



## Group Accident Coverage...●●●

*A limited supplemental policy providing accident insurance*



FAMILY MATTERS. NO MATTER WHAT.®

120 Royall Street, Canton, MA 02021 | 18135 Burke Street - Suite 120, Omaha, NE 68022



## Group Accident - Protection for the unexpected

### Are you prepared?

While many health insurance plans will cover most of the major expenses, you could still be left with out-of-pocket expenses such as co-payments, deductibles, transportation and lodging costs and emergency room expenses.

Group Accident Coverage complements your medical coverage by providing you with a benefit payment for covered medical services once your coverage is effective. This payment can be used as you see fit, especially to help with the out of pocket expenses you may incur as a result of an accident.

### Did you know that?\*

- In 2022, 63 million – about 1 in 5 – sought medical attention for an injury.
- In the U.S., the total cost of all injuries in 2022 was \$1,283.5 billion dollars.

\* Source: Injury Facts, 2022 Edition

---

### Group Accident Coverage Highlights:



Family coverage available



Portable



Affordable



Pays in addition to other coverage



Effective on enrollment date

## Eligibility and Key Features

**Coverage:** Off the Job

**Eligibility:** All employees ages 18 or above, working the minimum number of hours per week required by the plan, and who are actively at work at time of enrollment are eligible for participation. An enrolled employee may also insure their spouse. Children under the age of 26 are eligible regardless of marital or dependency status. Grandchildren under age 26 for whom the employee is required by a court or administrative order to provide health coverage are also eligible. No medical questions are required.



**Continuation of Coverage:** This coverage may be continued in the event you are no longer an employee/member of the Policyholder. Coverage must have been in force for 1 month after your certificate date. Coverage will be continued at the same premium and coverage amounts then in force.

**Effective Date of Coverage:** Coverage becomes effective at 11:59 PM on the date of the signed enrollment form.

	WEEKLY/MONTHLY PREMIUMS	WEEKLY	MONTHLY
	<b>Employee Only</b>		\$3.08
<b>Employee and Spouse</b>		\$5.75	\$24.94
<b>Employee and Children</b>		\$7.82	\$33.91
<b>Employee, Spouse and Children</b>		\$10.49	\$45.49

## Policy Benefits

All benefits are limited to one benefit per covered accident, per insured, and are paid independently of one another unless specifically noted otherwise.

CUSTOM	
HOSPITAL CARE	
\$2,000 →	<b>Hospital Admission:</b> Within 6 months after the covered accident. Amount will be doubled if placed in a Hospital Intensive Care Unit within the first 24 hours of admission.
\$500 →	<b>Hospital Confinement:</b> Per day up to 365 days. Within 6 months after the covered accident.
\$1,000 →	<b>Hospital Intensive Care Unit Confinement:</b> Per day up to 30 days. Within 30 days after the covered accident.
\$200 →	<b>Lodging:</b> Per day up to 30 days per covered accident for companion. Hospital must be more than 100 miles round trip from the residence of the insured.
\$150 →	<b>Rehabilitation Unit:</b> Per day up to 30 days. When confined in a rehab unit following hospitalization.
\$600 →	<b>Transportation:</b> Up to 3 round trips per covered accident. Insured must travel more than 100 miles round trip for treatment.
EMERGENCY CARE	
\$3,000 →	<b>Air Ambulance:</b> Within 48 hours after the covered accident.
\$600 →	<b>Ground Ambulance:</b> Within 90 days after the covered accident.
\$300 →	<b>Appliance:</b> Within 90 days after the covered accident. For personal locomotion or mobility.
\$600 →	<b>Blood, Plasma, Platelets:</b> Within 90 days after the covered accident.
\$150 →	<b>Physician Office/Urgent Care - Initial Visit:</b> Within 60 days of a covered accident.

