



Accident Insurance - High Plan

Accident Insurance Benefit Plan Summary

The following outlines the Benefit plan. Benefits are payable once per Covered Accident per Covered Person unless otherwise stated. *(Benefit provisions may vary by state.)*

Benefit Plan Summary	
Losses	
COVERED INJURY BENEFITS	
Fractures	
<i>Open Reduction (Open/Surgical)</i>	
Depressed Skull Fracture (except bones of face or nose)	\$8,000
Simple, Non-Depressed Skull Fracture (except bones of face or nose)	\$3,000
Hip, Thigh (femur)	\$8,000
Vertebrae, Body of (excluding vertebral processes)	\$8,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$7,000
Leg (tibia and/or fibula, except lateral, medial and/or posterior malleolus)	\$5,400
Bones of Face or Nose (except mandible or maxilla)	\$2,600
Upper Jaw, Maxilla (except alveolar process)	\$3,200
Upper Arm between Elbow and Shoulder (humerus)	\$4,800
Lower Jaw, Mandible (except alveolar process)	\$3,500
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$4,500
Vertebral processes	\$3,500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$4,500
Kneecap (patella)	\$4,500
Foot (except toes)	\$4,500
Ankle (lateral, medial and/or posterior malleolus, talus)	\$4,500
Rib	\$900
Coccyx	\$900
Finger, Toe	\$600
<i>Closed Reduction (Closed/Non-Surgical)</i>	
Depressed Skull Fracture (except bones of face or nose)	\$4,000
Simple, Non-Depressed Skull Fracture (except bones of face or nose)	\$1,500
Hip, Thigh (femur)	\$4,000
Vertebrae, Body of (excluding vertebral processes)	\$4,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)	\$3,500
Leg (tibia and/or fibula, except lateral, medial and/or posterior malleolus)	\$2,700
Bones of Face or Nose (except mandible or maxilla)	\$1,300
Upper Jaw, Maxilla (except alveolar process)	\$1,600
Upper Arm between Elbow and Shoulder (humerus)	\$2,400
Lower Jaw, Mandible (except alveolar process)	\$1,750
Shoulder Blade (scapula), Collarbone (clavicle, sternum)	\$2,250
Vertebral processes	\$1,750
Forearm (radius and/or ulna), Hand, Wrist (except fingers)	\$2,250
Kneecap (patella)	\$2,250
Foot (except toes)	\$2,250
Ankle (lateral, medial and/or posterior malleolus, talus)	\$2,250
Rib	\$450
Coccyx	\$450
Finger, Toe	\$300
Chip Fracture	\$550
Dislocations	
<i>Open Reduction (Open/Surgical)</i>	
Hip	\$8,000



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Losses	
COVERED INJURY BENEFITS	
Dislocations	
<i>Open Reduction (Open/Surgical)</i>	
Cervical Spine	\$7,600
Knee (except patella)	\$5,000
Ankle - Bone or Bones of the Foot (other than toes)	\$3,400
Collarbone (sternoclavicular)	\$2,500
Lower Jaw	\$2,500
Shoulder (glenohumeral)	\$4,000
Elbow	\$2,500
Wrist	\$2,500
Bone or Bones of the Hand (other than fingers)	\$2,500
Collarbone (acromioclavicular and separation)	\$2,500
One finger or one toe	\$600
<i>Closed Reduction (Closed/Non-Surgical)</i>	
Hip	\$4,000
Cervical Spine	\$3,800
Knee (except patella)	\$2,500
Ankle - Bone or Bones of the Foot (other than toes)	\$1,700
Collarbone (sternoclavicular)	\$1,250
Lower Jaw	\$1,250
Shoulder (glenohumeral)	\$2,000
Elbow	\$1,250
Wrist	\$1,250
Bone or Bones of the Hand (other than fingers)	\$1,250
Collarbone (acromioclavicular and separation)	\$1,250
One finger or one toe	\$300
Partial Dislocation	\$450
Other Common Injuries	
<i>Burns - Second Degree (% of total surface skin area)</i>	
Less than 10%	\$300
10-25%	\$625
25-35%	\$1,250
Greater than 35%	\$1,500
<i>Burns - Third Degree (% of total surface skin area)</i>	
Less than 10%	\$3,750
10-25%	\$7,500
25-35%	\$11,250
Greater than 35%	\$15,000
Skin Graft	\$2,350
Coma	\$10,000
Concussion	\$500
Paralysis	
Quadriplegia	\$15,000
Paraplegia	\$10,000
Hemiplegia	\$10,000



