

## Accident Protection Plan (APP)

### Cedar Grove – Belgium Area School District Summary of Benefits

Effective 7.01.15

<b>Am I eligible?</b>	You are eligible if you are an active, Full-time Employee who works at least 24 hours per week on a regularly scheduled basis.
<b>What is Accident Insurance?</b>	Pays the benefit to you upon your own, or covered dependent's, injuries* due to a covered accident. Benefits are paid per covered accident unless otherwise stated. You may use the money for any expense while you recuperate.  <i>*Subject to all plan limitations and exclusions.</i>
<b>Why do I need Accident Insurance?</b>	You can never anticipate an accident but you can financially protect yourself when you experience one. Whether you use it to pay for medical out-of-pocket expenses, lost income or other household needs, additional cash can make a big difference.
<b>Is accident coverage for accidents that happen at any time?</b>	Coverage is for accidents that happen on <u>and</u> off the job.
<b>How much Voluntary Accident Insurance May I purchase?</b>	Your employer offers Accident coverage for yourself and your eligible dependents, as outlined in the chart on the last 2 pages. You may purchase <b>Base + Enhanced Benefits</b> .
<b>Are there other limitations to enrollment?</b>	You must be Actively at Work with your employer on the day your coverage takes effect.  This coverage, like most group benefit insurance, requires that a certain percentage of eligible employees participate. If that group participation minimum is not met, the insurance coverage that you have elected may not be in effect.  There are Limitations outlined in this summary.
<b>Do I still pay my Accident Insurance premiums if I become disabled?</b>	If you become totally disabled as a result of a Covered Accident and you remain totally disabled for at least 30 consecutive days, your Employee Accident Insurance premium excluding Dependent coverage may be waived not to exceed 6 months.
<b>Can I keep my Accident coverage if I leave my employer?</b>	Portability (sometimes called Continuation) may be an option available if you leave your employer and your coverage was in effect for at least 6 months. Please see your plan documents to determine if you meet all conditions to be eligible for portability. To elect portability, you must apply and pay the premium within 31 days of the termination of your Accident Insurance.  You must elect portability for your own coverage in order to elect portability for your Spouse and or Child(ren).

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#### ACCIDENT PROTECTION PLAN COST SUMMARY Current Rates - 20 deductions

	Base + Enhanced
Employee only	\$ 7.49
Employee + Spouse	\$11.93
Employee + Child(ren)	\$ 9.53
Employee + Spouse + Child(ren)	\$13.97

### Important Details

**Exclusions and Renewal Provisions:** The policy does not cover loss due to disease, bodily or mental infirmity; suicide or intentionally self-inflicted injury, participating in a riot or felony; war; drug use not prescribed by a physician; loss occurring while intoxicated or engaged in hazardous activities including any kind of air diving / gliding / bungee jumping, off road motor use or motor race, stunt driving or speed testing; travel in a private aircraft (or commercial except as a fare paying passenger on a flight with at least 15 seats); engaging in semi or professional sports. Injury on the job is only covered under the 24 hour option.

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the sponsoring employer, or no longer meets the specific eligibility requirements stated in the Policy, or the Policy terminates. The policy is renewable at the option of the company. See the policy for terms and periods related to continuation during approved leaves.

Benefit provisions, exclusions and limitations may vary as a result of state specific requirements and/or the plan designs selected by the group.

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BASE BENEFITS			
Benefit	Benefit Amount	Benefit	Benefit Amount
Accidental Death*	\$20,000	Hospital Admission	\$800
Accidental Dismemberment*		Hospital Inpatient Stay – per day, up to 365 days	\$160
-Both hands or feet or combination	\$20,000	Hospital Intensive Care Unit (ICU) Admission	\$2,500
-One hand or foot	\$10,000	Hospital ICU Inpatient Stay–per day, up to 30 days	\$500
-Two or more fingers or toes or combination	\$4,000	Air Ambulance	\$1,200
-One finger or toe	\$2,000	Ground Ambulance	\$200
Accidental Death Common <sup>3</sup> Carrier*	\$80,000	Emergency Room Treatment	\$100
*Child benefit 50% of employee/spouse and only one benefit per accident (largest benefit)		Initial Physician (Office) Visit	\$40

<sup>1</sup>A common carrier is a company that provides some sort of public transportation. For the types of public transportation covered by UnitedHealthcare's Accident Protection Plan, refer to the certificate of coverage.

