Accident Insurance

DePauw University | 917800

Protect your savings against an accident

Even a broken arm can result in medical costs not covered by your health plan. Accident insurance helps to protect your finances after a mishap. It pays you cash for covered accidents and treatments. You can use the money to help pay out-of-pocket medical costs or everyday expenses.

How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

The benefit schedule on the following pages lists what the plan pays for covered accidents.

You can elect coverage for:

| You | You and your spouse |
|-----------------------|---------------------|
| You and your children | You and your family |

Additional features

- This plan pays a \$50 wellness screening benefit each year once you provide proof of an eligible health screening. We'll pay for a dependent screening too. The application is easy to fill out and includes common screenings, like certain blood tests; Pap smear; skin cancer screening; Lipid panels; cardiac exercise stress test; Electrocardiogram (ECG); Immunizations and interscholastic sports physical exam. (Availability of benefit and covered tests may vary by state.)
- Provides coverage for on- and off-the-job accidents
- Benefits are payable directly to you, the employee
- This plan pays benefits in addition to any other coverage you may have
- There are no health questions or pre-existing conditions limitations



What did Accident insurance mean for the Smiths?

This family of five is no stranger to sports accidents. Last June, their daughter Julie who is the top scorer on her soccer team tore her ACL and required surgery. Their son Robert fell and fractured his arm playing basketball that same year.

- The Smiths submitted claims for each child's ER visit, x-ray, physician appointments, and Julie's surgery.
- We reviewed the claim medical information, including details from their physicians, and approved the claims.
- The cash benefits helped the Smith family meet their medical deductible.

Falls are the leading cause of injury treated in emergency rooms every year, for people of all ages.*



Benefit schedule

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance's effective date. Unless otherwise specified, benefits are payable only once for each Covered Accident as applicable. The full list of benefits is listed here. Choose the plan that best meet your needs and your budget.

| Benefit | Low Plan | High Plan | |
|---|----------|-----------|--|
| Life and Dismemberment Losses (shown for employee only*) | | | |
| Accidental Death | \$15,000 | \$25,000 | |
| Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance) | \$30,000 | \$100,000 | |
| Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes | \$7,500 | \$15,000 | |
| Loss of one hand, foot, leg, or arm | \$3,750 | \$7,500 | |
| Loss of sight of one eye or loss of one eye | \$3,750 | \$7,500 | |
| Two or more fingers or toes | \$750 | \$1,500 | |
| One finger or one toe | \$375 | \$750 | |

| Dislocations | Open (surgery) | Closed (no surgery) | Open (surgery) | Closed (no surgery) |
|--------------------------------|-------------------|---------------------|-------------------|---------------------|
| Hip | \$2,000 | \$1,000 | \$4,000 | \$2,000 |
| Knee, ankle, bones of the foot | \$1,000 | \$500 | \$2,000 | \$1,000 |
| Elbow or wrist | \$400 | \$200 | \$800 | \$400 |
| Shoulder | \$500 | \$250 | \$1,000 | \$500 |
| Collarbone, bones of the hand | \$800 | \$400 | \$1,600 | \$800 |
| Finger(s) or toe(s) | \$100 | \$50 | \$200 | \$100 |
| Lower jaw | \$400 | \$200 | \$800 | \$400 |

