

CBIA Health Connections Voluntary Accident & Illness Benefits from The Hartford are the perfect complement to your medical insurance. They will help ease your out-of-pocket financial burden so you can focus on what's most important–getting better.

These affordable products are easy to enroll in and paid for with payroll deduction. They are offered to you and your family members regardless of your health status\*, age, or gender. You may choose one, two, or all three products.

## Help when you need it most to pay for:

Deductibles and coinsurance

Caregiver expenses

Travel to/from treatment centers

Rehabilitation

Rent or mortgage

Groceries

Child care

Utility bills



### **CRITICAL ILLNESS INSURANCE**

Cancer, heart attack, stroke... Critical Illness insurance helps you protect your finances by giving you a cash payment when a covered illness is diagnosed. You can use the payment for anything that will ease your financial burden.



### **ACCIDENT INSURANCE**

Accidents like fractures, concussions, and cuts are common and you should prepare for unplanned expenses related to them.

Accident insurance gives you a cash payment for a covered injury and related services. You can use the payment in any way you choose.



#### **HOSPITAL INDEMNITY INSURANCE**

Even if you have one of the best medical plans out there, it's unlikely your plan will cover all the costs of a hospital stay.

Hospital Indemnity insurance provides a cash benefit in the event of an unexpected hospital stay for a covered illness and/or injury. This can help you pay for things like medical insurance deductibles, meals, travel, and lodging expenses for loved ones.

<sup>\*</sup>Pre-existing condition limitations apply to Critical Illness coverage. Please review policy information for details.

# ACCIDENT INSURANCE

Coverage Type Off-job (non occupational)

Portability
Your coverage stays with you if you change jobs.
Health Screening Benefits
\$50 once per year for each covered person

### EMERGENCY, HOSPITAL & TREATMENT CARE BENEFITS

Includes benefits for each covered person for: Initial care, diagnostic and emergency services; Hospital admission and confinement; Follow-up care and more.

	Coverage Time Frame	Plan A	Plan B
Emergency Room	Once /accident within 72 hours	\$150	\$250
Urgent Care	Once /accident within 72 hours	\$100	\$200
Initial Physician Office Visit	Once/accident within 90 days	\$50	\$100
Accident Follow Up	Up to 3 treatments/accident within 90 days	\$75	\$150
Ambulance - Air/ Ground	1 each accident within 72 hours / 1 each accident within 90 days	100% / 100%	100% / 100%
X-Ray	Once/accident within 90 days	\$100	\$150
Diagnostic Exam	Once/accident within 90 days	\$200	\$400
Hospital Admission	Once/accident within 90 days	\$500	\$1,500
Physical/Occ Therapy	Up to 10 visits/accident within 90 days	\$25	\$50
Rehabilitation Facility	Up to 15 days/lifetime within 90 days	\$50	\$150
Chiropractic Care	Up to 10 visits/accident within 365 days	\$25	\$50
Acupuncture	Up to 10 visits/accident within 365 days	\$25	\$50
Blood/Plasma/ Platelets	Once/accident within 90 days	\$150	\$300
Emergency Dental – Crown	Highest benefit once/accident within 90 days	\$150	\$450
Emergency Dental – Extraction	Highest benefit once/accident within 90 days	\$50	\$150
Medical Appliance	Once/accident within 90 days	\$50	\$150
Child Care	Up to 30 days/accident while insured is confined	\$25	\$30
Lodging	Up to 30 nights/lifetime	\$100	\$150
Transportation	Up to 3 trips/accident	\$200	\$500
Ingestion Of Controlled Drug	-	\$500	\$500

#### **MONTHLY RATES**

Valid through Dec. 31, 2024

	Plan A	Plan B
Employee	\$6.29	\$14.78
Employee & Spouse	\$9.88	\$23.21
Employee & Child(ren)	\$10.08	\$24.33
Family	\$16.03	\$38.37

## **MIKE'S STORY**

While traveling to pick up his children after soccer practice, Mike was in a car accident and broke his leg. He was taken to the hospital where he received various services.

