

Accident 24 Hour Plan

Accident coverage provides a cash benefit in one lump sum if you or a covered family member is injured because of an accident. Use accident coverage to help pay for out-of-pocket medical costs, such as ambulance fees, physical therapy, X-rays or daily expenses like rent, food, transportation. This plan covers accidents that occur both at and outside of the workplace.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- No medical questions or exam needed to enroll.
- You can take your coverage with you even if you leave your employer¹

Coverage Options	Employee Only	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
Monthly Cost	\$4.02	\$6.27	\$6.49	\$10.27

Convenience

We are here to help. To file a claim, start with the claim form available from your employer. Follow the instructions on the form to submit and contact the Anthem Supplemental Contact Center with any questions.

	Benefit	Payment Limitation	Amount
Hospital and emergency	Hospital admission	Once/accident within 90 days	\$500
	Daily hospital confinement	Up to 365 days/lifetime (total daily and ICU)	\$100
	Ambulance – air	Once/accident within 90 Days	\$500
	Ambulance – ground	Once/accident within 90 Days	\$200
	Blood/plasma/platelets	Once/accident within 90 Days	\$200
	Emergency room	Once/accident within 90 Days	\$100
	Diagnostic exam	Once/accident within 90 Days	\$100
	Urgent care	Once/accident within 90 Days	\$100
	X-ray	Once/accident within 90 Days	\$100
Follow-up care	Accident follow-up	Up to 3 treatments/accident within 90 days	\$50
	Acupuncture	Up to 10 visits/accident within 365 days	\$25
	Child care	Up to 30 days/accident while insured is confined	\$25
	Chiropractic care	Up to 10 visits/accident within 365 days	\$25
	Initial doctor office visit	Once/accident within 90 days	\$50
	Medical appliance	Once/accident within 90 days	\$100
	Physical therapy	Up to 10 visits /accident within 90 days	\$50
	Rehabilitation facility	Up to 15 days/lifetime within 90 days	\$100
	Transportation	Up to 3 trips/accident	\$200

	Benefit	Payment Limitation	Amount
Specified injury & surgeries	Abdominal/thoracic surgery	Once/accident within 90 Days	\$500
	Arthroscopic surgery	Once/accident within 90 Days	\$200
	Concussion	Up to 3 Concussions/year within 90 Days	\$100
	Emergency dental – crown	Highest benefit once/accident within 90 Days	\$150
	Emergency dental – extraction	Highest benefit once/accident within 90 Days	\$50
	Eye injury – object removal	Highest benefit once/accident within 90 Days	\$100
	Eye injury – surgery	Highest benefit once/accident within 90 Days	\$300
	Knee cartilage – with repair	Highest benefit once/accident within 12 Months	\$500
	Knee cartilage – without repair	Highest benefit once/accident within 12 Months	\$100
	Laceration – 2 to 6 inches	Highest benefit once/accident within 90 Days	\$100
	Laceration – 6-inch or greater	Highest benefit once/accident within 90 Days	\$200
	Ruptured disc	Once/accident within 365 Days	\$500
	Tendon/ligament/rotator cuff – single	Highest benefit once/accident within 365 Days	\$500
	Tendon/ligament/rotator cuff –two or more	Highest benefit once/accident within 365 Days	\$750
Catastrophic	Coma (≥ 168 continuous hours)	Once/accident within 90 days	\$5,000
	Burn – 2nd degree (≥ 34% of body surface)	Highest benefit once/accident within 90 Days	\$500
	Burn – 3rd degree (≥ 18 sq. in. of body surface)	Highest benefit once/accident within 90 Days	\$5,000
	Burn – skin graft (3rd-degree burn)	Once/accident. 25% of 3rd-degree burn benefit	
	Home health care	Per Day, Up to 30 days/accident	\$50
	Paralysis – quadriplegia	Highest benefit once/accident within 90 days	\$5,000
	Paralysis – paraplegia	Highest benefit once/accident within 90 Days	\$2,500
	Prosthesis – single	Highest benefit once/accident within 365 days	\$500
Prosthesis – 2 or more	Highest benefit once/accident within 365 Days	\$1,000	
Accidental death and dismemberment	Accidental death	- Within 90 days, payable once/accident	\$50,000
	Common carrier death	- 50% benefit for covered spouse	\$150,000
	Both hands or both feet	- 25% benefit for covered child(ren)	\$50,000
	Sight – both eyes		\$50,000
	Speech & hearing (both ears)		\$50,000
	1 Hand & 1 foot		\$25,000
	1 Hand/foot & sight of 1 eye		\$50,000
	1 Hand or 1 foot		\$25,000
	Sight – 1 eye		\$25,000
	Speech or hearing (both ears)		\$25,000
	Thumb & index finger (same hand)		\$5,000
Dislocation schedule	Ankle, Foot Bones (Except Toes)	- Payable for either Open or Closed/Non-Surgical Dislocation	\$700
	Collarbone – Acromio/Separation	- Benefit for dependent spouse or child(ren) are 100% of the amount shown	\$160
	Collarbone – Sternoclavicular		\$160
	Elbow	- Incomplete dislocations and dislocation without anesthesia are 25% of the benefit shown	\$320
	Finger, Toe		\$160
	Hip	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$1,900
	Knee		\$900
	Lower Jaw		\$320
	Shoulder (Glenohumeral)		\$700
	Wrist		\$700
	Hand Bones (Except Fingers)		\$320

	Benefit	Payment Limitation	Amount
Fractures schedule	Ankle	- Amount shown is payable for either Open or Closed Fracture	\$900
	Foot Bones (Except Toes)	- Benefit for dependent spouse or child(ren) are 100% of the amount shown	\$900
	Coccyx Finger Toe Rib		\$160
	Collarbone/Clavicle Or Sternum	- Chip fracture is payable at 25% of the benefit shown	\$900
	Finger, Toe		\$160
	Forearm – Radius Or Ulna	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$900
	Hip, Thigh/Femur		\$2,000
	Kneecap/Patella		\$900
	Lower Jaw/Mandible (Exc. Alv. Process)		\$700
	Leg – Fibula Or Tibia		\$1,100
	Nose, Facial Bones (Except Jaw Bones)		\$320
	Pelvis (Except Coccyx)		\$1,800
	Vertebrae – Processes		\$320
	Rib		\$160
	Shoulder Blade/Scapula		\$900
	Skull – Depressed		\$1,800
	Skull – Non-Depressed/Simple		\$320
	Upper Arm/Humerus		\$900
	Upper Jaw/Maxilla(Exc. Alveolar Process)		\$700
	Vertebrae – Body		\$1,800
Wrist, Hand Bones (Except Fingers)		\$900	

1 Not available in all states. Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

2 Covered accidents must occur after the effective date of coverage.

Group Accident benefits provided by policy form SAI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

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If you have any questions on your benefits, call the Empire/Anthem Call Center at 833-978-1473. The Call Center is open Monday - Friday from 9 a.m. to 6 p.m. EST.