## CUSTOM

### EMERGENCY CARE

- \$600 → **Outpatient Surgery Facility Service:** Torn Knee Cartilage, Ruptured Disc, Tendon/Ligament/Rotator Cuff.
- \$3,000 → **Abdominal or Thoracic with repair:** Within 72 hours of a covered accident.
- \$300 → **Abdominal or Thoracic without repair:** Within 72 hours of a covered accident.
- \$300 → **Hernia:** Diagnosed within 30 days and repaired within 90 days of the covered accident.

### EMERGENCY ROOM

- \$200 → **Emergency Room Treatment:** Within 72 hours after a covered accident.

### DIAGNOSTIC IMAGING

- \$300 → **Medical Imaging:** For CT scan, MRI or EEG as the result of a covered accident.
- \$75 → **X-Rays:** Payable for diagnosis and treatment of injuries received as the result of a covered accident.

### CONTINUING CARE

- \$100 → **Epidural Pain Management:** Within 6 months after the covered accident. Payable once per 12 month period, regardless of the number of covered accidents.
- \$100 → **Physician Follow-Up Care:** Within 180 days of the covered accident. Payable twice per covered accident.
- \$30 → **Spinal Manipulation:** Payable for 1 visit per day, up to a maximum of 5 visits per 12 month period, regardless of the number of covered accidents.
- \$30 → **Therapy Services - Occupational, Physical & Speech:** Maximum of 10 visits per covered accident and completed within 2 years after the covered accident.

### SPECIFIC LOSS

- Burns:** Treated by a physician within 72 hours after the covered accident.
  - \$2,250 → - 2nd degree burns which cover at least 36% of the body.
  - \$4,500 → - 3rd degree burns which cover at least 9 square inches of the body but less than 35 square inches.
  - \$30,000 → - 3rd degree burns which cover 35 or more square inches of the body.
- Skin Grafts:** 25% of the applicable burn benefit.
- \$450 → **Concussion:** Diagnosed by a physician within 72 hours after the covered accident.
- Emergency Dental Work:**
  - \$450 → - Broken teeth repaired with crown(s)
  - \$150 → - Broken teeth resulting in extraction(s)
- \$750 → **Eye Injury:** Within 90 days after the covered accident.
- \$3,000 → **Gunshot Wound:** Treated in a hospital or by a physician as the result of a covered accident.
- Laceration:** Repaired by a physician within 72 hours after the covered accident.
  - \$75 → - Treated without stitches, staples or glue.
  - \$150 → - Total of all lacerations is not more than 3 inches long and repaired by stitches.
  - \$600 → - Total of all lacerations is greater than 3 inches but not more than 5 inches and repaired by stitches.
  - \$1,200 → - Total of all lacerations is over 5 inches and repaired by stitches.
- \$1,500 → **Organized Sports:** Pays an additional 25% of the total benefit paid for the covered accident up to this amount. Payable once per 12 month period per insured, regardless of the number of covered accidents.
- Prosthetic Device/Artificial Limb:** Within 1 year of the covered accident.
  - \$1,500 → - One
  - \$3,000 → - More than one
- \$1,500 → **Ruptured Disc:** Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident.
- Tendon, Ligament, Rotator Cuff:** Must be repaired within 1 year after the covered accident.
  - \$1,800 → - Repair of one
  - \$2,700 → - Repair of more than one
  - \$450 → - Exploratory without repair
- Torn Knee Cartilage:** Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident.
  - \$2,250 → - Surgery with Repair
  - \$450 → - Exploratory surgery

## CUSTOM

### MAJOR INJURY

**Accidental Death:** Within 90 days from the date of a covered accident.

- \$50,000 → - Employee
- \$50,000 → - Spouse
- \$10,000 → - Children

**Accidental Death/Common Carrier:** Within 90 days from the date of a covered accident.

- \$100,000 → - Employee
- \$100,000 → - Spouse
- \$20,000 → - Children

\$5,000 → **Coma:** Unconscious with permanent neurological deficit for 30 consecutive days if as a result of a covered accident.

