

Accident coverage provides a cash benefit in one lump sum if you or a covered family member is injured because of an accident. Use accident coverage to help pay for out-of-pocket medical costs, such as ambulance fees, physical therapy, X-rays or daily expenses like rent, food, transportation. This plan covers accidents that occur both at and outside of the workplace.

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 employer¹
- No limitations for pre-existing conditions.²

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

Convenience

We are here to help. To file a claim, start with the claim form available from your employer. Follow the instructions on the form to submit and contact the Anthem Supplemental Contact Center with any questions.

| | Benefit | Payment Limitation | Amount |
|------------------------|-----------------------------|---|-------------|
| Hospital and emergency | 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 | 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 |
| | Initial doctor 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 |
| | Transportation | Up to 3 trips/accident | \$300 |

| | Benefit | Payment Limitation | Amount |
|------------------------------------|--|---|-----------|
| Specified injury & surgeries | Abdominal/thoracic surgery | Once/accident within 90 Days | \$1,500 |
| | Arthroscopic surgery | Once/accident within 90 Days | \$300 |
| | Concussion | Up to 3 Concussions/year within 72 Hours | \$150 |
| | Emergency dental – crown | Highest benefit once/accident within 90 Days | \$300 |
| | Emergency dental – extraction | Highest benefit once/accident within 90 Days | \$100 |
| | Eye injury – object removal | Highest benefit once/accident within 90 Days | \$150 |
| | Eye injury – surgery | Highest benefit once/accident within 90 Days | \$300 |
| | Knee cartilage – with repair | Highest benefit once/accident within 12 Months | \$750 |
| | Knee cartilage – without repair | Highest benefit once/accident within 12 Months | \$150 |
| | Laceration – 2 to 6 inches | Highest benefit once/accident within 72 Hours | \$50 |
| | Laceration – 6-inch or greater | Highest benefit once/accident within 72 Hours | \$600 |
| | Ruptured disc | Once/accident within 365 Days | \$800 |
| | Tendon/ligament/rotator cuff – single | Highest benefit once/accident within 365 Days | \$800 |
| | Tendon/ligament/rotator cuff –two or more | Highest benefit once/accident within 365 Days | \$1,200 |
| Catastrophic | Coma (≥ 168 continuous hours) | Once/accident within 90 days | \$10,000 |
| | Burn – 2nd degree (≥ 34% of body surface) | Highest benefit once/accident within 72 Hours | \$1,000 |
| | Burn – 3rd degree (≥ 18 sq. in. of body surface) | Highest benefit once/accident within 72 Hours | \$10,000 |
| | Burn – skin graft (3rd-degree burn) | Once/accident. 25% of 3rd-degree burn benefit | |
| | Home health care | Per Day, Up to 30 days/accident | \$50 |
| | Paralysis – quadriplegia | Highest benefit once/accident within 90 days | \$10,000 |
| | Paralysis – paraplegia | Highest benefit once/accident within 90 Days | \$5,000 |
| | Prosthesis – single | Highest benefit once/accident within 365 days | \$750 |
| Prosthesis – 2 or more | Highest benefit once/accident within 365 Days | \$1,500 | |
| Accidental death and dismemberment | Accidental death | - Within 90 days, payable once/accident | \$50,000 |
| | Common carrier death | - 50% benefit for covered spouse | \$150,000 |
| | Both hands or both feet | - 25% benefit for covered child(ren) | \$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 | Ankle, Foot Bones (Except Toes) | - Closed/Non-Surgical Dislocation benefit is 50% of Open benefit shown. | \$1,400 |
| | Collarbone – Acromio/Separation | - Benefit for dependent spouse or child(ren) are 100% of the amount shown | \$320 |
| | Collarbone – Sternoclavicular | | \$500 |
| | Elbow | - Incomplete dislocations and dislocation without anesthesia are 25% of the benefit shown | \$640 |
| | Finger, Toe | | \$320 |
| | Hip | - Multiple dislocations and fractures are payable up to 200% of the highest benefit | \$3,800 |
| | Knee | | \$1,800 |
| | Lower Jaw | | \$640 |
| | Shoulder (Glenohumeral) | | \$1,400 |
| | Wrist | | \$1,400 |
| | Hand Bones (Except Fingers) | | \$640 |

| | Benefit | Payment Limitation | Amount |
|------------------------------------|--|---|---------|
| Fractures schedule | Ankle | - Closed/Non-Surgical Fracture benefit is 50% of Open benefit shown. | \$1,800 |
| | Foot Bones (Except Toes) | - Benefit for dependent spouse or child(ren) are 100% of the amount shown | \$1,800 |
| | Coccyx | | \$500 |
| | Collarbone/Clavicle Or Sternum | - Chip fracture is payable at 25% of the benefit shown | \$1,800 |
| | Finger, Toe | | \$320 |
| | Forearm – Radius Or Ulna | - Multiple dislocations and fractures are payable up to 200% of the highest benefit | \$1,800 |
| | Hip, Thigh/Femur | | \$4,000 |
| | Kneecap/Patella | | \$1,800 |
| | Lower Jaw/Mandible (Exc. Alv. Process) | | \$1,400 |
| | 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 | |

1 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.

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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