| Fractures | Open (surgery) | Closed (no surgery) | Open (surgery | Closed (no surgery) |
|------------------------|----------------|---------------------|------------------|---------------------|
| Hip or thigh | \$2,000 | \$1,000 | \$4,000 | \$2,000 |
| Skull-depressed | \$3,000 | \$1,500 | \$6,000 | \$3,000 |
| Skull-simple | \$1,500 | \$750 | \$3,000 | \$1,500 |
| Vertebral process | \$350 | \$175 | \$700 | \$350 |
| Bones of the face | \$350 | \$175 | \$700 | \$350 |
| Bones of the nose | \$350 | \$175 | \$700 | \$350 |
| Leg | \$1,000 | \$500 | \$2,000 | \$1,000 |
| Vertebrae, Sternum | \$800 | \$400 | \$1,600 | \$800 |
| Pelvis | \$800 | \$400 | \$1,600 | \$800 |
| Upper jaw or upper arm | \$375 | \$190 | \$750 | \$375 |
| Lower jaw | \$325 | \$170 | \$650 | \$325 |
| Collarbone | \$325 | \$170 | \$650 | \$325 |
| Shoulder | \$325 | \$170 | \$650 | \$325 |
| Forearm | \$325 | \$170 | \$650 | \$325 |
| Hand, Wrist | \$325 | \$170 | \$650 | \$325 |
| Foot | \$325 | \$170 | \$650 | \$325 |
| Ankle | \$325 | \$170 | \$650 | \$325 |
| Kneecap | \$325 | \$170 | \$650 | \$325 |
| Elbow | \$325 | \$170 | \$650 | \$325 |
| Heel | \$325 | \$170 | \$650 | \$325 |
| Rib | \$175 | \$90 | \$350 | \$175 |
| Finger | \$175 | \$90 | \$350 | \$175 |
| Toe | \$175 | \$90 | \$350 | \$175 |
| Соссух | \$175 | \$90 | \$350 | \$175 |
| Multiple ribs | \$500 | \$250 | \$1,000 | \$500 |
| Additional Injuries | | | | |

| Benefit | Low Plan | | High Plan | |
|---|------------------------|------------------------|------------------------|------------------------|
| Eye injury – Surgery and Object Remove | \$125 | | \$250 | |
| Gunshot wound | \$250 | | \$500 | |
| Paralysis – paraplegia | \$12,500 | | \$25,000 | |
| Paralysis – quadriplegia | \$25,000 | | \$50,000 | |
| Coma | \$5,000 | | | \$10,000 |
| Concussion | \$5,000 | | | \$100 |
| Lacerations | 250 | | 7100 | |
| No sutures treated by doctor | \$20 | | \$35 | |
| Single laceration under 5 cm with sutures | \$35 | | \$65 | |
| 5 to 15 cm with sutures (total of all lacerations) | | \$125 | \$250 | |
| Greater than 15 cm with sutures (total of all lacerations) | | \$250 | \$500 | |
| Burns | 2 nd degree | 3 rd degree | 2 nd degree | 3 rd degree |
| | | | | |
| No sutures and treaded by doctor | \$200 | \$500 | \$400 | \$1,000 |
| 40-65 sq cm | \$400 | \$1,000 | \$800 | \$2,000 |
| 65-160 sq cm | \$600 | \$3,000 | \$1,200 | \$6,000 |
| 160-225 sq cm | \$800 | \$7,000 | \$1,600 | \$14,000 |
| More than 225 sq cm | \$1,000 | \$10,000 | \$2,000 | \$20,000 |
| Skin graft | | 50% of the | Burn benefit | |
| Medical Services | | | | |
| Diagnostic Exam: CT, CAT, MRI, EEG, EKG | \$10 | | \$20 | 00 |
| X-ray (1 time per benefit year) | \$25 | | \$30 | |
| Emergency treatment in a non-emergency room | \$25 | | \$50 | |
| Physician's follow-up office visit (per visit, up to 6 visits per Covered Accident) | \$25 | | \$25 | |
| Physical Therapy per visit (up to 10 visits per Covered Accident) | \$25 | | \$25 | |
| Medical Devices | \$100 | | \$125 | |
| Epidural (up to 2 injections per Covered Accident) | \$25 | | \$50 | |
| Prescription Drug | \$15 | | \$25 | |
| Prosthesis – one | \$250 | | \$500 | |
| Prosthesis – two | \$500 | | \$1,000 | |
| Blood, Plasma or Platelet Transfusion | \$100 | | \$200 | |
| Hospital | | | | |
| Hospital Admission | \$500 | | \$1,000 | |
| Hospital Confinement per day (up to 365 days per Covered Accident) | \$150 | | \$250 | |
| ICU Admission | \$750 | | \$1,500 | |
| ICU per day (up to 14 days) | \$300 | | \$500 | |
| Ambulance Ground | \$300 | | \$200 | |
| Ambulance Air | | | \$1,500 | |
| Emergency Room Admission | \$750 \$100 | | \$150 | |
| Family Lodging per day (up to 30 days per Benefit Year) | \$100 | | \$100 | |
| Transportation (100 or more miles up to 3 times per Covered Accident) | | | \$500 | |
| Rehab per day (per day, up to 30 days per Covered Accident) | \$250 \$50 | | \$100 | |
| Surgery | ر ر | | ۱۱ ک | 00 |
| | ¢15 | 0 | ¢ > (| 00 |
| Miscellaneous surgery Open surgery | \$150 \$635 | | \$300 | |
| | \$625 \$125 | | \$1,250 | |
| Exploratory surgery or debridement | \$125 | | \$250 | |
| Tendon/ligament/rotator cuff tear single | \$300 | | \$625 | |
| Ruptured / herniated disc | \$300 | | \$625 | |
| Torn knee cartilage | \$30 | IU | \$62 | 45 |
| Emergency Dental | | | | |
| Emergency dental extraction | \$3 | | \$6 | |
| Emergency dental crown | \$10 | 0 | \$20 | 00 |
| Wellness | | | | |
| Wellness Screening (1 per year) | \$5 | 0 | \$! | 50 |