**Dismemberment:** Within 90 days after the covered accident.

- \$10,000 → - Loss of both hands, or both feet or the sight of both eyes or any combination of two or more listed.
- \$5,000 → - Loss of one hand, or one foot or sight of one eye.
- \$1,200 → - Loss of two or more fingers or two or more toes or any combination of two or more fingers and toes.
- \$600 → - Loss of one finger or one toe.

**Catastrophic Accident:** Payable after a 365 day elimination period.

- \$50,000 → - Employee (*reduced by 50% at age 70*)
- \$50,000 → - Spouse (*reduced by 50% at age 70*)
- \$10,000 → - Children

### DISLOCATIONS & FRACTURES

\***DISLOCATIONS:** Diagnosed by a physician within 90 days after the covered accident.

- \$300 to \$6,000 → - Closed (*with Anesthesia*)
- \$600 to \$12,000 → - Open (*with Anesthesia*)

**Closed (without Anesthesia):** 25% of the closed with anesthesia benefit.

\***FRACTURES:** Diagnosed by a physician within 90 days after the covered accident.

- \$150 to \$7,500 → - Closed
- \$300 to \$15,000 → - Open

**Chips:** 25% of closed benefit.

*\*Benefit amounts vary based on the treatment and location of the dislocation or fracture.*

### HEALTH SCREENING BENEFIT RIDER (WPS-ACC HS Rider 07/15)

- \$50 → Pays the selected amount once per calendar year per insured person for any one or more of the following health screening tests listed below performed by a Physician more than 30 days after the rider effective date.

1. Biopsy for Skin Cancer
2. Blood test for triglycerides
3. Bone marrow testing
4. CA 125 (*blood test for ovarian cancer*)
5. CA 15-3 (*blood test for breast cancer*)
6. CEA (*blood test for colon cancer*)
7. Chest X-ray
8. Colonoscopy
9. Electrocardiogram (EKG)
10. Fasting blood glucose test
11. Flexible sigmoidoscopy
12. Hemocult stool analysis
13. Lipid Panel (*total cholesterol count*)
14. Mammography/Breast Ultrasound
15. Oral Cancer screening using ViziLite, OraTest or other similar test
16. Pap smear (*including ThinPrep Pap Test*)
17. PSA (*blood test for prostate cancer*)
18. Serum Protein Electrophoresis (*blood test for myeloma*)
19. Stress test on a bicycle or treadmill
20. Thermography

CUSTOM

SICKNESS-HOSPITAL CONFINEMENT BENEFIT RIDER (WPS-ACC SH Rider 07/15)

\$300 → Pays the selected amount per day for each day of Hospital Confinement if an Insured is confined in a hospital as a result of a Covered Sickness. Benefits are limited to 30 days for each period of Hospital Confinement.

We will not pay benefits for a Hospital Confinement that is caused by or occurs as the result of an Insured's:

- 1) Injury;
2) treatment for dental care or dental care procedures; or
3) elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of infection, or other diseases.

We will not pay for any Hospital Confinement for a newborn child following birth unless the child has a Covered Sickness.

Pre-Existing Conditions-Limitations For Certain Conditions: The benefits of this Rider will not be payable for any pre-existing conditions during the first 12 months this Rider is in force. A pre-existing condition means a sickness or physical condition for which an Insured was treated, received medical advice or had taken medication within 12 months before the Rider Effective Date.

Accidents do happen ...

Here is an example of how Boston Mutual's Group Accident benefits can work for you and your family if you have an accident.\*



On your way home from work ...

While driving home from work, Steve was hit by another driver who ran a red light. Steve was rushed by ambulance to the hospital. Steve suffered multiple injuries and incurred significant medical expenses.

