

EMPLOYEE CHOICE Accident Plan

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.

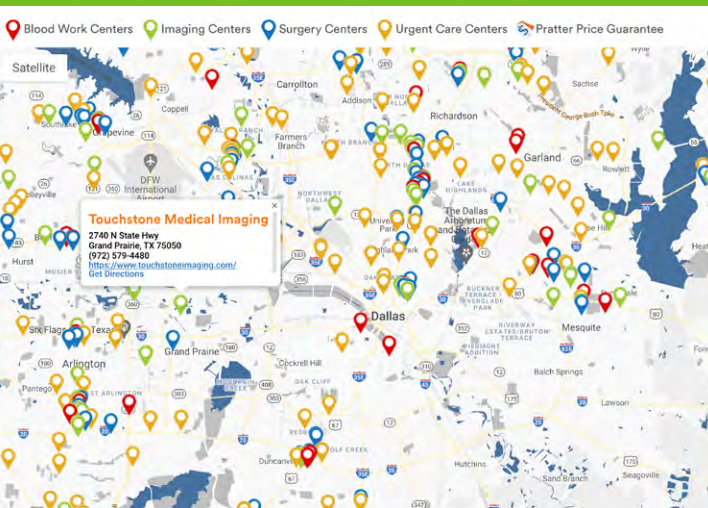
	OPTION I	OPTION II
Scope of Coverage	Off the Job	Off the Job
Maximum Amount Per Accident	\$5,000	\$10,000
Plan Year Maximum	\$5,000	\$10,000
Deductible Per Accident	\$50	\$100
Initial Treatment Period	7 Days	7 Days
Benefit Period	12 Months	12 Months

Treatment Services or Supplies Incurred for	Maximum Amount	Maximum Amount
INITIAL VISIT- 1 of the following:		
1. Primary Care for initial treatment; limited to 1x per covered individual per accident	\$150	\$150
2. Urgent Care for initial treatment; limited to 1x per covered individual per accident	\$150	\$150
3. Hospital Emergency care expense for initial treatment only; limited to 1x per covered individual per accident	\$500	\$500
Hospital Room & Board, and general nursing care, up to the semi-private room rate	\$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	\$5,000	\$10,000
Doctor's Fees for Surgery	\$5,000	\$10,000
Anesthesia Services	\$5,000	\$10,000
Physician follow up visits, inpatient and outpatient; limited to 2x per covered individual per accident	\$75	\$75
Ambulance Expense	\$250	\$250
X-ray, Imaging and Laboratory diagnostics	\$250	\$250
Durable Medical Equipment	\$100	\$100
Prescription Drugs	\$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
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
Broken Bone and Dislocation (based on actual expense in addition to emergency room, physical therapy, imaging, ambulance, Physician visits and follow-ups)	\$1,000	\$1,000

MONEY MAP

PRICING PORTAL

INCLUDED BENEFITS WITHOUT ADDED COST



CPT Codes/Descriptions
Up to 5 at a time

CPT Code / Descriptions	National Medicare Price Tags			National Carrier Price Tags			Target Cash Price Medicare + 20%		
	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee
27130 Total hip arthroplasty (joint r...	\$14752.00	\$14752.00	\$1415.00	\$27222.00	\$22123.00	\$2705.00	\$17702.40	\$17702.40	\$1698.00
29848 Carpal tunnel release, endo...	\$1260.00	\$1283.00	\$530.00	\$2565.00	\$2372.00	\$1116.00	\$1512.00	\$1539.60	\$636.00
71046 Chest x-ray, two views	\$52.00	\$51.00	\$11.00	\$179.00	\$164.00	\$62.00	\$62.40	\$61.20	\$13.20
80053 Complete Metabolic Panel (...)	\$12.00	\$12.00	N/A	\$83.00	\$29.00	N/A	\$14.40	\$14.40	N/A
93306 Echocardiogram	\$437.00	\$434.00	\$76.00	\$1133.00	\$874.00	\$140.00	\$524.40	\$520.80	\$91.20

CPT Code / Descriptions
Add CPT Code Here...
Search History

- Learn more about these prices
- How to get the target cash price example

MONEY MAP

WHERE TO GO

Money Map helps health plans and plan members save 40-70% per outpatient care item when they use quality, lower-cost, custom network Money Map providers for routine outpatient care.

Tap the Map® technology makes it easy for members to locate quality, lower-cost providers in just seconds using their smartphone or other device. Google maps and markers display nearby lower-cost, in-network care providers anywhere in the U.S. by zip code or GPS.

- Access anywhere you have internet
- No changes to existing network or benefits
- No changes to existing PCPs or specialists

PRICING PORTAL

WHAT TO PAY

Prices are no longer a secret and surprise bills can be a thing of the past. Access the Pricing Portal to navigate hundreds of thousands of data points nationwide that can empower well-informed healthcare decisions.

HOW TO ACCESS

YOUR BENEFIT

All active participants will receive an email from Pratter Health with credentials and instructions on how to access their specific benefit.

[CHECK OUT THE MONEY MAP INSTRUCTIONAL VIDEO HERE.](#)

LIMITATIONS & EXCLUSIONS

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

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