


EMPLOYEE CHOICE Accident Plan

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The Accident supplemental benefit pays up to the scheduled maximum amount, after the deductible, for medical charges resulting from a covered accident. The scheduled benefits apply to each accident per person covered, not to exceed the Maximum Amount Per Accident. The maximum amount applies to each accident (regardless of plan year) subject to the Plan Year Maximum. Reimbursements may reflect actual expenses up to the benefit amount indicated in the schedule. Benefits are paid directly to the primary member and can be used however they choose.

The plan pays the following benefits for a loss if, while this coverage is in force, a covered person sustains an injury as a result of an off the job accident. The injury must be diagnosed by a physician and the services described in the benefit information must be provided or received by the covered person within 7 days of the covered accident, and all subsequent treatments must be incurred within 12 months of the covered Accident. Any loss not stated in the benefit information provision is not covered. The plan does not pay for reinjury or complications of an injury caused or contributed

to by a condition that existed before the accident. Any doctor or hospital can be used but services must be received in the United States or its territories. Both individual and family coverages are available and no medical exam or underwriting is required. Dependent children are covered from birth to 26 years old. Spouse includes common law marriage partner, domestic partner or civil union partner if legally recognized in the governing jurisdiction.

| | OPTION I* | OPTION II | OPTION III |
|------------------------------------|-------------|-------------|-------------|
| Scope of Coverage | Off the Job | Off the Job | Off the Job |
| Maximum Amount Per Accident | \$1,500 | \$5,000 | \$10,000 |
| Plan Year Maximum | \$1,500 | \$5,000 | \$10,000 |
| Deductible Per Accident | \$50 | \$50 | \$100 |
| Initial Treatment Period | 7 Days | 7 Days | 7 Days |
| Benefit Period | 12 Months | 12 Months | 12 Months |

*Option I must be 100% employer paid

| Treatment Services or Supplies Incurred for | Max Amount | Max Amount | Max Amount |
|--|--|---|--|
| INITIAL VISIT- 1 of the following: | | | |
| 1. Primary Care for initial treatment; limited to 1x per covered individual per accident | \$150 | \$150 | \$150 |
| 2. Urgent Care for initial treatment; limited to 1x per covered individual per accident | \$150 | \$150 | \$150 |
| 3. Hospital Emergency care expense for initial treatment only; limited to 1x per covered individual per accident | \$500 | \$500 | \$500 |
| Hospital Room & Board, and general nursing care, up to the semi-private room rate | \$1,500 | \$5,000 | \$10,000 |
| Hospital miscellaneous expense during Hospital Confinement or for outpatient surgery under general anesthetic, such as the cost of the operating room, laboratory tests, x-ray examinations, anesthesia, drugs (excluding take-home drugs) or medicines, therapeutic services and supplies | \$1,500 | \$5,000 | \$10,000 |
| Doctor's Fees for Surgery | \$1,500 | \$5,000 | \$10,000 |
| Anesthesia Services | \$1,500 | \$5,000 | \$10,000 |
| Physician follow up visits, inpatient and outpatient; limited to 2x per covered individual per accident | \$75 | \$75 | \$75 |
| Ambulance Expense | \$250 | \$250 | \$250 |
| X-ray, Imaging and Laboratory diagnostics | \$250 | \$250 | \$250 |
| Durable Medical Equipment | \$100 | \$100 | \$100 |
| Prescription Drugs | \$500 | \$500 | \$500 |
| Dental Treatment for Injured Teeth | \$250 per tooth up to a maximum of \$500 | \$250 per tooth up to a maximum of \$500 | \$250 per tooth up to a maximum of \$500 |
| Physical, Occupational, or Speech Therapy; limited to 10x per covered individual per accident | \$60 for first visit; \$30 for each visit thereafter | \$60 for first visit; \$30 for each visit thereafter | \$60 for first visit; \$30 for each visit thereafter |
| WELLNESS BENEFIT | n/a | \$60 BENEFIT PER PLAN YEAR per employee, per spouse | |

LIMITATIONS & EXCLUSIONS

The Employee Choice Accident Plan does not provide benefits for the following

IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care. The payment you get isn't based on the size of your medical bill. There might be a limit on how much this policy will pay each year. This policy isn't a substitute for comprehensive health insurance. Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. Looking for comprehensive health insurance? Visit [HealthCare.gov](https://www.healthcare.gov) or call [1-800-318-2596](tel:1-800-318-2596) (TTY: [1-855-889-4325](tel:1-855-889-4325)) to find health coverage options. To find out if you can get health insurance through your job, or a family member's job, contact the employer. Questions about this policy? For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments." If you have this policy through your job, or a family member's job, contact the employer.

The plan does not provide benefits for:

- Claims for benefits received after the timely filing period of 12 months after initial treatment.
- Injuries incurred prior to the effective date of coverage.
- Treatment, services or supplies which:
 - Are not Medically Necessary;
 - Are not prescribed by a Physician as necessary to treat an injury;
 - Are determined to be experimental/investigational in nature;
 - Are received without charge or legal obligation to pay;
 - Are received from persons employed or retained by any family member, unless otherwise specified; or
 - Are not specifically listed as benefits in the plan.
- Injury by acts of war, whether declared or not.
- Injury received while traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a regularly scheduled commercial airline.
- Injury covered by Worker's Compensation, Employer Liability law or Occupational Disease Act or Law.
- Injury sustained while committing or attempting to commit an illegal act.
- Any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound).
- Suicide or attempted suicide while sane or insane.
- Intentionally self-inflicted injury.
- Loss resulting from being legally intoxicated or under the influence of alcohol as defined by the laws of the state of jurisdiction in which the injury occurs.
- Loss resulting from being under the influence of drugs or narcotics unless administered on the advice of a Physician.
- Injury sustained while participating in or practicing for any professional or sports activity, in which there is some form of remuneration.
- Injury which occurs while a Covered Person is on active duty service in any armed forces. Reserve or National Guard active duty for training is not excluded unless it extends beyond 31 days.
- Injury sustained flying in an ultra-light, hang gliding, parachuting or bungee-cord jumping, by flight in a any flying craft.
- Cosmetic surgery, except for reconstructive surgery on an injured part of the body.
- Covered Charges incurred outside of the United States or its possessions.
- Driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway or waterway.
- Handling, storing or transporting explosives.
- Scaling up cliffs or mountain walls.
- Scuba Diving or Spelunking (exploring caves).
- Participation in martial arts or mixed martial arts if over the age of 18
- Reinjury or complications on an injury caused or contributed to by a condition that existed before the Accident.
- Repetitive motion injuries, strains, hernia, tendonitis, bursitis and heat exhaustion not related to a specific injury.

ACCIDENTS HAPPEN

- Unintentional injuries are the leading cause of death for Americans aged 1-44 years old.
- It is estimated that upwards of 24.8 million people visit a physician's office for treatment of unintentional injuries on an annual basis.

Content source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control