable.
9. If any contributory lines of coverage are sold, a 45-day Grace Period will apply to all lines of coverage.
10. We assume the company has been in business for at least 2 years. If otherwise, additional underwriting approval will be required prior to sale.
11. Assumes claims incurred prior to the effective date of the contract will be the liability of the prior carrier.
12. Assumes the plan of benefits is subject to ERISA regulations.
13. Quote assumes 1 Contract/Booklet, 1 Bill Unit, and 1 Experience Unit.
14. Coverage for Retirees is not included.
15. We assume all eligible employees are U.S. citizens or U.S. residents, working in U.S. locations who have met the full time eligibility requirements. If coverage is needed for any other type of employees such as Expatriates, U.S. Expatriates, Third Country Nationals, or Local Nationals, please review the request with The Hartford.
16. If Employee Choice Life, Voluntary Critical Illness, Disability FLEX<sup>SM</sup> or Voluntary Accident Product(s) are quoted, The Hartford will not accept the coverage(s) if at least 10 employees do not enroll in each line of coverage. If at least 10% participation is not achieved, The Hartford reserves the right to adjust the Rate Guarantee to one (1) year or to re-evaluate the risk.

This proposal is only a summary of the benefits offered to your company. The rates and costs shown in this proposal are based on the information provided. Rates may be affected by the actual enrollment and (transferred business information) provided. This proposal does not constitute a final offer or agreement. It is the producer's responsibility to present all terms and conditions in this proposal.

## Deviations

Our proposal reflects our standard product and, consequently, may deviate from the features and/or plan designs that you requested. Accordingly, please review our proposal carefully. Unless otherwise listed below, we have not identified specific areas where our proposal deviates from your request. Please note that this proposal does not constitute a final offer or agreement, and it is only a summary of the benefits offered to your company.

The rates and costs shown in this proposal are based on the information provided. Rates may be affected by the actual enrollment (and transferred business information) provided. Please consult with the producer regarding all terms and conditions in this proposal.