ENHANCED BENEFITS			
Benefit	Benefit Amount	Benefit	Benefit Amount
Major Diagnostic Exam	\$160	Organized Sporting Activity Injury	lesser of:
Follow up Physician Visit	\$40	<i>Increases amount payable under Follow Up</i>	25% or
Physical Therapy- per day up to 6 days	\$30	<i>Care and Common Injuries section</i>	\$10,000
Medical Appliances (equipment)	\$140	Concussion – Once per 12 month period	\$140
Prosthetic - per prosthesis, maximum 2 devices	\$500	Coma	\$10,000
Rehabilitation Unit–per day, up to 30 days	\$80	Dental Emergency	
Burns		<i>Broken teeth repaired with crown(s)</i>	\$200
2 <sup>nd</sup> Degree (at least 36% of body surface)	\$500	<i>Broken teeth resulting in extractions</i>	\$80
3 <sup>rd</sup> Degree (9 to 34 square inches)	\$1,000	Eye Surgery	\$200
3 <sup>rd</sup> Degree (35 or more square inches)	\$8,000	Family Child Daycare (per day up to 30 days)	\$28
Skin Grafts -25% of Burn Benefit		Family Lodging (per day)	\$140
Ruptured Disc	\$400	Transportation (for Special treatment more than 100 miles away-up to 3 trips per accident)	\$400
Tendon/Ligament/Rotator Cuff/Knee Cartilage		Lacerations (cuts and scrapes)	
<i>Surgery to Repair one</i>	\$400	<i>Laceration not requiring stitches, staples or glue</i>	\$30
<i>Surgery to Repair more than one</i>	\$800	<i>Total of All Lacerations:</i>	
<i>Exploratory surgery w/o repair</i>	\$140	<i>Not more than 5 cm</i>	\$50
Blood/Plasma/Platelets	\$280	<i>More than 5 cm, but less than 15cm</i>	\$200
Paralysis		<i>More than 15 cm</i>	\$400
-Quadriplegia (paralysis of all four limbs)	\$10,000	Abdominal/Thoracic (Abdomen/chest) Surgery	
-Paraplegia (paralysis of legs)	\$5,000	<i>Surgery to repair</i>	\$1,000
-Hemiplegia (paralysis of one side of the body)	\$5,000	<i>Exploratory Surgery w/o repair</i>	\$100

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<b>ENHANCED BENEFITS (continued)</b>					
Benefit	Benefit Amount		Benefit	Benefit Amount	
<b>Dislocations:</b>			<b>Fractures (broken bones):</b>		
Surgical Correction Type:	Open Reduction <sup>1</sup>	Closed Reduction <sup>2</sup> w/anesthesia	Surgical Reduction Type:	Open Reduction <sup>1</sup>	Closed Reduction <sup>2</sup> w/anesthesia
Hip	\$3,200	\$1,600	Skull (except bones of face or nose)		
Knee (except Patella or knee cap)	\$1,600	\$800	Depressed (dented)	\$4,000	\$2,000
Ankle or Foot (other than toes)	\$1,280	\$640	Simple (cracked)	\$1,600	\$800
Collar Bone (Sternoclavicular)	\$800	\$400	Hip, Thigh (femur)	\$2,400	\$1,200
Lower Jaw, Shoulder, Wrist, Hand or Elbow	\$480	\$360	Vertebrae, Pelvis, or Leg	\$1,280	\$640
Collar Bone (Acromioclavicular)	\$160	\$80	Face, Nose, Upper Jaw or Upper Arm	\$560	\$280
One Toe or Finger	\$160	\$80	Lower Jaw, Shoulder Blade, Collarbone, or Vertebral Process (part of spinal bones)	\$480	\$240
Wellness Benefit* – 1 per calendar year For Employee and Insured Spouse i.e. Stress test, blood test, chest x-ray, Mammography, pap smear, PSA, etc.      *Not available for children			Forearm, Hand, Wrist, Kneecap, Foot or Ankle	\$480	\$240
			Rib	\$400	\$200
			Coccyx (tailbone)	\$320	\$160
			Finger or Toe	\$80	\$40
			<i>Chip Fractures      25% of amount shown for Closed<sup>2</sup> w/Anesthesia</i>		
<sup>1</sup> Realignment with incision <sup>2</sup> Realignment without incision					

UnitedHealthcare Accident Protection plan is provided by UnitedHealthcare Insurance Company and its affiliates. In Texas, it is provided on Policy Form UHCAC-POL-1-TX (01/12). UnitedHealthcare Insurance Company is located in Hartford, CT.

