

# *CAIC Group Accident Plan*

## ***Plan Description***

Group accident insurance pays a benefit for the treatment of injuries suffered as the result of a covered accident. Benefits are paid regardless of any other health insurance benefits the insured may receive.

## ***Why Offer Group Accident Insurance?***

Most families don't budget for the costs associated with accidents. When an accident does occur the last thing on your mind are the charges accumulating while at the emergency room:

- The ambulance ride
- Casts
- Use of the emergency room
- Wheelchairs
- Surgery and Anesthesia
- Crutches
- Stitches
- Bandages

These costs add up fast. Most families have Medical Insurance that will cover a majority of the expenses. But, what about the out-of-pocket medical expenses, such as lost wages an employee or spouse loses when out of work or staying home to care for an injured family member? You hope that an accident never happens, but at some point you will probably take a trip to your local emergency room. If that time comes, wouldn't it be nice to have an insurance plan that pays you a benefit regardless of any other insurance you have? Group accident insurance does just that, providing a cash benefit to cover the costs associated with unexpected trips.

## ***Plan Features***

- No limit on the number of claims.
- Supplements and pays regardless of any other insurance programs.
- Benefits available for spouse and/or dependent children.
- Provides 24-hour protection.
- Benefits for both inpatient and outpatient treatment of covered accidents.
- Guaranteed Issue - No underwriting required to qualify for coverage.
- Payroll Deduction - Premiums are paid by convenient payroll deduction.

## ***Group Eligibility***

Product is only available through payroll deduction. Minimum group size is 25 approved employee applicants.

## ***Individual Eligibility***

Full-time, permanent, benefit eligible employees working at least 16 hours or more per week. We recommend that eligible employees have at least 90 days of continuous employment by the date of the enrollment. Seasonal and temporary employees are not eligible. No health questions are asked in order to participate.

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If the employee participates in the plan, then the employee's spouse and dependent children are eligible to participate. A dependent child is an employee's natural child, step-child, foster child, legally adopted child, or child placed for adoption who is under age 26.

Natural children born after the effective date will be covered from the moment of live birth. No notice or additional premium is required.

### ***Spouse and Dependent Children Coverage Available***

The employee may purchase accident coverage for his/her spouse and/or dependent children. With exception of the specific benefits noted, the benefits for a covered spouse or dependent child are equal to the employee's benefit amounts.

The employee must participate in order to purchase spouse and/or dependent child coverage.

### ***Underwriting Guidelines***

No health questions are asked in order to participate.

### ***Portability***

When coverage would otherwise terminate because the employee ends employment with the employer, coverage may be continued. The employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

The employee will be allowed to continue the coverage until the earlier of the date the employee fails to pay the required premium at the end of the grace period, or the date the group master policy is terminated. Coverage may not be continued if the employee fails to pay any required premium, the employee attains age 70, or the group master policy terminates.

## Accident Benefits

Complete Fractures (diagnosis and treatment within 90 day)				
	Employee Closed Reduction	Employee Open Reduction	Spouse/ Child Closed Reduction	Spouse/ Child Open Reduction
Hip/Thigh	\$4,500	\$6,750	\$4,000	\$6,000
Vertebrae	\$4,050	\$6,075	\$3,600	\$5,400
Pelvis	\$3,600	\$5,400	\$3,200	\$4,800
Skull (Depressed)	\$3,375	\$5,062	\$3,000	\$4,500
Leg	\$2,700	\$4,050	\$2,400	\$3,600
Forearm/Hand	\$2,250	\$3,375	\$2,000	\$3,000
Foot/Ankle/ Knee Cap	\$ 2,250	\$3,375	\$2,000	\$3,000
Shoulder Blade/Collar Bone	\$1,800	\$2,700	\$1,600	\$2,400
Lower Jaw (Mandible)	\$1,800	\$2,700	\$1,600	\$2,400
Skull (Simple)	\$1,575	\$2,362.50	\$1,400	\$2,100
Upper Arm/ Upper Jaw	\$1,575	\$2,362.50	\$1,400	\$2,100
Facial Bones (Except teeth)	\$1,350	\$2,025	\$1,200	\$1,800
Vertebral Processes	\$900	\$1,350	\$800	\$1,200
Coccyx/Rib/ Finger/Toe	\$360	\$540	\$320	\$480

If more than one fracture requiring open or closed reduction occurs in any one accident, we will pay the scheduled benefit for each fracture, not to exceed 150 percent of the scheduled benefit amount with for the bone fractured with the highest dollar value. Benefits for chip fractures are payable at 10 percent of the scheduled amount shown for the affected bone.

