



Group Accident Insurance Benefit Summary Policy Series WPS-ACC 07/15

Employees of Blue Sky Counseling

WHAT IS ACCIDENT INSURANCE?

Group Accident Insurance provides you with a benefit payment for covered medical services within the Boston Mutual Life Accident plan once your coverage is effective. This payment can be used as you see fit, and can be used to help with out of pocket expenses you may incur as a result of an accident.

- ✓ Family coverage available
- ✓ Portable
- ✓ Affordable
- ✓ Pays in addition to other coverage
- ✓ Effective on enrollment date

ELIGIBILITY

Coverage: 24 Hour

Eligibility: All Employees ages 18 or above, working 20 hours per week for at least 30 days following the date of employment, 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.

Continuation of Coverage: This coverage may be continued in the event you are no longer an employee of the policyholder. Coverage must have been in force for at least one 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 Premiums	Gold
Employee Only	\$3.42
Employee and Spouse	\$6.36
Employee and Children	\$7.32
Employee, Spouse and Children	\$10.25

Premiums are based on the Certificate Effective Date. Please contact your Benefits Administrator for more information on premium payments.



Gold

SCHEDULE OF BENEFITS*

HOSPITAL CARE

Hospital Admission: 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.	\$2,000
Hospital Confinement: Per day up to 365 days. Within 6 months after the covered accident.	\$500
Hospital Intensive Care Unit Confinement: Per day up to 90 days. Within 30 days after the covered accident.	\$1,000
Lodging: 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.	\$200
Rehabilitation Unit: Per day up to 30 days. When confined in a rehab unit following hospitalization.	\$150
Transportation: Up to 3 round trips per covered accident. Insured must travel more than 100 miles round trip for treatment.	\$600

EMERGENCY CARE

Ambulance - Air: Within 48 hours after the covered accident.	\$1,000
Ambulance - Ground: Within 90 days after the covered accident.	\$200
Appliance: Within 90 days after the covered accident. For personal locomotion or mobility.	\$100
Blood/Plasma/Platelets: Within 90 days after the covered accident.	\$200
Physician Office/Urgent Care- Initial Visit: Within 90 days of a covered accident.	\$50
Surgery:	
Outpatient Surgery Facility Service: Torn Knee Cartilage, Ruptured Disc, Tendon/Ligament/Rotator Cuff.	\$200
Abdominal/Thoracic surgery with repair: Within 72 hours of a covered accident.	\$1,000
Abdominal/Thoracic exploratory surgery with no repair: Within 72 hours of a covered accident.	\$100
Hernia: Diagnosed within 90 days and repaired within 90 days of the covered accident.	\$100

EMERGENCY ROOM

Emergency Room Treatment: Within 72 hours after a covered accident.	\$200
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DIAGNOSTIC IMAGING

Gold

Medical Imaging: For CT scan, MRI or EEG as the result of a covered accident.	\$200
X-Rays: Payable for diagnosis and treatment of injuries received as the result of a covered accident.	\$50

CONTINUING CARE

Epidural Pain Management: Within 6 months after the covered accident. Payable once per 12 month period.	\$100
Physician Follow-Up Care: Within 180 days of the covered accident. Payable twice per covered accident.	\$100
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.	\$30

SPECIFIC LOSS

Burns: Treated by a physician within 72 hours after the covered accident.	
2nd degree burns which cover at least 36% of the body:	\$1,500
3rd degree burns which cover at least 9 square inches of the body but less than 35 square inches:	\$3,000
3rd degree burns which cover 35 or more square inches of the body:	\$20,000
Skin Grafts:	25% of the applicable Burn benefit.
Concussion: Diagnosed by a physician within 72 hours after the covered accident.	\$300
Dental Work - Emergency:	
Broken teeth repaired with crown(s):	\$300
Broken teeth resulting in extraction(s):	\$100
Eye Injury: Within 90 days after the covered accident.	\$500
Gunshot Wound: Treated in a hospital or by a physician as the result of a covered accident.	\$2,000
Laceration: Repaired by a physician within 72 hours after the covered accident.	
Laceration(s) treated without stitches, staples or glue;	\$50
Total of all lacerations is not more than 3 inches long and repair by stitches;	\$100
Total of all lacerations is greater than 3 inches but not more than 5 inches and repaired by stitches;	\$400



