

Eligibility Basics	Employee – Must work minimum 20 hours per week Spouse (includes domestic partners) – Employee must be enrolled Children (eligible up to age 26, regardless of student status) – Employee must be enrolled	
Funding Option	100% Employee paid	
Coverage Type	Off-job (non occupational)	
Plan Type	Choice of 2 plans (Plan A & Plan B) Each plan includes 3 categories/packages: <ul style="list-style-type: none"> • Emergency, Hospital & Treatment Care • Specified Injury & Surgery • Catastrophic 	
Coverage Election	Employee Only Employee & Spouse	Employee & Child Employee & Family
Portability	Included	
Enrollment Type	Annual open enrollment	
Guaranteed Issue Amount	Equal to benefit amount	
Participation	1 enrolled life	
Rate Structure	Composite rates by coverage tier (Employee Only, Employee & Spouse, Employee & Child or Family)	
Rate Guarantee Period	2 years	

SPECIFIED INJURY & SURGERY BENEFIT PACKAGE

- Includes benefits for each covered person for: Dislocations and fractures; Burns, lacerations and concussions; Surgery and more.
- Injury/treatment time frame ranges from 72 hours to 365 days.

		Plan A	Plan B
Burn	Once/accident	≤\$5,000	≤\$15,000
Concussion	Up to 3 concussions/year within 72 hours	\$100	\$200
Dislocations	Once/joint/lifetime (open or closed)	≤\$2,000	≤\$8,000
Fractures	Once/bone/accident within 90 days	≤\$3,000	≤\$9,000
Eye – Debris Removal/Surgical	Highest benefit once/accident within 90 days	\$100 / \$300	\$300 / \$600
Joint Replacement	Once/accident within 90 days	\$1,500	\$3,000
Lacerations	Once/accident within 72 hours	≤\$400	≤\$600

CATASTROPHIC BENEFIT PACKAGE

- Includes benefits for each covered person for: Death and dismemberment; Coma and paralysis; Prosthesis and more.
- Injury/service time frame ranges from 90 days to 365 days.

		Plan A	Plan B
Accidental Death – Employee	Within 90 days	\$20,000	\$50,000
Accidental Death – Spouse	Within 90 days	50% of employee benefit	50% of employee benefit
Accidental Death – Child(ren)	Within 90 days	25% of employee benefit	25% of employee benefit
Common Carrier Death	Within 90 days	3 times death benefit	3 times death benefit
Coma	Once/accident within 90 days	\$5,000	\$15,000
Dismemberment/Paralysis	Once/accident within 90 days	≤\$20,000	≤\$50,000
Home Health Care	Up to 30 days/accident	\$50	\$50
Prosthesis	Highest benefit once/accident within 365 days	≤\$1,000	≤\$2,000

EMERGENCY, HOSPITAL & TREATMENT CARE PACKAGE

- Includes benefits for each covered person for: Initial care, diagnostic and emergency services; Hospital admission and confinement; Follow-up care and more.
- Treatment/service time frame ranges from 72 hours to 365 days.

		Plan A	Plan B
Accident Follow Up	Up to 3 treatments/accident within 90 days	\$50	\$100
Acupuncture	Up to 10 visits/accident within 365 days	\$25	\$50
Ambulance – Air / Ground	1 each accident within 72 hours / 1 each accident within 90 days	100% / 100%	100% / 100%
Blood/Plasma/Platelets	Once/accident within 90 days	\$150	\$300
Child Care	Up to 30 days/accident while insured is confined	\$25	\$30
Chiropractic Care	Up to 10 visits/accident within 365 days	\$25	\$50
Diagnostic Exam	Once/accident within 90 days	\$100	\$300
Hospital Admission	Once/accident within 90 days	\$500	\$1,500
Emergency Dental – Crown	Highest benefit once/accident within 90 days	\$150	\$450
Emergency Dental – Extraction	Highest benefit once/accident within 90 days	\$50	\$150
Emergency Room	Once /accident within 72 hours	\$100	\$200
Hospital Admission	Once/accident within 90 days	\$500	\$1,500
Ingestion Of Controlled Drug	-	\$500	\$500
Initial Physician Office Visit	Once/accident within 90 days	\$50	\$100
Lodging	Up to 30 nights/lifetime	\$100	\$150
Medical Appliance	Once/accident within 90 days	\$50	\$150
Physical/Occ Therapy Benefit	Up to 10 visits/accident within 90 days	\$25	\$50
Rehabilitation Facility	Up to 15 days/lifetime within 90days	\$50	\$150
Transportation	Up to 3 trips/accident	\$200	\$500
Urgent Care	Once /accident within 72 hours	\$50	\$100
X-Ray	Once/accident within 90 days	\$50	\$75

RATES

	Employee	Employee & Spouse	Employee & Child(ren)	Family
Plan A	\$6.29	\$9.88	\$10.08	\$16.03
Plan B	\$14.78	\$23.21	\$24.33	\$38.37
Initial Rate Guarantee Period	2 Years			

The services described are only an overview of the entire benefit package. For a more detailed description of benefits and terms, including any limitations and exclusions, refer to the carrier documents that will be provided to the member upon enrollment.