<b>Complete Dislocations</b> (diagnosis and treatment within 90 days)				
	<b>Employee Closed Reduction</b>	<b>Employee Open Reduction</b>	<b>Spouse/ Child Closed Reduction</b>	<b>Spouse/ Child Open Reduction</b>
<b>Hip</b>	\$3,600	\$5,400	\$2,700	\$4,050
<b>Knee (not kneecap)</b>	\$2,600	\$3,900	\$1,950	\$2,925
<b>Shoulder</b>	\$2,000	\$3,000	\$1,500	\$2,250
<b>Foot/Ankle</b>	\$1,600	\$2,400	\$1,200	\$1,800
<b>Hand</b>	\$1,400	\$2,100	\$1,050	\$1,575
<b>Lower Jaw</b>	\$1,200	\$1,800	\$900	\$1,350
<b>Wrist</b>	\$1,000	\$1,500	\$750	\$1,125
<b>Elbow</b>	\$800	\$1,200	\$600	\$900
<b>Finger/Toe</b>	\$320	\$480	\$240	\$360

If more than one dislocation requiring open or closed reduction occurs in any one accident, we will pay the scheduled benefit for each dislocation, not to exceed 150 percent of the scheduled benefit amount for the bone fractured with the highest dollar value. Benefits for partial dislocations are payable at 25 percent of the scheduled amount shown for the affected joint. If the insured fractures a bone and dislocates a joint in the same accident, we will pay for both. However, we will pay no more than 150 percent of the scheduled benefit amount for the bone fractured or joint dislocated with the highest dollar value. Benefits are payable for only the first dislocation of a joint. We will not pay benefits for a recurring dislocation of the same joint. Joints dislocated prior to the effective date of coverage will not be covered should they become dislocated while coverage is in force.

<b>Paralysis (lasting more than three months, diagnosed within 90 days)</b>		
	<b>Employee &amp; Spouse</b>	<b>Children</b>
<b>Quadriplegia</b>	\$10,000	\$10,000
<b>Paraplegia</b>	\$5,000	\$5,000

<b>Lacerations (treatment and repair within 72 hours)</b>	
<b>Up to 2" long</b>	\$50
<b>2" - 6" long</b>	\$200
<b>Over 6" long</b>	\$400

For lacerations not requiring stitches and treated by a physician, we pay \$25. For multiple lacerations, we will pay for the largest single laceration requiring stitches.

<b>Injuries Requiring Surgery</b>	
<b>Eye Injuries</b> (treatment and surgery within 90 days)	\$250
<b>Removal of foreign body</b> (requiring no surgery)	\$50
<b>Tendons/Ligaments</b> (treatment within 60 days, surgical repair within 90 days) <i>Single</i> <i>Multiple</i> If the insured fractures a bone or dislocates a joint, and tears, severs, or ruptures a tendon or ligament in the same accident, we will pay one benefit. We will pay the largest of the scheduled benefit amounts for fractures, dislocations, or tendons and ligaments.	\$400 \$600
<b>Ruptured Disc</b> (treatment within 60 days, surgical repair within one year) <i>Injury occurs during first certificate year</i> <i>Injury occurs after first certificate year</i>	\$100 \$400
<b>Torn Knee Cartilage</b> (within 60 days) <i>Injury occurs during first certificate year</i> <i>Injury occurs after first certificate year</i>	\$100 \$400
<b>Burns (treatment within 72 hours)</b>	
<b>Second Degree</b> <i>Less than 10% of body surface covered</i> <i>At least 10%, but not more than 25% of body surface covered</i> <i>At least 25%, but not more than 35% of body surface covered</i> <i>More than 35% of body surface covered</i>	\$100 \$200 \$500 \$1,000
<b>Third Degree</b> <i>Less than 10% of body surface covered</i> <i>At least 10%, but not more than 25% of body surface covered</i> <i>At least 25%, but not more than 35% of body surface covered</i> <i>More than 35% of body surface covered</i>	\$500 \$3,000 \$7,000 \$10,000
<b>Concussion</b> (resulting in electroencephalogram abnormality)	\$200
<b>Coma</b> (lasting 30 days or more)	\$10,000
<b>Internal Injuries</b> (resulting in open abdominal or thoracic surgery)	\$1,000
<b>Exploratory Surgery</b> (without repair, i.e. arthroscopy)	\$250
<b>Emergency Dental Work</b> (sound natural teeth) <i>Repaired with crown</i> <i>Resulting in extraction</i>	\$150 \$50

<b>Medical Fees (for each accident)</b>	
Employee or Spouse	\$125
Child(ren)	\$75

If an insured is injured in a covered accident and receives treatment within one year, we will pay up to the applicable amount for physician charges, emergency room services and supplies, and x-rays. The total amount payable will not exceed the maximum shown above per accident. Initial treatment must be received within 60 days from the date of the accident.

***Accident Follow-up Treatment - \$25.00***

We will pay this benefit for up to six treatments per covered accident, per covered person for follow-up treatment. The insured must have received initial treatment within 72 hours of the accident and the follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital.

***Physical Therapy - \$25.00***

We will pay this benefit for up to six treatments (one per day) per covered accident, per covered person for treatment from a physical therapist. A physician must prescribe the physical therapy. The insured must have received initial treatment within 72 hours of the accident and physical therapy must begin within 30 days of the covered accident or discharge from the hospital. Treatment must take place within six months after the accident. This benefit is not payable for the same visit that the accident follow-up treatment benefit is paid.