Total of all lacerations is over 5 inches and repair by stitches;	Gold \$800
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.	\$1,000 Maximum
Prosthetic Device/Artificial Limb: Within 1 year of the covered accident.	
One prosthetic device or artificial limb:	\$1,000
More than one prosthetic device or artificial limb:	\$2,000
Ruptured Disc: Treated by a physician within 90 days and repaired through surgery within 1 year after the covered accident.	\$1,000
Tendon/Ligament/Rotator Cuff: Must be repaired within 1 year after the covered accident.	
Repair of one tendon, ligament or rotator cuff;	\$1,200
Repair of more than one of the above;	\$1,800
Exploratory arthroscopic surgery with no repair;	\$300
Torn Knee Cartilage: Treated by a physician within 90 days and repaired through surgery within 1 year after the covered accident.	
Surgery with repair:	\$1,500
Exploratory surgery:	\$300

MAJOR INJURY

Accidental Death: Within 90 days from the date of a covered accident	
Certificate holder:	\$100,000
Spouse (if insured):	\$100,000
Children (if insured):	\$20,000
Accidental Death – Common Carrier: Within 90 days from the date of a covered accident. The benefit amount payable will be 2 times the amount of the Accidental Death benefit.	
Catastrophic Accident: Payable after a 365 day elimination period.	
Employee (reduced by 50% at age 70):	\$100,000
Spouse (reduced by 50% at age 70):	\$100,000
Children :	\$20,000
The benefit amount is reduced by 50% starting at age 70.	
Coma: Unconscious for 30 consecutive days if as a result of a covered accident.	\$10,000
Dismemberment: Within 90 days after the covered accident.	
Loss of both hands, or both feet or the sight of both eyes or any combination of two or more listed:	\$20,000
Loss of one hand, or one foot or sight of one eye:	\$10,000
Loss of two or more fingers or two or more toes or any combination of two or more fingers and toes:	\$2,400
Loss of one finger or one toe:	\$1,200



DISLOCATIONS & FRACTURES

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

Dislocation (with Anesthesia)	Gold				
Hip:	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Closed:</td> <td style="text-align: right;">\$4,000</td> </tr> <tr> <td>Open:</td> <td style="text-align: right;">\$8,000</td> </tr> </table>	Closed:	\$4,000	Open:	\$8,000
Closed:	\$4,000				
Open:	\$8,000				
Knee (except Patella):	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Closed:</td> <td style="text-align: right;">\$2,000</td> </tr> <tr> <td>Open:</td> <td style="text-align: right;">\$4,000</td> </tr> </table>	Closed:	\$2,000	Open:	\$4,000
Closed:	\$2,000				
Open:	\$4,000				
Ankle – Bones or Bones of Foot (not Toes):	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Closed:</td> <td style="text-align: right;">\$1,600</td> </tr> <tr> <td>Open:</td> <td style="text-align: right;">\$3,200</td> </tr> </table>	Closed:	\$1,600	Open:	\$3,200
Closed:	\$1,600				
Open:	\$3,200				
Collarbone (Sternoclavicular):	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Closed:</td> <td style="text-align: right;">\$1,000</td> </tr> <tr> <td>Open:</td> <td style="text-align: right;">\$2,000</td> </tr> </table>	Closed:	\$1,000	Open:	\$2,000
Closed:	\$1,000				
Open:	\$2,000				
Lower Jaw:	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Closed:</td> <td style="text-align: right;">\$600</td> </tr> <tr> <td>Open:</td> <td style="text-align: right;">\$1,200</td> </tr> </table>	Closed:	\$600	Open:	\$1,200
Closed:	\$600				
Open:	\$1,200				
Shoulder (Glenohumeral):	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Closed:</td> <td style="text-align: right;">\$600</td> </tr> <tr> <td>Open:</td> <td style="text-align: right;">\$1,200</td> </tr> </table>	Closed:	\$600	Open:	\$1,200
Closed:	\$600				
Open:	\$1,200				
Elbow:	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Closed:</td> <td style="text-align: right;">\$600</td> </tr> <tr> <td>Open:</td> <td style="text-align: right;">\$1,200</td> </tr> </table>	Closed:	\$600	Open:	\$1,200
Closed:	\$600				
Open:	\$1,200				
Wrist:	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Closed:</td> <td style="text-align: right;">\$600</td> </tr> <tr> <td>Open:</td> <td style="text-align: right;">\$1,200</td> </tr> </table>	Closed:	\$600	Open:	\$1,200
Closed:	\$600				
Open:	\$1,200				
Bone or Bones of the Hand (not Fingers):	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Closed:</td> <td style="text-align: right;">\$600</td> </tr> <tr> <td>Open:</td> <td style="text-align: right;">\$1,200</td> </tr> </table>	Closed:	\$600	Open:	\$1,200
Closed:	\$600				
Open:	\$1,200				
Collarbone (Acromioclavicular and separation):	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Closed:</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td>Open:</td> <td style="text-align: right;">\$400</td> </tr> </table>	Closed:	\$200	Open:	\$400
Closed:	\$200				
Open:	\$400				
One Toe or Finger:	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Closed:</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td>Open:</td> <td style="text-align: right;">\$400</td> </tr> </table>	Closed:	\$200	Open:	\$400
Closed:	\$200				
Open:	\$400				
Closed without Anesthesia: 25% of the closed with anesthesia benefit					



