COMMUNITY HEALTH PLAN OF WASHINGTON

Group Accident Insurance



How does it work?

Accident Insurance provides a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck.

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

How much does it cost?

Your monthly premium	
You	$8.44
You and your spouse	$15.25
You and your children	$19.81
Family	$26.62

What's included?

Health Screening benefit

Every year, each covered member who has Accident coverage can also receive $50 for a Health Screening screening test, such as:

- Annual exams by a physician including sports physicals, well-child visits, dental and vision exams
- Screenings for cancer, cholesterol and diabetes
- Cardiovascular function screenings
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Organized Sports Benefit

Each covered member that has Accident coverage is eligible for a 25% increase in payable benefits within the Injury and Treatment schedule of benefit categories. See disclosures and schedule of benefits for more information.

UNUM INSURANCE COMPANY
2211 Congress Street
Portland, ME 04122

IMPORTANT INFORMATION ABOUT THE COVERAGE YOU ARE BEING OFFERED

Save this statement! It may be important to you in the future. The Washington State Insurance Commissioner requires that we give you the following information about fixed payment benefits.

This coverage is not comprehensive health care insurance and will not cover the cost of most hospital and other medical services.

This disclosure provides a very brief description of the important features of the coverage being considered. It is not an insurance contract and only the actual policy provisions will control. The policy itself will include in detail the rights and obligations of both the master policyholder and Unum.

This coverage is designed to pay you a fixed dollar amount regardless of the amount that the provider charges. Payments are not based on a percentage of the provider's charges and are paid in addition to any other health plan coverage you may have.

CAUTION: If you are also covered under a High Deductible Health Plan (HDHP) and are contributing to a Health Savings Account (HSA), you should check with your tax advisor or benefit advisor prior to purchasing this coverage to be sure that you will continue to be eligible to contribute to the HSA if this coverage is purchased.

Notice to Buyer: This policy does not constitute comprehensive health insurance coverage. It does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Accident Only Coverage is designed to provide, to persons insured, coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

The benefits an Insured may receive for a Payable Claim are listed in the Schedule of Benefits, subject to all other terms and provisions of this certificate. Amounts are the same for all Insureds, unless noted otherwise. Multiple benefits may be payable for a single Covered Accident.

Coverage Type This certificate provides coverage for accidents that happen [at any time, including while an Insured is working][only when an Insured is not working].

If an accident was caused by or aggravated by any employment for pay or profit, it is considered to have happened while working.

In addition to the benefits disclosed above, the following may also apply and are summarized below.

A benefit trigger may be a waiting period described as the continuous period of time you must be in Active Employment in an Eligible Group before you are eligible for coverage. Duration of coverage will be for as long as you are eligible for coverage and you are insured. With regard to renewability of coverage, your policy can be cancelled by us or the Policyholder. We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any Limitations and Exclusions, which vary by the type of coverage selected.

SCHEDULE OF BENEFITS

Accidental Death and Dismemberment

Coma	
Coma	$10,000
Home & Vehicle Modifications	
Home & Vehicle Modifications	$1,500
Paralysis	
Uniplegia	$12,500
Hemi/Paraplegia	$25,000
Triplegia	$37,500
Quadriplegia	$50,000

Hospitalization

Admission	$1,000
Admission – Hospital ICU (added to Admission)	$1,500
Daily Stay (365 days)	$250
Daily Stay – Hospital ICU (added to Daily Stay)	$200
Short Stay	N/A

