



# Voluntary Accident & Illness Benefits

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.

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

# ACCIDENT INSURANCE

<b>Coverage Type</b>	Off-job (non occupational)
<b>Portability</b>	Your coverage stays with you if you change jobs.

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

## MONTHLY RATES

Valid through Dec. 31, 2024

	Plan A	Plan B
<b>Employee</b>	\$6.29	\$14.78
<b>Employee &amp; Spouse</b>	\$9.88	\$23.21
<b>Employee &amp; Child(ren)</b>	\$10.08	\$24.33
<b>Family</b>	\$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 and concussions; Surgery and more.

	Coverage Time Frame	Plan A	Plan B
<b>Burn</b>	Once/accident	≤\$5,000	≤\$15,000
<b>Concussion</b>	Up to 3 concussions/year within 72 hours	\$100	\$200
<b>Dislocations</b>	Once/joint/lifetime (open or closed)	≤\$2,000	≤\$8,000
<b>Fractures</b>	Once/bone/accident within 90 days	≤\$3,000	≤\$9,000
<b>Eye – Debris Removal/Surgical</b>	Highest benefit once/accident within 90 days	\$100 / \$300	\$300 / \$600
<b>Joint Replacement</b>	Once/accident within 90 days	\$1,500	\$3,000
<b>Lacerations</b>	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
<b>Accidental Death Employee</b>	Within 90 days of accident	\$20,000	\$50,000
<b>Accidental Death Spouse</b>	Within 90 days of accident	50% of employee benefit	50% of employee benefit
<b>Accidental Death Child(ren)</b>	Within 90 days of accident	25% of employee benefit	25% of employee benefit
<b>Common Carrier Death</b>	Within 90 days of accident	3 times death benefit	3 times death benefit
<b>Coma</b>	Once/accident within 90 days	\$5,000	\$15,000
<b>Dismemberment/ Paralysis</b>	Once/accident within 90 days	≤\$20,000	≤\$50,000
<b>Home Health Care</b>	Up to 30 days/accident	\$50	\$50
<b>Prosthesis</b>	Highest benefit once/accident within 365 days	≤\$1,000	≤\$2,000

# 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 responsible 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.



### Coverage Amounts

#### Plan A

Employee: \$10,000 | Spouse: \$5,000  
Child(ren): \$5,000

#### Plan B

Employee: \$20,000 | Spouse: \$10,000  
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

% of coverage noted next to each illness

#### Cancer

Invasive Cancer (100%)  
Non-Invasive Cancer (25%)  
Benign Brain Tumor (100%)

#### Vascular

Heart Attack (100%)  
Heart Transplant (100%)  
Coronary Artery Bypass (25%)  
Angioplasty/Stent (25%)  
Stroke (100%)  
Aneurysm (25%)

#### Other

Major Organ Transplant (100%)  
End Stage Renal Failure (100%)  
Bone Marrow Transplant (25%)  
Coma (100%)  
Paralysis (100%)  
Loss of Vision (100%)  
Loss of Hearing (100%)  
Loss of Speech (100%)  
Advanced Parkinson's (100%)  
Amyotrophic Lateral Sclerosis (ALS or "Lou Gehrig's") (100%)  
Advanced Multiple Sclerosis (MS) (100%)

#### Child Specified

Cerebral Palsy (100%)  
Congenital Heart Disease (100%)  
Cystic Fibrosis (CF) (100%)  
Muscular Dystrophy (100%)  
Spina Bifida (100%)

### Benefit Separation Period

Different/Non-related illness — None | Related illness — 30 days

### 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 Limitation

6 Months lookback/6 Months continuously insured

### Portability

Your coverage stays with you if you change jobs.

## MONTHLY RATES

Valid through Dec. 31, 2024

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

Age	Employee	Employee & Spouse	Employee & Child	Family
18-24	\$6.23	\$10.11	\$12.52	\$17.44
25-29	\$7.56	\$12.12	\$13.36	\$18.87
30-34	\$8.43	\$13.45	\$13.36	\$19.19
35-39	\$10.59	\$16.68	\$15.03	\$21.85
40-44	\$14.61	\$22.88	\$18.60	\$27.53
45-49	\$22.33	\$34.85	\$26.22	\$39.39
50-54	\$30.80	\$47.99	\$34.56	\$52.38
55-59	\$41.78	\$65.09	\$45.52	\$69.45
60-64	\$58.53	\$91.05	\$62.23	\$95.35
65-69	\$79.70	\$123.31	\$83.39	\$127.61
70-74	\$105.40	\$162.73	\$109.09	\$167.03
75-79	\$137.22	\$211.05	\$140.91	\$215.36
80 +	\$156.85	\$241.29	\$160.54	\$245.60

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

Age	Employee	Employee & Spouse	Employee & Child	Family
18-24	\$10.83	\$17.03	\$17.12	\$24.36
25-29	\$13.38	\$20.82	\$19.18	\$27.57
30-34	\$15.07	\$23.36	\$19.99	\$29.10
35-39	\$19.35	\$29.78	\$23.79	\$34.95
40-44	\$27.28	\$41.90	\$31.27	\$46.55
45-49	\$42.61	\$65.61	\$46.50	\$70.14
50-54	\$59.52	\$91.85	\$63.29	\$96.24
55-59	\$81.48	\$126.01	\$85.22	\$130.37
60-64	\$114.98	\$177.94	\$118.67	\$182.24
65-69	\$157.32	\$242.45	\$161.01	\$246.76
70-74	\$208.72	\$321.29	\$212.41	\$325.59
75-79	\$272.36	\$417.94	\$276.05	\$422.24
80 +	\$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 his income while he wasn't working.

### 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
<b>First Day Hospital Confinement</b>	\$500; Once/year	\$2000; Once/year
<b>Daily Hospital Confinement</b>	\$100; Up to 90 days/year	\$200; Up to 90 days/year
<b>First Day ICU Confinement</b>	\$1000; Once/year	\$4000; Once/year
<b>Daily ICU Confinement</b>	\$200; Up to 30 days/year	\$400; Up to 30 days/year
<b>Continuity of Coverage from a Prior Plan</b>	Included	
<b>Continuation of Coverage</b>	Included	
<b>Portability</b>	Your coverage stays with you if you change jobs.	

## MONTHLY RATES

Valid through Dec. 31, 2024

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

\* 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.



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