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Losses	
COVERED INJURY BENEFITS	
Other Common Injuries	
Emergency Dental	
Dental Crown	\$350
Dental Extraction	\$90
Eye Injury	
Removal of foreign body	\$100
Surgical Repair	\$350
Lacerations	
No sutures	\$30
Up to 5cm	\$60
5.1 cm to 15.5 cm	\$240
Greater than 15.5 cm	\$480
EMERGENCY & HOSPITALIZATION BENEFITS	
Ambulance	
Air Ambulance	\$1,600
Ground Ambulance (includes water)	\$400
Emergency Room	
Urgent Care	\$100
Short Stay / Observation (4 hours, no inpatient)	\$200
Hospital	
Hospital Admission	\$500
Hospital Confinement	\$100
Covered Accident Limit (days)	365
Intensive Care Unit (ICU) Confinement	\$200
Covered Accident Limit (days)	15
Initial Doctor's Visit	\$100
Follow-up Doctor's Visit	\$75
Covered Accident Limit (visits)	6
Therapy Visit	\$50
Covered Accident Limit (visits)	10
Rehabilitation Unit	\$200
Covered Accident Limit (days)	45
Major Diagnostic Testing	\$275
Minor Diagnostic Testing (X-Ray)	\$90
TREATMENT AND OTHER SERVICES	
Blood/Plasma/Platelet Transfusion	\$600
Medical Device*, one per Accident per Covered Person	\$200
Prosthesis	
One Device	\$750
Two or More Devices	\$1,200
Surgery	
Open Abdominal or Thoracic Surgery	\$1,200
Hernia Surgery	\$775
Tendon, Ligament, Rotator Cuff Surgery - Repair	\$925
Tendon, Ligament, Rotator Cuff Surgery - Exploratory	\$1,400

*Medical Device includes: Wheelchair, Knee Scooter, Body Jacket, Walking Boot, Walker, Crutches, Leg Brace, Cervical Collar, Cane, Ankle Brace, Cast, Splint, Sling



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Benefit Plan Summary

TREATMENT AND OTHER SERVICES

Knee Cartilage Surgery - Repair	\$600
Knee Cartilage Surgery - Exploratory	\$225
Ruptured Disc Surgery	\$900
Miscellaneous Surgery - with anesthesia	\$800
Miscellaneous Surgery - with conscious sedation	\$250

HEALTH SCREENING BENEFIT

Health Screening Benefit	\$50
payable once per calendar year per Covered Person <i>(see Definitions for eligible health screenings)</i>	



Accident Insurance - High Plan

Assumptions and Underwriting Considerations

- **Value Added Services - Health Care Support** - Trained Health care advocates and registered nurses who will partner with you to effectively navigate your health care plan and provide support for your health care questions and concerns. ¹
- **Enrollment:** Enrollment events include enrollment during the initial enrollment period, during the annual group enrollment period, new hires or for life status change events. Late entrants are not allowed, but may enroll during the next annual enrollment period or life status change event.
- **This is not a contract.** This proposal outlines some of the important features of the proposed group insurance program. The controlling provisions will be in the group insurance policy, and this proposal is not intended in any way to modify the provisions or their meanings. If you decide to purchase the plan proposed here, we will send you a policy that fully describes all of the provisions of the Accident Insurance coverage to which you and New York Life Insurance and Annuity Corporation (New York Life) have agreed. To accept the terms of this proposal, you must notify New York Life Group Benefit Solutions of your acceptance by that date, and pay premium equal to the Total Basic Estimated Monthly Cost on the Schedule of Benefits Summary. This proposal may be withdrawn by NYL GBS at any time before acceptance.
- **Policy on Rate Changes.** The rates and fees quoted within the proposal are based on information furnished to NYL GBS for the purposes of developing a proposal of group insurance. NYL GBS has assumed that the demographic and plan design information provided will be an accurate representation of your company at the time of implementation. Premium rates are guaranteed as noted in the product schedule of benefits. These rates and the guarantee assume that the number of eligible or insured employees does not change by more than 15% from the date of the census provided.
- **Policy on Contractual Language.** NYL GBS' contract language will be used without modification. NYL GBS will attempt to match the intent of disclosed policy provisions at the time of quote, but will not duplicate the existing policy language.
- **Producer Compensation.** The rate includes a commission payable on collected premiums in the amount outlined in the Features and Plan Provisions section. NYL GBS may have entered into, or may enter into, agreements with brokers, under which we compensate brokers for providing marketplace intelligence and other services intended to enhance the effectiveness of our business. NYL GBS may invite brokers to participate in events sponsored by us for the same purposes. Any compensation paid may be based on meeting targets for new business production and persistency, and, if paid, is funded from the insurance company's overhead and is based on the brokers' overall book of business with the insurance company. Any such payments are separate from commission and, if applicable, will be included in ERISA Form 5500, Schedule A information provided by the insurance company.
- **Policy on Package Rates.** Prices quoted for employer-paid and voluntary/employee-paid benefits are offered as a package. It is possible that a portion of the cost of employer-paid insurance is borne by premiums for voluntary/employee-paid insurance. When we provide such a quote it presumes that packaged coverages are part of a single ERISA plan. Upon request, we can quote on an alternative basis.