Luckily Mike had Accident insurance in addition to his medical insurance that would help him pay for things like ambulance transportation, diagnostic exams, x-rays, follow-up physician visits, and other covered services.

#### **INJURY & SURGERY BENEFITS**

• Includes benefits for each covered person for: Dislocations and fractures; Burns, lacerations andconcussions; Surgery and more.

	Coverage Time Frame	Plan A	Plan B
Burn	Once/accident	≤\$5,000	≤\$15000
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 BENEFITS

Includes benefits for each covered person for: Death and dismemberment;
 Coma and paralysis; Prosthesis and more.

	Coverage Time Frame	Plan A	Plan B
Accidental Death Employee	Within 90 days of accident	\$20,000	\$50,000
Accidental Death Spouse	Within 90 days of accident	50% of employee benefit	50% of employee benefit
Accidental Death Child(ren)	Within 90 days of accident	25% of employee benefit	25% of employee benefit
Common Carrier Death	Within 90 days of accident	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

Please consult the policy documents for complete list of covered conditions and benefit payment amounts.



Plan B

# CRITICAL ILLNESS INSURANCE

# RACHEL'S STORY

Rachel is a working mom who was diagnosed with colon cancer. Her health insurance paid for most of her medical expenses, but she was respon-sible for several thousands of dollars in copayments and deductibles.

Fortunately, Rachel had enrolled in Critical Illness insurance. The cash payout covered her outstanding medical expenses as well as child care and other living expenses she

> incurred during her recovery period.

Employee: \$10,000 | Spouse: \$10,000 Employee: \$20,000 | Spouse: \$20,000 Child(ren): \$5,000 Child(ren): \$5,000 **Benefit Amount** Lump sum benefit for a covered person diagnosed with any of the following covered illnesses while insurance is in effect, subject to any pre-existing condition limitation. **Covered Illnesses Child Specified** Cerebral Palsy (100%) Invasive Cancer (100%) Major Organ Transplant (100%) % of coverage noted next Non-Invasive Cancer End Stage Renal Failure (100%) Congenital Heart Disease to each illness (25%)Bone Marrow Transplant (25%) Benign Brain Tumor (100%) Coma (100%) Cystic Fibrosis (CF) (100%) Paralysis (100%) Muscular Dystrophy Vascular Loss of Vision (100%) (100%)Heart Attack (100%) Loss of Hearing (100%) Spina Bifida (100%) Heart Transplant (100%) Loss of Speech (100%) Coronary Artery Bypass Advanced Parkinson's (100%) Amyotrophic Lateral Sclerosis Angioplasty/Stent (25%) (ALS or "Lou Stroke (100%) Gehrig's") (100%) Aneurysm (25%) Advanced Multiple Sclerosis (MS) (100%) Other Dread Diseases (25%) Benefit Different/Non-related illness - None | Related illness - 3 Months **Separation Period** Coverage Maximum Employee/Spouse: 500%; Child(ren): 300% **Recurrence Benefit** 100%; 12 months separation period **Health Screening Benefit** \$50 once per year for each covered person **Pre-Existing Conditions** None Limitation

Your coverage stays with you if you change jobs.