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

Bone Type

		Gold
Skull – depressed fracture (except Bones of Face or Nose):	Closed:	\$5,000
	Open:	\$10,000
Skull – simple non-depressed fracture (except Bones of Face or Nose):	Closed:	\$2,000
	Open:	\$4,000
Hip, Thigh (Femur):	Closed:	\$3,000
	Open:	\$6,000
Vertebrae, Body of (except Vertebral processes):	Closed:	\$1,600
	Open:	\$3,200
Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx):	Closed:	\$1,600
	Open:	\$3,200
Leg:	Closed:	\$1,600
	Open:	\$3,200
Bones of Face or Nose (except Mandible or Maxilla):	Closed:	\$700
	Open:	\$1,400
Upper Jaw - Maxilla (except Alveolar process):	Closed:	\$700
	Open:	\$1,400
Upper Arm between Elbow and Shoulder:	Closed:	\$700
	Open:	\$1,400
Lower Jaw – Mandible (except Alveolar process):	Closed:	\$600
	Open:	\$1,200
Shoulder blade or Collarbone (Scapula, Clavicle, Sternum):	Closed:	\$600
	Open:	\$1,200
Vertebral Processes:	Closed:	\$600
	Open:	\$1,200
Forearm, Hand, Wrist (except fingers):	Closed:	\$600
	Open:	\$1,200
Kneecap (Patella):	Closed:	\$600
	Open:	\$1,200
Foot (except toes):	Closed:	\$600
	Open:	\$1,200
Ankle:	Closed:	\$600
	Open:	\$1,200
Rib:	Closed:	\$500
	Open:	\$1,000
Coccyx:	Closed:	\$400
	Open:	\$800
Finger, Toe:	Closed:	\$100
	Open:	\$200
Chips: 25% of closed benefit		



Health Screening Benefit:

This benefit is included with the Gold Plan. Boston Mutual Life will pay \$50 for the Gold Plan 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. Benefit is payable once per calendar year per insured person.

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

Sickness-Hospital Confinement Benefit Rider: Available amount of \$300 for the Gold Plan per day. This benefit is payable for each day an insured is confined in a hospital as the result of a covered sickness. This benefit is not payable for covered accidents and will not be paid concurrently with the Hospital Confinement Benefit or the Hospital Intensive Care Unit Confinement benefit in the certificate. Benefits are limited to 30 days for each period of hospital confinement. The pre-existing limitation is 12 months.

*Group Accident Coverage is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance.

For complete coverage details, exclusions and limitations please refer to the coverage certificate.

DISCLAIMERS

Underwritten by Boston Mutual Life Insurance Company. This information provided by here is a brief description of the important features of WPS-ACC 07/15 for the state of Maine. 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.

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