

FOR



Presented by



A personalized guide to understanding your Accident coverage



ACCIDENT INSURANCE

Benefit Summary



What is Accident Insurance?

This coverage pays benefits for injuries, such as cuts, broken bones, concussions and related expenses. It can be used to help protect you and your family from the financial challenges that can come from an accident.



Use your benefits any way you like.

Benefit proceeds can be used however you want, whether it's toward your mortgage, medical bills or student loans. It's up to you.



Who can be covered?

The coverage offered by your Employer allows you to cover yourself, and your spouse and children. Note that you may only cover other family members if you are insured by this coverage yourself.

325,000 kids

are treated for sportsand recreation-related concussions each year.¹

Unintentional falls

are the leading cause of nonfatal injuries treated in the emergency room for adults 25+ years old.¹

\$16,133

Average cost of a fractured hip.²



What's the difference between health insurance & Accident Insurance?

Health insurance covers certain medical expenses and pays your provider directly but may leave you responsible for some out-of-pocket costs. The amount paid depends on your coverage, the type of care and whether you've hit your out-of-pocket maximum.

Accident Insurance is supplemental coverage that can complement your health insurance and help cover your out-of-pocket expenses. The benefit amount you receive is based on the covered accident, is paid to you directly and can be used however you like.

Let's say you carry both health insurance and Accident Insurance, and you go to the ER with a broken leg. Your health insurance will pay the treating providers for some or all your medical expenses. Your Accident Insurance will pay you directly for your broken leg and any applicable treatments, such as an ambulance ride. The money you receive from your Accident Insurance can be used any way you choose. You could put to toward uncovered medical expenses, like co-pays, or you could use it cover your rent or daycare expenses.

Coverage highlights:

- No health questions asked
- Affordable premiums
- Simplified claims-filing with dedicated support
- If you leave your Employer, you may be able to take your coverage with you at the same rate

23% of adults had to pay a major unexpected out-of-pocket medical expense in the prior year.³

44% of adults say they either **could not cover a \$400 emergency expense,** or would cover it by selling or borrowing money.³



How does it work?

When you carry Accident coverage and have a covered accident, you're paid a total cash benefit that is based on the amount listed for each covered benefit and/or treatment. Check your benefit schedule for more details around the covered accidents and treatments.











Choose to enroll in Accident coverage through your Employer.

File an Accident claim for a qualifying accid

for a qualifying accident event online, over the phone or via US mail or fax.

Benefits are paid

directly to you based on the injury and treatments.

BENEFIT SNAPSHOT: CHRIS'S HOME RUN



One night while playing a game in his local baseball league, Chris made a run for home that left him with a broken leg and a concussion. Fortunately, he'd enrolled in Accident Insurance through his Employer. The benefit he received helped to offset his medical bills, and cover other expenses and time away from work, while he recovered.

Chris's Accident policy paid these benefits:

Total benefits paid:	\$5,100
Concussion:	\$200
Fracture (thigh, non-surgical):	\$4,500
Emergency room treatment:	\$150
Ground ambulance:	\$250



What benefits are included in my coverage?

Your Accident Insurance includes a range of covered accidents and additional benefits, as outlined below. For additional details, see your certificate.

ACCIDENT PLAN BENEFITS	Benefit
Emergency and Initial Accident Treatment Benefits	
Ambulance	
Ground	\$250.00
Air	\$1,500.00
Water	\$1,500.00
Emergency Room Treatment	\$150.00
Urgent Care	\$100.00
Major Diagnostic Imaging	\$100.00
X-ray	\$100.00
Hospital Benefits	
Hospital Admission	\$1,000.00
Hospital Confinement	\$250.00
Maximum per accident	365 days
Intensive Care Admission	\$2,000.00
ICU Confinement	\$400.00
Maximum per accident	365 days
Observation Unit	\$100.00
Specific Injury Benefit	
Fractures	
Closed/Non-Surgical Treatment	
Skull (except Bones of Face or Nose) Depressed	\$4,000.00
Hip, Thigh (Femur)	\$4,500.00
Vertebrae, Body of (excluding Vertebral Process)	\$4,050.00
Pelvis	\$4,000.00
Leg (Tibia and/or Fibula)	\$4,000.00
Upper Arm (Humerus)	\$3,000.00
Shoulder Blade	\$3,000.00
Collarbone	\$3,000.00
Upper Jaw, Maxilla (except Alveolar Process)	\$2,500.00
Lower Jaw, Mandible (except Alveolar Process)	\$2,500.00
Vertebral Process	\$1,600.00
Forearm (Ulna and/or Radius)	\$2,250.00
Hand, Wrist (except Fingers)	\$2,250.00
Кпеесар	\$2,250.00
Foot (except Toes)	\$2,250.00
Ankle	\$2,250.00
Rib	\$400.00