#### **MONTHLY RATES**

Valid through Dec. 31, 2024

Plan A

#### PLAN A - \$10,000 COVERAGE AMOUNT

**Portability** 

**Coverage Amounts** 

#### PLAN B - \$20,000 COVERAGE AMOUNT

Age	Employee	Employee & Spouse	Employee & Child	Family	Age	Employee	Employee & Spouse	Employee & Child	Family
18-24	\$6.23	\$10.11	\$12.52	\$17.44	18-24	\$10.83	\$17.03	\$ 17.12	\$24.36
25-29	\$7.56	\$12.12	\$13.36	\$18.87	25-29	\$13.38	\$20.82	\$19.18	\$27.57
30-34	\$8.43	\$13.45	\$13.36	\$19.19	30-34	\$15.07	\$23.36	\$19.99	\$29.10
35-39	\$10.59	\$16.68	\$15.03	\$21.85	35-39	\$19.35	\$29.78	\$23.79	\$34.95
40-44	\$14.61	\$22.88	\$18.60	\$27.53	40-44	\$27.28	\$41.90	\$31.27	\$46.55
45-49	\$22.33	\$34.85	\$26.22	\$39.39	45-49	\$42.61	\$65.61	\$46.50	\$ <i>7</i> 0.14
50-54	\$30.80	\$47.99	\$34.56	\$52.38	50-54	\$59.52	\$91.85	\$63.29	\$96.24
55-59	\$41.78	\$65.09	\$45.52	\$69.45	55-59	\$81.48	\$126.01	\$85.22	\$130.37
60-64	\$58.53	\$91.05	\$62.23	\$95.35	60-64	\$114.98	\$177.94	\$118.67	\$182.24
65-69	\$79.70	\$123.31	\$83.39	\$127.61	65-69	\$157.32	\$242.45	\$161.01	\$246.70
70-74	\$105.40	\$162.73	\$109.09	\$167.03	70-74	\$208.72	\$321.29	\$212.41	\$325.59
<i>75-7</i> 9	\$137.22	\$211.05	\$140.91	\$215.36	75-79	\$272.36	\$417.94	\$276.05	\$422.24
+ 08	\$156.85	\$241.29	\$160.54	\$245.60	+ 08	\$311.60	\$478.42	\$315.29	\$482.72

# HOSPITAL INDEMNITY INSURANCE

JOHN'S STORY

John was playing ice hockey when he began to experience severe chest pain. He was rushed to the hospital where he was diagnosed with a heart attack.

After being admitted, he

underwent emergency surgery then spent two days in the ICU, followed by another seven days in a regular room.

Because his hospital stay is covered by his Hospital Indemnity plan, he received a cash payment for each day spent in the hospital. This helped him cover his \$3,000 medical plan deductible and supplement Coverage Type, Covered
Events & Benefit Accrual Period

- 24 hour coverage (on and off-job)
- Illness & Injury
- Pregnancy covered

Plan Type

HSA Compatible Benefits\*

#### **BENEFITS**

	Plan A	Plan B	
First Day Hospital Confinement	\$500; Up to 3 Days/year	\$2000; Up to 3 Days/year	
Daily Hospital Confinement	\$100; Up to 90 days/year	\$200; Up to 90 days/year	
First Day ICU Confinement	\$1000; Up to 3 days/year	\$4000; Up to 3 days/year	
Daily ICU Confinement	\$200; Up to 30 days/year	\$400; Up to 30 days/year	
Continuity of Coverage from a Prior Plan	Included		
Continuation of Coverage	Included		
Portability	Your coverage stays with you if you change jobs.		
First Day ICU Confinement Daily ICU Confinement Continuity of Coverage from a Prior Plan Continuation of Coverage	\$1000; Up to 3 days/year \$200; Up to 30 days/year Include	\$4000; Up to 3 days/year \$400; Up to 30 days/year ded	

#### **MONTHLY RATES**

Valid through Dec. 31, 2024

	Plan A	Plan B		
Employee	\$11.30	\$35.52		
Employee & Spouse/Partner	\$23.36	\$73.59		
Employee & Child(ren)	\$21.58	\$67.21		
Family	\$35.20	\$110.00		

<sup>\*</sup> HSA Compatibility – The IRS limits the types of supplemental insurance that an individual who participates in a Health Savings Account (HSA) may have, while still maintaining the tax-exempt status of HSA contributions. The Hartford offers plan designs that are designed to be HSA compatible. However, in any circumstance, please consult a tax and/or legal advisor to determine which supplemental insurance may be purchased by employees who participate in a HSA. Plan design(s) that are designed to be HSA compatible are indicated above.

The services described in this brochure 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 upon enrollment.





