Accident coverage

Protect yourself from the unexpected

When an accident happens, most of us aren't financially prepared for the overwhelming costs of care — even if we have medical coverage. Accident coverage can help take care of those unexpected costs and provide peace of mind.

You can benefit from accident coverage if you:

- Have children who are active or play sports.
- Work at a physically demanding job.
- Participate in active hobbies.
- Enjoy working around the house.

How the accident plan works

If you or a covered family member is injured because of a qualifying accident, the plan pays out a cash benefit in one lump sum. The injury doesn't have to be severe. Some commonly covered accidental injuries include broken bones or dislocations, burns, and dental and eye injuries.

You decide how to use the benefits to best support your recovery. Use them to help pay for:

- **Out-of-pocket medical costs**, like your deductible, copays, or coinsurance (your percentage of the costs).
- Other medical costs, such as ambulance fees, physical therapy, X-rays, or crutches.
- **Daily expenses**, like rent, food, transportation, or help around the house.



Key plan features

- Cash benefit is paid directly to you in a lump-sum payment.
- No medical questions or exam needed to enroll.
- No limitations for preexisting conditions.¹
- Coverage is available for yourself, your spouse, and dependent children.
- You can take your coverage with you even if you leave your employer.²

Jennifer's story — An example of accident coverage:

Here's how Jennifer's accident coverage supported her after a fall.

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The accident	Not-so-good-news	Post-ER	How Jennifer's accident coverage helped her
Jennifer fell from a ladder while painting her house and landed on her arm and shoulder. An ambulance took her to the nearest emergency room (ER) for treatment.	Computed tomography (CT) and X-rays showed she had a concussion and a fractured wrist.	Jennifer needed follow-up care with her doctor once a month. She also went through a six-week physical therapy treatment plan.	Jennifer received a \$3,225 benefit from her accident plan. She used \$3,000 to hire a painter to paint her house. She applied the remaining \$225 to her doctor and
Keep in mind, the coverage details dis	cussed here are only examples.		physical therapy copays.

Keep in mind, the coverage details discussed here are only examples. Please check your individual plan details for exact coverage information.

Connected benefits make things easier for you

When you have supplemental health coverage, you will have to submit a claim to be paid for your qualifying accidental injury. If you have a medical plan and accident coverage with us, we'll automatically let you know when you may have an eligible accident claim to file, based on the medical claims we see filed by your healthcare professionals. Just make sure you've created an account on the Sydney^{5M} Health mobile app or anthem.com and are signed up for email alerts.

1 Covered accidents must occur after the effective date of coverage.

² Not available in all states. Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthemcom/contexturkaccess. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Gross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. and Community, Care Health Plan of Georgia, Inc. and Community Care Health Plans of Kentucky: Anthem Health Plans of Kentucky. Anthem Health Plans of Maine; Inc. In Missouri, Inc. INT and certain affiliates administer on-HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates administer on-HMO benefits underwritten by HMO Colorado, Inc., dab HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire; Inc. HMO plans are administered by Anthem Health Plans of New Hampshire; Inc. and Anthem HealthPlans of New Hampshire; Inc. and Anthem HealthPlans of New Hampshire; Inc. and Anthem HealthPlans of New Hampshire; Inc. HMO plans are administered by Anthem Health Plans of New Hampshire; Inc. and Anthem HealthPlans of Virginia, Inc. In T9 southeaster acounties of New York: Anthem HealthPlans and Bue Shield, and its affiliate HealthReepers, Inc. Integers as Anthem Blue Cross and Blue Shield HP is the tradename of Anthem HP. LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield HP is the tradename of Anthem HP. LLC. In Ohio: Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross Blue Shield HP is the tradename of Anthem HP. LLC. In Ohio: Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross Blue Shield and Its afflicate HealthReepers, Inc. trades as Anth



Accident Custom 24 Hour Plan

Accident coverage provides a cash benefit for qualifying accidental losses. It can help pay for out-of-pocket medical costs, costs that may not be covered under your medical plan, or daily expenses.

Key features:

- · Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- · No medical questions or exam needed to enroll.
- You can take your coverage with you even if you leave your employer.¹
- No limitations for pre-existing conditions.²

On the job accidents are covered

Coverage Options	Employee Only	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
Monthly Cost	\$7.03	\$11.05	\$11.68	\$18.40

Hospital and Emergency Benefits

Benefit	Payment Limitation	Amount
Hospital Admission	Once/accident within 90 days	\$1,000
Daily Hospital Confinement	Up to 365 days/lifetime (total daily and ICU)	\$200
Daily ICU Confinement	Up to 30 days/accident (subject to 365 days/lifetime)	\$400
Ambulance – Air	Once/accident within 72 hours	\$1,500
Ambulance – Ground	Once/accident within 90 days	\$400
Blood/Plasma/Platelets	Once/accident within 90 days	\$400
Emergency Room	Once/accident within 72 hours	\$50
Diagnostic Exam	Once/accident within 90 days	\$50
Urgent Care	Once/accident within 72 hours	\$50
X-Ray	Once/accident within 90 days	\$150

Follow Up Care Benefits

Benefit	Payment Limitation	Amount
Accident Follow-up	Up to 3 treatments/accident within 90 days	\$75
Acupuncture	Up to 10 visits/accident within 365 days	\$25
Child Care	Up to 30 days/accident while insured is confined	\$25
Chiropractic Care	Up to 10 visits/accident within 365 days	Not Covered
Transportation	Up to 3 trips/accident	\$300
Initial Physician Office Visit	Once/accident within 90 days	\$75
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	\$100