Соссух	\$400.00
Finger, Toe	\$400.00
Enhancement for Open/Surgical Reduction	2X
Chip Fractures	25%
Dislocations	
Closed/Non-Surgical Treatment	
Нір	\$3,600.00
Knee (other than Kneecap)	\$2,600.00
Shoulder	\$2,250.00
Кпеесар	\$1,000.00
Ankle bone or bones of the foot	\$1,600.00
Elbow	\$1,000.00
Wrist	\$1,400.00
Bone or bones of the hand	\$1,600.00
Jawbone	\$1,200.00
Collarbone	\$1,000.00
One toe or finger	\$350.00
Enhancement for Open/Surgical Reduction	2X
Partial Dislocations	25%
Lacerations	
No Repair	\$50.00
Repair - up to 2 inches	\$50.00
Repair - over 2 inches, up to 6 inches	\$200.00
Repair - over 6 inches	\$400.00
Burns	
2nd Degree Burns	
At least 1%, but less than 20% of skin surface	\$500.00
20% or greater of skin surface	\$5,000.00
3rd Degree Burns	
Less than 5% of skin surface	\$1,000.00
At least 5%, but less than 20% of skin surface	\$7,000.00
20% or greater of skin surface	\$12,000.00
Skin Graft	
Due to Burns (% of applicable Burn benefit)	50%
Not due to Burns	
At least 1%, but less than 20% of skin surface	\$100.00
20% or greater of skin surface	\$200.00
Concussion and Other Brain Injuries	\$200.00
Dental Benefit	\$450.00
Eye Injury Benefit	\$300.00
Surgery Benefits	
Outpatient Surgery Benefit	
Facilities other than Physician Office or Emergency Room	\$450.00
Physician Office or Emergency Room	\$225.00
Internal Injuries Surgical Benefits	
Open Abdominal & Thoracic	\$1,500.00