***Air Ambulance - \$500    Ambulance - \$100***

If an insured requires transportation to a hospital by a professional ambulance service within 90 days after a covered accident, we will pay the amount shown above.

***Transportation (within 90 days)***

- Train or Plane - \$300
- Bus - \$150

If hospital treatment or diagnostic study is recommended by your physician and is not available in your city of residence, we will pay the amount shown above. The distance to the location of the hospital must be more than 50 miles from your residence.

***Blood/Plasma - \$100***

If the insured receives blood and plasma within 90 days following a covered accident, we will pay the amount shown above.

***Prosthesis - \$500***

If a covered accident requires the use of a prosthetic device, we will pay the amount shown above. Hearing aids, wigs, or dental aids, including (but not limited to) false teeth are not covered.

**Appliance - \$100**

We will pay this benefit for use of a medical appliance due to injuries received in a covered accident. Benefits are payable for crutches, wheelchairs, leg braces, back braces and walkers.

**Family Lodging Benefit (per night) - \$100**

If an insured is required to travel more than 100 miles for inpatient treatment of injuries received in a covered accident, We will pay this benefit for an immediate family member's lodging. Benefits are payable up to 30 days per accident and only while the insured is confined to the hospital. The treatment must be prescribed by the employee's local physician.

**Wellness - \$60**

After 12 months of paid premium and while coverage is in force, we will pay this benefit for one covered person to undergo routine examinations or other preventative testing once each 12 month period. Benefits include, and are payable for: annual physical exams, mammograms, Pap smears, eye examinations, immunizations, flexible sigmoidoscopy, PSA, ultrasounds and blood screenings.

**Hospital Admission - \$1,000**

We will pay this benefit when you are admitted to a hospital within 6 months and confined as a resident bed patient because of injuries received in a covered accident. We will pay this benefit once per calendar year per insured person. We will not pay this benefit for confinement to an observation unit, or for emergency room treatment or outpatient treatment.

**Hospital Confinement (per day) - \$200**

We will provide this benefit on the first day of hospital confinement for up to 365 days. Hospital confinement must begin within 90 days from the date of the accident.

This benefit is payable once per hospital confinement even if the confinement is caused by more than one accidental injury.

**Hospital Intensive Care (per day) - \$400**

Benefit paid up to 30 days per covered accident. Benefits are paid in addition to the hospital confinement.

<b>Accidental Death &amp; Dismemberment (within 90 days)</b>			
	<b>Employee</b>	<b>Spouse</b>	<b>Children</b>
<b>Accidental Death</b>	\$50,000	\$10,000	\$5,000
<b>Accidental Common Carrier Death</b>	\$100,000	\$50,000	\$15,000
<b>Single Dismemberment</b>	\$6,250	\$2,500	\$1,250
<b>Double Dismemberment</b>	\$25,000	\$10,000	\$5,000

<b>Loss of One or More Fingers and Toes</b>	\$1,250	\$500	\$250
<b>Partial Amputation of Finger(s) or Toe(s) (including at least one joint)</b>	\$100	\$100	\$100

***Pre-existing Condition Limitation***

We will not pay benefits for loss which is caused by, contributed to, or resulting from a pre-existing condition for 12 months after the effective date of your certificate and attached riders, as applicable.

Pre-existing Condition means within the 12-month period prior to the Effective Date of the Certificate and attached Riders, as applicable, those conditions for which medical advice or treatment was received or recommended.

A claim for benefits for loss starting after 12 months from the effective date of a certificate and attached riders, as applicable, will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

A Certificate may have been issued as a replacement for a Certificate previously issued under the Plan. If so, then the Pre-existing Condition Limitation Provision of the Certificate applies only to any increase in benefits over the prior Certificate. Any remaining period of Pre-existing Condition Limitation of the prior Certificate would continue to apply to the prior level of Benefits.

***Limitations and Exclusions***

We will not pay benefits for loss, injury, total disability or death contributed to, caused by, or resulting from:

- Participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. This exclusion does not include acts of terrorism. We will return the prorated premium for any period not covered when you are in such service.
- Operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven.
- Participating or attempting to participate in an illegal activity or working at an illegal job.
- Committing or attempting to commit suicide, while sane or insane.
- Injuring or attempting to injure yourself intentionally.

- Traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, The Bahamas, Virgin Islands, Bermuda and Jamaica except under the Accidental Common Carrier Death Benefit.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Participating in any organized sport, professional or semi-professional.
- Being legally intoxicated or under the influence of any narcotic unless taken under the direction of a physician.
- Driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation or profit.
- Mountaineering using ropes and/or other equipment, parachuting or hang-gliding.
- Having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of covered accident.
- Having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.

### **Monthly Premium Rates**

Employee	\$16.21
Employee and Spouse	\$23.18
Employee and Dependent Child(ren)	\$30.90
Employee, Spouse, and Dependent Child(ren)	\$37.89



**Underwritten by:**

**Continental American Insurance Company**

**P.O. Box 427**

**Columbia, SC 29202**

**Customer Service**

**800.433.3036**

**[csc@caicworksites.com](mailto:csc@caicworksites.com)**