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Accident Protection Plan

## Wellness Benefit Rider



### Silver coverage - wellness benefit rider

Accident insurance is designed to ensure that, should you experience a covered accident, you'll receive a lump sum cash payment. You decide how, when and where to use the money.

When you enroll in our wellness benefit rider you get the added advantage of receiving a cash payment to help pay costs of important health screenings that can detect illness and diseases early, when they are most treatable. According to the Centers for Disease Control:<sup>1</sup>

- ▶ A mammogram performed every 1–2 years for women aged 40+ years can reduce mortality by approximately 20%–25% during a 10-year period.
- ▶ Routine screening can reduce the number of people who die from colorectal cancer by at least 60%.
- ▶ Researchers have found that rates of cervical cancer death dropped by 20%–60% after Pap screening programs began.
- ▶ Cholesterol build-up is the most common cause of coronary heart disease, the number one killer of both men and women in the U.S. This is why regular cholesterol screening is so important.

### Features

- ▶ Wellness Benefit
- ▶ How it Works

 UnitedHealthcare®

## How it works

You and/or your covered spouse will each receive \$100 for one test each year, regardless of the test results. This benefit is paid in addition to any other payments you or your covered spouse receives under the policy.

The following common health screening tests are covered:

- ▶ Stress test on a bicycle or treadmill
- ▶ Fasting blood glucose test
- ▶ Blood test for triglycerides
- ▶ Serum cholesterol test to determine level of HDL and LDL
- ▶ Bone marrow testing
- ▶ Breast ultrasound
- ▶ CA 15-3 (blood test for breast cancer)
- ▶ CA 125 (blood test for ovarian cancer)
- ▶ CEA (blood test for colon cancer)
- ▶ Chest x-ray
- ▶ Colonoscopy
- ▶ Flexible Sigmoidoscopy
- ▶ Hemocult stool analysis
- ▶ Mammography
- ▶ Pap smear
- ▶ PSA (blood test for prostate cancer)
- ▶ Serum Protein electrophoresis (blood test for myeloma)
- ▶ Thermography
- ▶ Virtual Colonoscopy



## Enroll today.

Take care of your health and your finances by enrolling in UnitedHealthcare's Accident Protection Plan and the Wellness Benefit Rider.



<sup>1</sup> Centers for Disease Control, Preventing Chronic Diseases: Investing Wisely in Health Screening to Prevent Cancer Deaths. 2008

UnitedHealthcare Critical Illness product is provided by UnitedHealthcare Insurance Company on Policy Form UHICI-POL-1. In New York, it is provided by Unimerica Life Insurance Company of New York as Specified Disease Coverage on Policy Form UHICI-POL-1-NY. UnitedHealthcare Insurance Company is located in Hartford, CT; Unimerica Life Insurance Company in Milwaukee, WI; Unimerica Life Insurance Company of New York in New York, NY. Some products vary by state or may not be available in all states.



## Accident Protection Plan

# Description of Benefits – Silver



### Silver Plan Base Benefits

Accidental Death & Dismemberment		Initial Care		Hospital Care	
Life	\$20,000	Ground Ambulance	\$200	Hospital Admission	\$800
Both hands or feet or combination	20,000				
One hand or foot	10,000	Air Ambulance	1,200	Hospital Inpatient Stay (per day up to 365 days)	160
Two or more fingers or toes or combination	4,000				
One finger or toe	2,000				
<i>Child benefit – 50% of employee/spouse</i>					
<b>Accidental Death Common Carrier<sup>1</sup></b>	80,000	Emergency Room Treatment	100	Hospital Intensive Care Unit (ICU) Admission	2,500
<i>Child benefit – 50% of employee/spouse</i>					
<b>Waiver of Premium</b>	Yes	Physician Office/Urgent Care (per visit)	40	Hospital ICU Inpatient Stay (per day up to 30 days)	500

<sup>1</sup> A common carrier is a company that provides some sort of public transportation. For the types of public transportation covered by UnitedHealthcare's Accident Protection Plan, refer to the certificate of coverage.