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Skilled Nursing Facility\$250.00Maximum number of visits30Private Duty Nursing\$125.00Maximum number of visits6Residence/Vehicle Modification Benefit\$2,500.00Transportation (minimum of 100 miles from residence, up to 3 round trips)\$.60/mileLodging\$150.00	Physician Office Visit Maximum number of visits Post-Traumatic Stress Disorder Benefit Maximum number of visits Therapy Services Benefit (Occupational, Physical, Speech Therapy) Maximum number of visits Chiropractor and Alternate Therapy Maximum number of visits Rehabilitation Unit Confinement	6 \$50.00 8 \$50.00 11 \$50.00 6 \$150.00
Maximum number of visits Private Duty Nursing \$125.00 Maximum number of visits 6 Residence/Vehicle Modification Benefit \$2,500.00 Transportation (minimum of 100 miles from residence, up to 3 round trips) \$.60/mile Lodging \$150.00	Physician Office Visit Maximum number of visits Post-Traumatic Stress Disorder Benefit Maximum number of visits Therapy Services Benefit (Occupational, Physical, Speech Therapy) Maximum number of visits Chiropractor and Alternate Therapy Maximum number of visits Rehabilitation Unit Confinement Maximum number of days	6 \$50.00 8 \$50.00 11 \$50.00 6 \$150.00
Private Duty Nursing \$125.00 Maximum number of visits 6 Residence/Vehicle Modification Benefit \$2,500.00 Transportation (minimum of 100 miles from residence, up to 3 round trips) \$.60/mile Lodging \$150.00	Physician Office Visit Maximum number of visits Post-Traumatic Stress Disorder Benefit Maximum number of visits Therapy Services Benefit (Occupational, Physical, Speech Therapy) Maximum number of visits Chiropractor and Alternate Therapy Maximum number of visits Rehabilitation Unit Confinement Maximum number of days Home Health Care	6 \$50.00 8 \$50.00 11 \$50.00 6 \$150.00 90 \$100.00
Maximum number of visits 6 Residence/Vehicle Modification Benefit \$2,500.00 Transportation (minimum of 100 miles from residence, up to 3 round trips) \$.60/mile Lodging \$150.00	Physician Office Visit Maximum number of visits Post-Traumatic Stress Disorder Benefit Maximum number of visits Therapy Services Benefit (Occupational, Physical, Speech Therapy) Maximum number of visits Chiropractor and Alternate Therapy Maximum number of visits Rehabilitation Unit Confinement Maximum number of days Home Health Care Maximum number of visits	6 \$50.00 8 \$50.00 11 \$50.00 6 \$150.00 90 \$100.00
Residence/Vehicle Modification Benefit \$2,500.00 Transportation (minimum of 100 miles from residence, up to 3 round trips) \$.60/mile Lodging \$150.00	Physician Office Visit Maximum number of visits Post-Traumatic Stress Disorder Benefit Maximum number of visits Therapy Services Benefit (Occupational, Physical, Speech Therapy) Maximum number of visits Chiropractor and Alternate Therapy Maximum number of visits Rehabilitation Unit Confinement Maximum number of days Home Health Care Maximum number of visits Skilled Nursing Facility	6 \$50.00 8 \$50.00 11 \$50.00 6 \$150.00 90 \$100.00 30 \$250.00
Transportation (minimum of 100 miles from residence, up to 3 round trips) Lodging \$.60/mile \$150.00	Physician Office Visit Maximum number of visits Post-Traumatic Stress Disorder Benefit Maximum number of visits Therapy Services Benefit (Occupational, Physical, Speech Therapy) Maximum number of visits Chiropractor and Alternate Therapy Maximum number of visits Rehabilitation Unit Confinement Maximum number of days Home Health Care Maximum number of visits Skilled Nursing Facility Maximum number of visits	6 \$50.00 8 \$50.00 11 \$50.00 6 \$150.00 90 \$100.00 30 \$250.00
round trips) \$.60/mile \$.60/mile \$150.00	Physician Office Visit Maximum number of visits Post-Traumatic Stress Disorder Benefit Maximum number of visits Therapy Services Benefit (Occupational, Physical, Speech Therapy) Maximum number of visits Chiropractor and Alternate Therapy Maximum number of visits Rehabilitation Unit Confinement Maximum number of days Home Health Care Maximum number of visits Skilled Nursing Facility Maximum number of visits Private Duty Nursing	6 \$50.00 8 \$50.00 11 \$50.00 6 \$150.00 90 \$100.00 30 \$250.00 30 \$125.00
	Physician Office Visit Maximum number of visits Post-Traumatic Stress Disorder Benefit Maximum number of visits Therapy Services Benefit (Occupational, Physical, Speech Therapy) Maximum number of visits Chiropractor and Alternate Therapy Maximum number of visits Rehabilitation Unit Confinement Maximum number of days Home Health Care Maximum number of visits Skilled Nursing Facility Maximum number of visits Private Duty Nursing Maximum number of visits	6 \$50.00 8 \$50.00 11 \$50.00 6 \$150.00 90 \$100.00 30 \$250.00 30 \$125.00 6
Maximum number of days 30	Physician Office Visit Maximum number of visits Post-Traumatic Stress Disorder Benefit Maximum number of visits Therapy Services Benefit (Occupational, Physical, Speech Therapy) Maximum number of visits Chiropractor and Alternate Therapy Maximum number of visits Rehabilitation Unit Confinement Maximum number of days Home Health Care Maximum number of visits Skilled Nursing Facility Maximum number of visits Private Duty Nursing Maximum number of visits Residence/Vehicle Modification Benefit Transportation (minimum of 100 miles from residence, up to 3	6 \$50.00 8 \$50.00 11 \$50.00 6 \$150.00 90 \$100.00 30 \$250.00 30 \$250.00 6 \$2,500.00
	Follow-Up Care and Transportation Benefits Physician Office Visit Maximum number of visits Post-Traumatic Stress Disorder Benefit Maximum number of visits Therapy Services Benefit (Occupational, Physical, Speech Therapy) Maximum number of visits Chiropractor and Alternate Therapy Maximum number of visits Rehabilitation Unit Confinement Maximum number of days Home Health Care Maximum number of visits Skilled Nursing Facility Maximum number of visits Private Duty Nursing Maximum number of visits Residence/Vehicle Modification Benefit Transportation (minimum of 100 miles from residence, up to 3 round trips)	6 \$50.00 8 \$50.00 11 \$50.00 6 \$150.00 90 \$100.00 30 \$250.00 30 \$250.00 6 \$2,500.00 \$.60/mile