The benefits received under this policy were as follows:

Table listing benefits received: Ground Ambulance (\$200), Hospital Admission (ICU admit) (\$4,000), ICU Benefit (8 days) (\$8,000), Hospital Confinement (12 days) (\$6,000), Blood Benefit (\$200), Concussion (\$300), Ruptured Spleen (abdominal surgery) (\$1,000), Fractured Leg (open reduction) (\$3,200), Physical Therapy (10 visits) (\$300), Follow-up Treatment (2 visits) (\$200), X-Ray (\$50).

Total: \$23,450

\* Benefit amounts may vary based on your specific plan. The above examples are for illustrative purposes only.

The benefits of this policy are paid in addition to other insurance coverage you may have. The check is made out to you. This coverage is not intended to replace your primary health insurance.

## Policy Exclusions – what we will not pay for

We will not pay benefits for losses that are caused or contributed to by, or are the result of:

1. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
2. any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any Injury. This exclusion does not apply to the Health Screening Benefit Rider;
3. intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane;
4. war - declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
5. active service in any of the armed forces, or units auxiliary thereto, including the National Guard or any Military Reserve;
6. repetitive stress or motion disorders caused by overuse or degenerative changes;
7. driving any taxi, limousine, bus or personal vehicle of any kind when used to transport fare-paying passengers;
8. mental or nervous disorders;
9. alcoholism or drug addiction;
10. ingestion or use of any substance or drug unless taken as prescribed by a Physician. This does not apply to accidental ingestion of substances by Children under the age of 5;
11. being under the influence of alcohol. Being under the influence of alcohol, for purposes of the Policy, means a blood alcohol level of 0.08 or more;
12. while incarcerated or detained in a penal institution of any kind, including house arrest and/or work furlough;
13. the commission of or an attempt to commit a felony or any loss to which a contributing cause was being engaged in an illegal activity;
14. the Insured working for pay or profit.

### DISCLAIMERS

*Underwritten by Boston Mutual Life Insurance Company. The information provided here is a brief description of the important features of WPS-ACC 07/15. It is not a certificate of insurance or evidence of coverage. Any discrepancies between this brochure and the group policy will be resolved by the language issued in the Master Policy. Please refer to the Master Policy and individual Certificates of Coverage for a detailed description of the benefits, limitations, and exclusions. Approved for use in Ohio.*

**THIS IS A LIMITED POLICY. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT CONSIDERED MINIMUM ESSENTIAL COVERAGE.**



FAMILY MATTERS. NO MATTER WHAT®

## ABOUT BOSTON MUTUAL LIFE INSURANCE COMPANY

Founded as a progressive life insurance company in 1891, Boston Mutual Life Insurance Company is a national carrier that provides insurance solutions designed for working Americans and their families, as well as enrollment and billing options at the workplace. With offices based in Canton, Massachusetts, and Omaha, Nebraska, as a mutual company, Boston Mutual Life is dedicated to acting in the best interests of its policyholders, producers, employees, and its communities. For more information, please visit [www.bostonmutual.com](http://www.bostonmutual.com) or contact your Boston Mutual Life representative. Follow the company on Facebook ([/BostonMutualLifeIns](https://www.facebook.com/BostonMutualLifeIns)), LinkedIn ([/company/boston-mutual-life-insurance](https://www.linkedin.com/company/boston-mutual-life-insurance)), or Instagram ([/bostonmutuallifeinsurance](https://www.instagram.com/bostonmutuallifeinsurance)).

120 Royall Street, Canton, MA 02021 | 18135 Burke Street - Suite 120, Omaha, NE 68022 | [www.bostonmutual.com](http://www.bostonmutual.com)



[/bostonmutuallifeins](https://www.facebook.com/BostonMutualLifeIns)



[/company/boston-mutual-life-insurance](https://www.linkedin.com/company/boston-mutual-life-insurance)



[/bostonmutuallifeinsurance](https://www.instagram.com/bostonmutuallifeinsurance)

## 24 HOUR CUSTOM PLAN – OHIO