This brochure is intended to provide general information and does not change any terms of the Accident Protection Plan Certificate of Coverage or Summary Plan Description. In the event of a conflict between the language in this brochure and the Accident Protection Plan Certificate of Coverage or Summary Plan Description, the Accident Protection Plan Certificate of Coverage and Summary Plan Description will prevail. Please refer to your Certificate of Coverage or contact UnitedHealthcare for information regarding exclusions and limitations under your policy and the terms under which your policy may be continued in force or discontinued.



## Silver Plan Enhanced Benefits

<b>Follow Up Care</b>			
<b>Major Diagnostic Exam</b>		\$160	
<b>Follow up Physician Visit</b>		40	
<b>Medical Appliances (equipment)</b>		140	
<b>Physical Therapy (per day up to six days)</b>		30	
<b>Prosthetic</b>			
- One device		500	
- Two or more devices		1,000	
<b>Rehabilitation Unit (per day up to 30 days)</b>		80	
<b>Common Injuries<sup>2</sup></b>			
<b>Abdominal/Thoracic (abdomen/chest) Surgery</b>			
- Surgery to repair		\$1000	
- Exploratory without repair		100	
<b>Blood/Plasma/Platelets</b>		280	
<b>Burns</b>			
- 2nd Degree (at least 36% of body surface)		\$500	
- 3rd Degree (9 to 34 sq. inches)		1,000	
- 3rd Degree (35 or more sq. inches)		8,000	
<i>Skin Graft - 25% of burn benefit</i>			
<b>Coma</b>		\$10,000	
<b>Concussion (once per 12 month period)</b>		\$140	
<b>Dental Emergency</b>			
- Broken teeth repaired with crown(s)		200	
- Broken teeth resulting in extractions		80	
<b>Eye Surgery</b>		200	
<b>Dislocations</b>			
Surgical correction type:		Open Reduction <sup>3</sup> / Closed Reduction <sup>4</sup> with Anesthesia	
- Hip		3,200 / 1,600	
- Knee (except patella or knee cap)		1,600 / 800	
- Ankle or Foot (other than toes)		1,280 / 640	
- Collar Bone (Sternoclavicular, treated near center of chest)		800 / 400	
- Lower jaw		480 / 240	
- Shoulder (Glenohumeral)		480 / 240	
- Elbow		480 / 240	
- Wrist		480 / 240	
- Hand (other than fingers)		480 / 240	
- Collar Bone (Acromioclavicular, treated near shoulder)		160 / 80	
- One Toe or Finger		160 / 80	
<i>Closed Reduction<sup>4</sup> without Anesthesia - 25% of amount shown for Closed Reduction<sup>4</sup> with Anesthesia</i>			
<b>Fractures (broken bones)</b>			
Surgical correction type:		Open Reduction <sup>3</sup> / Closed Reduction <sup>4</sup> with Anesthesia	
- Skull (except bones of face or nose)			
- Depressed (dented)		4,000 / 2,000	
- Simple (cracked)		1,600 / 800	
- Hip, Thigh (femur)		2,400 / 1,200	
- Vertebrae (spinal bones)		1,280 / 640	
- Pelvis (except coccyx or tailbone)		1,280 / 640	
- Leg		1,280 / 640	
- Face or Nose		560 / 280	
- Upper Jaw (except Alveolar process, bone with teeth sockets)		560 / 280	
- Upper Arm (Elbow to Shoulder)		560 / 280	
- Lower Jaw (except Alveolar process, bone with teeth sockets)		480 / 240	
- Shoulder Blade or Collarbone		480 / 240	
- Vertebral Process (part of spinal bones)		480 / 240	
- Forearm, hand, wrist (except fingers)		480 / 240	
- Kneecap		480 / 240	
- Foot (excluding toes)		480 / 240	
- Ankle		480 / 240	
- Rib		400 / 200	
- Coccyx (tailbone)		320 / 160	
- Finger or toe		80 / 40	
For Chip Fractures: 25% of amounts shown for Closed Reduction <sup>4</sup> with Anesthesia			
<b>Lacerations (cuts and scrapes)</b>			
- Not requiring stitches, staples or glue		30	
Total of All Lacerations:			
- Not more than 5 cm		50	
- Greater than 5 cm but not more than 15 cm		200	
- Over 15 cm		400	
<b>Paralysis</b>			
- Quadriplegia (paralysis of all four limbs)		10,000	
- Paraplegia (paralysis of legs)		5,000	
- Hemiplegic (paralysis of one side of body)		5,000	
<b>Ruptured Disc</b>			
		400	
<b>Tendons/Ligaments/ Rotator/ Knee Cartilage</b>			
- Surgery to repair one		400	
- Surgery to repair more than one		800	
- Exploratory without repair		140	
<b>Organized Sporting Activity Injury</b>			
Increases amounts payable under Follow Up Care and Common Injuries sections by 25%, up to \$10,000			
<b>Family Child Daycare (per day up to 30 days)</b>		28	
<b>Family Lodging (per day)</b>		140	
<b>Transportation (for special treatment more than 100 miles away, maximum three trips per accident)</b>		400	