Accidental Death Benefits	
Accidental Death	
Employee	\$50,000.00
Spouse	\$25,000.00
Child(ren)	\$25,000.00
Common Carrier Accidental Death	
Employee	\$100,000.00
Spouse	\$50,000.00
Child(ren)	\$50,000.00
Organ Donor Benefit	\$5,000.00
Accidental Dismemberment Benefits	
Dismemberment	
Loss of Both Hands, or Loss of Both Feet, or Loss of One Hand and One Foot	\$40,000.00
Loss of One Hand or Loss of One Foot	\$20,000.00
Partial Dismemberment	
Loss of One or More Fingers or Toes	\$700.00
Partial Amputation of Finger or Toe	\$250.00
Catastrophic Benefits	
Catastrophic Loss	
Loss of Sight in both eyes or Hearing in both ears	\$15,000.00
Loss of Speech or Sight in one eye or Hearing in one ear	\$4,000.00
Coma	\$10,000.00
Paralysis	
Paraplegia	\$10,000.00
Quadriplegia	\$20,000.00
Riders	
Health Screening Benefit Rider:	\$60.00
Number of payments per year, per covered person.	1
	10%
Organized Athletic Activity Rider (Enhancement %)	
Organized Athletic Activity Rider (Enhancement %) Maximum benefit per accident	\$1,500.00
Maximum benefit per accident Additional Options	
Maximum benefit per accident	\$1,500.00



Examples of Eligible Screening Events			
Annual exams for adults	Chicken pox immunization	Genetic screening testing for medical diagnosis and treatment	Serum cholesterol HDL/LDL
Blood tests for triglycerides	Colonoscopy	Hepatitis B immunization	Sports physicals
Bone marrow testing	Concussion baseline testing	HPV immunization	Stress test
Bone density screening	Dermatological screenings for skin cancer	Mammography	Tetanus
Breast MRI	Fasting blood glucose test	Pap smear	Virtual colonoscopy
Carotid ultrasound	Flu vaccination	Pneumonia immunization	Well child visits

How much does it cost?

See the rate chart below to calculate your coverage costs.

Monthly premium	
Employee only	\$10.70
Employee & spouse	\$18.48
Employee & child(ren)	\$19.34
Family	\$27.12

Bi-weekly premium		
Employee only	\$4.94	
Employee & spouse	\$8.53	
Employee & child(ren)	\$8.93	
Family	\$12.52	



How do I enroll?

You can enroll in your group's Accident Insurance during eligible enrollment period. To get started, follow the steps outlined by your plan administrator.



Who provides my coverage?

Your Accident coverage is provided by Wellfleet, a Berkshire Hathaway company. Wellfleet is focused on providing customer-centric insurance solutions that protect people against risk through every stage of life - from birth to college, the workplace and beyond.



Exclusions & limitations

This is not a complete disclosure of plan qualifications and limitations. Benefits and riders may vary by state and may not be available in all states. In addition to any benefit-specific exclusion, benefits will not be paid for any loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in insurance certificate:

- Intentionally self-inflicted injury, suicide, or any attempt or threat while sane or insane.
- Participating in war or any act of war whether declared or undeclared.
- Commission or attempt to commit a felony.
- Commission of or active participation in a riot, insurrection, or terrorist activity.
- Engaging in an illegal activity or occupation.
- Flight in, boarding, or alighting from an aircraft or any craft designed to fly above the earth's surface, including anytravel beyond the earth's atmosphere except a fare-paying passenger on a regularly scheduled commercial or charter airline.
- Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the covered person receives any compensation or remuneration.
- Sickness, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- Voluntary ingestion or inhalation of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of
 a physician and taken in accordance with the prescribed dosage.
- Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it.
- Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the State in which the covered accident occurred.
- Experimental or investigational procedures.
- Care that is not recommended and approved by a physician.



Questions?

Contact your plan administrator with questions about the offered Accident coverage.

- 1 Centers for Disease Control & Prevention. (2017. National Estimates of the 10 Leading Causes of Nonfatal Injuries Treated in Hospital Emergency Departments, United States 2017.
- 2 Matthew, Michael. (2018, May 1. The 35 most expensive reasons you might have to visit a hospital in the US and how much it costs if you do. Retrieved from: https://www.businessinsider.com/most-expensive-health-conditions-hospital-costs-2018-2.
- 3 Federal Reserve. (May 2017. Report on the Economic Well-Being of U.S. Households in 2016. Retrieved from: https://disabilitycanhappen.org/disability-statistic/.

This document is meant to highlight some, but not all the features Wellfleet coverage provides. It is not an insurance contract. Wellfleet Workplace Benefits provide limited benefits and is not a substitute for mandated ACA healthcare coverage. Like most supplemental offerings these benefits may have state-specific variations, and some product offerings and details may not be available in all states.

Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company, and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states.

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