Injury

Burns	
2nd Degree Burns - At least 5%, but less than 20% of skin surface	$500
2nd Degree Burns - 20% or greater of skin surface	$1,000
3rd Degree Burns - Less than 5% of skin surface	$2,000
3rd Degree Burns - At least 5%, but less than 20% of skin surface	$5,000
3rd Degree Burns - 20% or greater of skin surface	$10,000
Concussion	
Concussion	$200
Connective Tissue Damage	
One Connective Tissue (tendon, ligament, rotator cuff, muscle)	$90
Two or more Connective Tissues (tendon, ligament, rotator cuff, muscle)	$150
Dislocations	
Ankle bone or bones of the foot (other than toes)	$1,650
Collarbone (acromioclavicular and separation)	$325
Collarbone (sternoclavicular)	$825
Finger or Toe (Digit)	$150
Hand (other than Fingers)	$500
Elbow joint	$500
Wrist joint	$500
Shoulder	$500
Hip joint	$3,375
Knee joint (other than patella)	$1,650
Kneecap (patella)	$500
Lower Jaw	$500

Injury

Incomplete Dislocation - Payable as a % of the applicable Dislocations benefit	25%
Skin Grafts	
Due to Burns	
Payable as a % of the applicable Burn benefit	50%
Not due to Burns	
Less than 20% of skin surface	$250
20% or greater of skin surface	$500
Eye Injury	
Eye Injury	$200
Fractures	
Ankle (lower tibia or fibula)	$450
Foot or Heel (other than Toes)	$450
Bones of the Face or Nose (other than Lower Jaw, Mandible or Upper Jaw, Maxilla)	$675
Collarbone (clavicle, sternum) or Shoulder Blade (scapula)	$450
Finger or Toe (Digit)	$225
Forearm (olecranon, radius, or ulna), Hand, or Wrist (other than Fingers)	$450
Hip or Thigh (femur)	$3,375
Kneecap (patella)	$450
Leg (mid to upper tibia or fibula)	$1,350
Lower Jaw, Mandible (other than alveolar process)	$450
Pelvis	$1,350
Rib	$450
Tailbone (coccyx), Sacrum	$450
Vertebral Processes	$450
Skull (except bones of Face or Nose), Depressed	$4,500
Skull (except bones of Face or Nose), Non-depressed	$2,250
Upper Arm between Elbow and Shoulder (humerus)	$675
Upper Jaw, Maxilla (other than alveolar process)	$675
Vertebrae, body of (other than Vertebral Processes)	$1,350
Chip Fracture - Payable as a % of the applicable Fractures benefit	25%
Same bone maximum incurred per accident	1 Fracture
Maximum payable multiplier for multiple bones	2 Times
Internal Injuries	
Internal Injuries	$200
Lacerations	
No Repair	$50
Repair Less than 2 inches	$150

Injury

Repair At least 2 inches but less than 6 inches	$300
Repair 6 inches or greater	$600
Loss of a Digit	
One Digit (other than a Thumb or Big Toe)	$750
One Digit (a Thumb or Big Toe)	$1,125
Two or more Digits	$1,500
Knee Cartilage	
Knee Cartilage (Meniscus) Injury	$150
Ruptured or Herniated Disc	
One Disc	$150
Two or more Discs	$250
Other	
Injury due to felony & sexual assault	$150
Organized Sports	25%

Recovery

At-Home Care	$100
Physician Follow-Up Visits	$75
Physician Follow-Up Maximum Visits	2 Visits
Prescription Drug	N/A
Prescription Benefit Incidence per covered accident	1 Per Insured
Rehabilitation or Subacute Rehabilitation Unit	$100
Behavior Health Therapy	$20
Behavior Health Therapy visits	15 Days
Therapy Services (chiro, speech, PT, occ, acupuncture/alternative)	$25
Therapy Services Maximum Days	15 Days

Surgery

Dislocations	
Dislocation, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Anesthesia	
Epidural or Regional Anesthesia	$100
General Anesthesia	$250
Connective Tissue	
Exploratory without Repair	$100
Repair for One Connective Tissue	$800
Repair for Two or more Connective Tissues	$1,200
Eye Surgery	
Eye Surgery, Requiring Anesthesia	$300
Fractures	
Fractures, Surgical Repair - Payable as a % of the applicable Injury benefit	100%
Surgical Repair same bone maximum incurred per accident	1 Fracture

