

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million
emergency
department visits
every year are
caused by youth
sports.¹

DINE DEVELOPMENT CORPORATION

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit
www.thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

You have a choice of two accident plans, which allows you the flexibility to enroll for the coverage that best meets your needs. This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		PLAN 1	PLAN 2
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
BENEFITS			
INITIAL & EMERGENCY CARE BENEFITS		PLAN 1	PLAN 2
Initial Accident	Once per accident	\$150	\$200
Initial Medical Professional/Physician Visit	Once per accident	\$200	\$300
Urgent Care	Once per accident	\$150	\$300
Emergency Room	Once per accident	\$250	\$500
Hospital Observation/Short Stay	Once per accident	\$300	\$400
Ambulance – Air	Once per accident	\$2,000	\$2,500
Ambulance – Ground/Water	Once per accident	\$300	\$400
X-ray	Once per accident	\$100	\$200
Diagnostic Exam	Once per accident	\$300	\$500
FOLLOW-UP CARE BENEFITS		PLAN 1	PLAN 2
Follow-Up Medical Professional/Physician Visit	Up to 10 visits each per accident	\$50	\$150
Therapy Services	Up to 10 visits each per accident	\$50	\$75
Acupuncture/Chiropractic Care	Up to 10 visits each per accident	\$50	\$75
Home Health Services	Up to 10 visits each per accident	\$75	\$100
Medical Travel	Up to 3 days per accident	\$500	\$1,000
Companion Lodging	Up to 15 nights per accident	\$150	\$200
Follow-Up Medical Transportation/Rideshare	Up to 3 days per accident	\$25	\$50
Mobility Aid	Once per accident	Up to \$1,000	Up to \$1,500
Prescription Drug	Once per accident	\$25	\$50
Pain Management	Once per accident	Up to \$300	Up to \$400
Family Care	Up to 30 days per accident	\$50	\$75
Pet Care	Up to 30 days per accident while insured is confined	\$50	\$75
Health Screening Benefit or Accident Prevention Benefit	Once per year for each covered person	\$100	\$100

HOSPITAL/CONFINEMENT CARE BENEFITS		PLAN 1	PLAN 2
Hospital Admission	Once per accident	\$3,500	\$4,500
Hospital Confinement	Up to 360 days per accident	\$500	\$750
Step Down Unit Confinement	Up to 15 days per accident	\$750	\$1,000
ICU Admission	Once per accident	\$7,000	\$9,000
ICU Confinement	Up to 15 days per accident	\$1,000	\$1,500
Continuous Care Facility Confinement	Up to 30 days per accident	\$200	\$250
SPECIFIC INJURY BENEFITS		PLAN 1	PLAN 2
Concussion	Once per accident, up to 3 per year	\$200	\$250
Severe Traumatic Brain Injury (TBI)	Once per accident	\$1,000	\$1,500
Burn	Once per accident	Up to \$15,000	Up to \$25,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit	50% of burn benefit
Dental	Once per accident	Up to \$400	Up to \$500
Dislocation	Once per joint per lifetime	Up to \$1,500	Up to \$5,000
Eye Injury	Once per accident	Up to \$400	Up to \$500
Fracture	Once per bone per accident	Up to \$1,500	Up to \$5,000
Laceration	Once per accident	Up to \$500	Up to \$1,000
Ear Injury	Once per ear per lifetime	\$250	\$500
Gunshot Wound	Once per accident	\$500	\$1,000
Puncture Wound	Once per accident	\$100	\$150
SURGERY BENEFITS		PLAN 1	PLAN 2
Exploratory or Debridement	Once per accident	\$400	\$400
Minimally Invasive (Scope-based)	Once per accident	\$500	\$750
Abdominal/Cranial/Thoracic Surgery	Once per accident	\$2,000	\$3,000
Hernia Repair	Once per accident	\$400	\$400
Herniated Disc Repair	Once per accident	\$1,000	\$1,500
Joint Replacement	Once per accident	\$2,500	\$5,000
Knee Cartilage	Once per accident	\$1,000	\$1,500
Other Non-Specified Surgery	Once per accident	\$400	\$400
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$2,000	Up to \$3,000
Outpatient Surgery Facility Fee	Once per accident	\$150	\$200
Blood Products (Blood/plasma/platelet)	Once per accident	\$500	\$750
General Anesthesia	Once per accident	\$150	\$300
CATASTROPHIC		PLAN 1	PLAN 2
Basic Death	Within 365 days	Up to \$50,000	Up to \$80,000
Common Carrier Death	Within 90 days	Up to \$150,000	Up to \$240,000
Transportation of Remains	Once per lifetime	\$2,000	\$3,000
Dismemberment/Functional Loss	Once per accident; Spouse @ 50% and child @ 25%	Up to \$30,000	Up to \$50,000
Paralysis	Once per accident	Up to \$30,000	Up to \$50,000
Coma	Once per accident	\$15,000	\$20,000
Prosthesis	Once per accident	Up to \$2,000	Up to \$4,000
Residence/Vehicle Reasonable Modifications	Once per accident	\$4,000	\$5,000
ENHANCEMENT BENEFIT		PLAN 1	PLAN 2
Organized Amateur Sports Injury		25% of non-catastrophic benefits	25% of non-catastrophic benefits
FEATURES		PLAN 1	PLAN 2
Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues		Included	Included
HealthChampion ^{SM3} – Administrative & clinical support following serious illness or injury		Included	Included

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You have a choice of plan options. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under the Extended Continuation provision. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for the Extended Continuation provision are described in the certificate.

¹National Health Statistics Reports, November 2019. CDC/National Center for Health Statistics: <https://www.cdc.gov/nchs/data/nhsr/nhsr133-508.pdf>, as viewed as of 10/14/2020

²Ability Assist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Ability Assist is a registered trademark of The Hartford. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

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⁴Rates and/or benefits may be changed on a class basis.

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LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP ACCIDENT INSURANCE

LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

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This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. **IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

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