¹ These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. This service is provided exclusively by ComPsych® Corporation. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law.



Accident Insurance - High Plan

Exclusions and Limitations (may vary by state)

Accident Insurance will not cover loss caused or contributed by:

1. disease or infirmity of body, or medical or surgical treatment for such disease or infirmity. (applies when the hernia surgery benefit is included.) This exclusion does not apply in the event of a Hernia Surgery that occurs due to the Accident;
2. an infection not occurring as a direct result or consequence of Injury;
3. suicide or attempted suicide, while sane or insane;
4. intentionally self-inflicted harm, while sane or insane;
5. travel in or descent from an aircraft, if the Covered Person acted in a capacity other than as a passenger;
6. travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the Earth's atmosphere;
7. war or act of war, whether declared or undeclared;
8. active participation in a riot, insurrection, or terrorist activity;
9. an Accident occurring during any period of time while the Covered Person is incarcerated in any type of penal or detention facility;
10. committing or attempting to commit a felony;
11. (applies to 24-hour coverage only) voluntary intake or use by any means of:
 - a. any drug, unless:
 - i. prescribed or administered by a Doctor and taken in accordance with the Doctor's instructions; or
 - ii. an over-the-counter drug taken in accordance with the instructions.
 - b. any poison, gas or fumes, unless a direct result of an occupational accident;
12. operating a motorized vehicle while under the influence of alcohol, such that the Covered Person's blood alcohol content meets or exceeds the legal level established for Driving Under the Influence (DUI), Driving While Impaired (DWI), or other similar laws of the jurisdiction where the Accident occurred;
13. riding or driving an air, land or water vehicle in a race;
14. in the case of an Employee, as a result of active duty as a member of the armed forces of any nation.
15. in the case of a Spouse or Dependent Child(ren), an Accident occurring while the Spouse or Dependent Children is on active duty as a member of the armed forces of any nation. We will refund, upon Written notice of such service, any Premium which has been accepted for any period not covered as a result of this exclusion;
16. participation in any semi-professional or professional athletic contest in which any compensation is received;
17. bungee jumping;
18. dental or plastic surgery except when such surgery is performed to:
 - a. treat an Injury;
 - b. correct a disorder of normal bodily function that has been impaired due to Injury;
 - c. reconstruct a part of the body which was disfigured or removed as a result of Injury;
19. participation in an illegal occupation or activity;
20. rock or mountain climbing;
21. aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning, and parasailing).



Accident Insurance - High Plan

Plan Definitions

This section highlights certain benefit descriptions/definitions in alphabetical order. *(Contact your NYL GBS representative for a sample accident insurance certificate for more details regarding the benefit provisions and definitions outlined in this proposal. Specific benefit provisions may vary by state.)*

Plan Definitions

Health Screening Benefit	<p>Each Covered Person who receives a covered Health Screening service is covered for an annual benefit, as determined by the option elected by the client, for completing a covered Health Screening service. The benefit is only payable once per day even if multiple Health Screenings are provided in a single day. Refer to the Accident Insurance Benefit Plan Summary for details.</p> <p>Eligible screenings include: safety/injury prevention class; mental health screening; baseline concussion screening; abdominal aortic aneurysm ultrasonography; blood test for lipids including total cholesterol, LDL, HDL, and triglycerides; bone marrow testing, bone density screening; breast ultrasound or mammography; CA15-3 blood test for breast cancer; CA 125 blood test for ovarian cancer; carotid doppler; CEA blood test for colon cancer; chest x-ray; colonoscopy; electrocardiogram; double contrast barium enema; fasting blood glucose test; flexible sigmoidoscopy; hemoccult stool analysis; mammogram; pap smear, (including ThinPrep); PSA; serum cholesterol test to determine level of HDL and LDL; serum protein electrophoresis (blood test for myeloma); stress test; thermography; CT angiography; Testicular Ultrasound; Smoking Cessation Program; Weight Reduction Program; Cancer Genetic Mutation Test (BRCA); Skin Cancer Screening; Biopsies for Cancer; Lymphocyte Genome Sensitivity Test (LGS) (universal blood test for cancer); Routine Eye Exam; Routine Dental Exam; Hearing Screening; Well child/preventative exams age 1 to 18; Adult annual exam; Biometric Screenings; Wellness Fair; Immunizations; any other medically accepted health screening examination.</p>
Portability	<p>Employees have the ability to continue all or some of their insurance coverage when they leave employment to help prevent coverage gaps and promote employee well-being. Coverage will be ported to the plan that was in place as an active employee. Some state variations may apply.</p>



Accident Insurance - High Plan

Accident Insurance Rates - High Plan

Monthly Premium Per Employee: Employee-Paid

Rate Guarantee: 3 Years

Coverage Type: 24-Hour

Employee	Employee+Spouse	Employee+Child(ren)	Family
\$12.96	\$22.13	\$22.50	\$30.38