<sup>2</sup> Common injuries are the listed injuries covered due to a qualified accident. For more information on the types of injuries covered by UnitedHealthcare's Accident Protection Plan, refer to the certificate of coverage.

<sup>3</sup> Realignment with incision.

<sup>4</sup> Realignment without incision.

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## Accident Protection Plan

# Affordable Peace of Mind – Silver



Accident insurance can **pay for itself** with a single trip to the emergency room. In the example below, Matt, a 30-year old claimant, was playing in his weekly men's softball game. Trying to slide into second base, he tore a knee ligament and broke a wrist. Matt was taken to an emergency room, where he was treated for his injuries. He had surgery to repair the knee ligament. After the operation, Matt had physical therapy.

## Silver Plan Coverage

Matt's out-of-pocket medical expenses <sup>1</sup>		Silver Accident Protection Plan <sup>2</sup> coverage	
Matt's health plan has a \$5,000 out-of-pocket annual maximum		Base Plan coverage	Enhanced Plan coverage
• Ambulance (ground)	\$150	• Ambulance (ground)	\$200
• Emergency room care	\$180	• Emergency room visit	\$100
• Treatment of wrist, including application and pharmacy cost for pain medications	\$1,800	• Initial physician visit	\$40
• Arthroscopic knee surgery	\$3,300		
• Eight physical therapy visits (\$40/visit)	\$320		
Total of actual expenses:	\$5,750		
<b>Total out-of-pocket expenses:</b>	<b>\$5,000</b>		
			Includes Base Plan coverage plus
			• Diagnostic X-ray exam
			• Wrist fracture treatment
			• Surgical ligament tear repair
			• Knee brace
			• Follow-up physician visit
			• Physical therapy sessions (\$30 per day up to 6 days)
			• Organized sports injury benefit <sup>3</sup>
		Base payment:	\$340
		Out-of-pocket:	\$4,660
		Premium cost <sup>4</sup> :	\$5/month
		Base + Enhanced payment:	\$2,140
		Out-of-pocket:	\$2,860
		Premium cost <sup>4</sup> :	\$11/month

<sup>1</sup> Example reflects reimbursement rates for consumer-directed health plan, based on UnitedHealthcare's treatment cost estimator. In the example, Matt reached his annual out-of-pocket maximum of \$5,000 because of expenses with this accident.

<sup>2</sup> Benefit amounts may vary by state.

<sup>3</sup> Organized sports injury benefit provides an additional 25% coverage up to \$10,000. In this example, the organized sports injury enhanced benefit provides an additional \$360 (\$1,440 X 25% = \$360).

<sup>4</sup> Example reflects premium rates for 500-employee company, 24-hour plan design, voluntary (100% employee-paid) funding option, employee-only coverage.

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