Specified Injury & Surgery Benefits

Benefit	Amount
Abdominal/Thoracic Surgery	\$1,500
Arthroscopic Surgery	\$300
Concussion	\$150
Emergency Dental – Crown	\$300
Emergency Dental – Extraction	\$100
Eye Injury – Object Removal	\$150
Eye Injury – Surgery	\$300
Knee Cartilage – with repair	\$750
Knee Cartilage – without repair	\$150
Laceration – 2" to 6"	\$50
Laceration – 6" or greater	\$600
Ruptured Disc	\$800
Tendon/Ligament/Cuff – single	\$800
Tendon/Ligament/Cuff – 2 or more	\$1,200

Catastrophic Benefits

Benefit	Amount
Coma (≥ 168] continuous hours)	\$10,000
Burn – 2nd degree (≥ 34% of body surface)	\$1,000
Burn – 3rd degree (≥ 18 sq. in. of body surface)	\$10,000
Burn – skin graft (for 3rd degree burn)	50% of 3rd Degree Burn Benefit
Home Health Care	\$50
Paralysis – quadriplegia	\$10,000
Paralysis – paraplegia	\$5,000
Prosthesis – single	\$750
Prosthesis – 2 or more	\$1,500

Accidental Death & Dismemberment

Benefit	Payment Limitation	Amount
Accidental Death	Within 90 Days	\$50,000
Common Carrier Death	Spouse benefit payable at 50% of employee benefit	\$150,000
Both hands or both feet	Child(ren) benefit payable at 25% of employee benefit	\$15,000
Sight – both eyes		\$15,000
Speech & Hearing (both ears)		\$50,000
1 hand & 1 foot		\$25,000
1 hand/foot & sight of 1 eye		\$50,000
1 hand or 1 foot		\$7,500
Sight – 1 eye		\$7,500
Speech or Hearing (both ears)		\$25,000
Thumb & Index finger (same hand)		\$5,000

Dislocation Schedule

Benefit	Payment Limitation	Amount
Ankle, foot bones (except toes)	- Closed/non-surgical benefit is 50% of open benefit shown	\$1,400
Collarbone – acromio/separation	- Benefit for dependent spouse is 100% of the amount shown	\$320
Collarbone – sternoclavicular	- Benefit for dependent child(ren) is 100% of the amount shown	\$500
Elbow	- Incomplete dislocations and dislocation without anesthesia are 25% of the benefit shown	\$640
Finger, toe	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$320
Hip		\$3,800
Knee		\$1,800
Lower Jaw		\$640
Shoulder (glenohumeral)		\$1,400
Wrist		\$1,400
Hand Bones (except fingers)		\$640

Fractures Schedule

Benefit	Payment Limitation	Amount
Ankle	- Closed/non-surgical benefit is 50% of open benefit shown	\$1,800
Foot Bones (except toes)	- Benefit for dependent spouse is 100% of the amount shown	\$1,800
Соссух	- Benefit for dependent child(ren) is 100% of the amount shown	\$500
Collarbone/clavicle or sternum	- Chip fracture is payable at 25% of the benefit shown	\$1,800
Finger, toe	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$320
Forearm – radius or ulna		\$1,800
Hip, thigh/femur		\$4,000
Kneecap/patella		\$1,800
Lower jaw/mandible (exc. alv. process)		\$1,400
Lower leg – fibula or tibia		\$2,200
Nose, facial bones (except jaw bones)		\$640
Pelvis (except coccyx)		\$3,600
Vertebrae – processes		\$640
Rib		\$500
Shoulder blade/scapula		\$1,800
Skull – depressed		\$3,600
Skull – non-depressed/simple		\$1,000
Upper arm/humerus		\$1,800
Upper jaw/maxilla (exc. alveolar process)		\$1,400
Vertebrae – body		\$3,600
Wrist, hand bones (except fingers)		\$1,800

How to file claims

You can file claims online at <u>https://supplemental-health.anthem.com</u> or you can print a claim form from that website and file it by mail or fax. Contact us at (800) 608-3813 with any questions.

Exclusions

The information provided below is applicable in most states; however, please be aware that state variations may apply.

- A benefit is not payable for any covered illness that results from or is caused by:
- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- · War or act of war, declared or undeclared
- · A nuclear, chemical, biological, or radiological event
- · A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to them
- · A covered person's taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed or administered by a Physician
- · A covered person's being intoxicated as defined by the jurisdiction in which the cause of the loss was incurred

• While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests.

• Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven. This exclusion does not apply where the Covered Person is riding as a fare-paying passenger on a regularly scheduled commercial airline or as a passenger for transportation only and not as a pilot or crew member

· Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

Accident means a sudden, unforeseeable event that causes an Injury and that: 1) occurs while this Certificate is in force; 2) occurs while the Covered Person's insurance is effective; and 3) is not subject to any exclusion in the Policy.

¹ Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer. ² Covered accidents or illness must occur after the effective date of coverage.

In Colorado and Georgia, members must be enrolled in comprehensive health benefits from a group health insurance plan, an employer sponsored plan, an HMO plan, or an individual health plan that provides essential health benefits.

Group Accident benefits provided by policy form SAI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

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