SCHEDULE OF BENEFITS

Surgery

Surgical Repair same bone maximum payable multiplier for multiple bones	2 Times
General Surgery	
Abdominal, Thoracic, or Cranial	$1,500
Exploratory	$150
Incidence per covered accident	1 Per Insured
Hernia Surgery	
Hernia Surgery	$150
Knee Cartilage	
Knee Cartilage (Meniscus) Exploratory without Repair	$150
Knee Cartilage (Meniscus) with Repair	$750
Outpatient Surgical Facility	
Outpatient Surgical Facility	$300
Ruptured or Herniated Disc Surgery	
Exploratory without Repair	$125
One Disc	$675
Two or more Discs	$1,000

Treatment

Organized Sports	25%
Ambulance	
Air	$1,500
Ground	$400
Durable Medical Equipment	
Tier 1 (arm sling, cane, medical ring cushion)	$50
Tier 2 (bedside commode, cold therapy system, crutches)	$100
Tier 3 (back brace, body jacket, continuous passive movement, electric scooter)	$200
Emergency Dental Repair	
Dental Crown	$350
Dental Extraction	$115
Filling or Chip Repair	$90
Imaging	
Tier 1 - X-rays or Ultrasound	$50
Tier 2 - Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	$300
Medical Imaging Incidence allowance covered accident per Tier	1 Per Insured Per Tier
Lodging	
Lodging (per night)	$150
Prosthetic Device	
One Device or Limb	$750
Two or more Devices or Limbs	$1,500
Treatment	
Emergency Room Treatment	$100

Treatment

Injections to Prevent or Limit Infection (tetanus, rabies, antivenom, immune globulin)	$50
Pain Management Injections (epidural, cortisone, steroid)	$100
Transfusions	$400
Transportation (per trip)	$100
Family Care	$50
Pet Boarding (per day)	$30
Treatment in a Physician's Office or Urgent Care Facility (initial)	$100

Active employment
You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the minimum number of hours required by your employer each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees may have a waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.
If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-choosing-a-medigap-policy-a-guide-to-health-insurance-for-people-with-medicare.pdf.

Effective date of coverage
Coverage becomes effective on the first day of the month in which payroll deductions begin.

Exclusions and limitations
We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:
- committing or attempting to commit a felony;
- being engaged in an illegal occupation or activity;
- injuring oneself intentionally or attempting or committing suicide, while sane;
- active participation in a riot, insurrection, or terrorist activity. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- participating in war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases;
- any Sickness, bodily infirmity, or other abnormal physical condition, including diagnosis, treatment, or surgery for it;
- infection. This exclusion does not apply when the infection is due directly to a cut or wound sustained in a Covered Accident;
- experimental or investigational procedures;
- operating any motorized vehicle while intoxicated;
- operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
- jumping, parachuting, or falling from any aircraft or hot air balloon, including those which are not motor-driven;
- travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
- riding or driving an air, land or water vehicle in a race, speed or endurance contest; and
- engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

End of Coverage
If you choose to cancel your coverage your coverage ends on the first of the month following the date you provide notification to your employer. Otherwise, your coverage ends on the earliest of the:
- the date this policy is canceled by Unum or your employer;
- the date you are no longer in an eligible group;
- the date your eligible group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made;
- the last day you are in active employment.
  However, as long as premium is paid as required, coverage will continue
- in accordance with the Continuation of your Coverage during Absences provision; or
- if you elect to continue coverage for you, your Spouse, and Children under Portability of Accident Insurance.
  We will provide coverage for a Payable Claim that occurs while you are covered under this certificate

THIS IS A LIMITED BENEFITS POLICY
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for this coverage.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to certificate form GAC16-1 et al. and GAC16-2 and Policy Form GAP16-1 et al. in all states or contact your Unum representative.
Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Unum Insurance Company, Portland, Maine
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