*Benefits displayed for life and dismemberment are for the employee only. Spouse benefits are 100% of the employee benefit amount for death and 100% of the employee benefit amount for dismemberment. Dependent children benefits are 50% of the employee benefit amount for death and 50% of the employee benefit amount for dismemberment.

Accident FAQs

What happens if I am injured?

Once your claim is approved, Accident insurance pays you a benefit amount if you are hurt or receive treatment as a result of a covered accident. The benefit amount you receive depends on your injury and/or the treatment you receive. Benefits are payable only once for each Covered Accident (unless noted otherwise in the benefit schedule).

Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your certificate for details.

Can I take my insurance with me if I leave my employer?

Depending upon state variations and your employer's plan, you may have an option to continue group coverage when your employment terminates. Your employer can advise you about your options.

How do I file a claim?

We will ask for information from you and your doctor about the specific accident and the treatment provided. You can download forms from our website. Please complete and sign all forms. Missing information or signatures can delay your claim.

Accident insurance is a limited benefit policy. The certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.

Read the important plan provisions section for more information including limitations and exclusions.

*Health, United States, 2016," US Department of Health and Human Services, Table 75.

Important plan provisions

The following coverage(s) do not constitute comprehensive health insurance (often referred to as "major medical coverage") and do not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.

To become insured, all persons must be actively at work and performing their regular duties at their usual place of business on the proposed effective date or their date of coverage will be deferred until they return to active work. Refer to the Certificate for details and similar requirements for dependent coverage.

Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

Accident

We will not pay a benefit that is due to or results from: suicide while sane or insane; intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger; work-related illness or injuries unless you are enrolled in 24-hour coverage.

Information about services offered

Value-added services are not insurance, are offered only on specific lines of coverage and carry a separate charge, which is added to the cost of the insurance. The cost is included in the total amount billed. The entities that provide the value-added services are not subcontractors of Sun Life and Sun Life is not responsible or liable for the care, services, or advice provided by them. Sun Life reserves the right to discontinue any of the Services at any time.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life Financial companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life Financial" or "Sun Life").

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 13-ADD-C-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 12-DI-C-01, 16-DI-C-01, TDBPOLICY-2006, TDI-POLICY, 12-AC-C-01, 16-AC-C-01, 12-SD-C-01, 16-SD-C-01, and 16-CAN-C-01.

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Rate Sheet

Coverage and bi-weekly rate for Accident Insurance.

Accident coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Low Plan:

| Coverage | Bi-Weekly Cost* |
|-----------------------|--------------------|
| Employee | \$4.45 |
| Employee + Spouse | \$6.40 |
| Employee + Child(ren) | \$6.96 |
| Employee + Family | \$8.91 |

High Plan:

| Coverage | Bi-Weekly Cost* |
|-----------------------|--------------------|
| Employee | \$6.10 |
| Employee + Spouse | \$9.46 |
| Employee + Child(ren) | \$10.62 |
| Employee + Family | \$13.98 |

^{*}The rate is in effect for January 1, 2019. Contact your employer to confirm the portion of the cost for which you will be responsible.