

# GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



More than 3.5 million children ages 14 and younger get hurt annually playing sports or participating in recreational activities.<sup>1</sup>

## Center for Social Dynamics

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 [thehartford.com/employeebenefits](http://thehartford.com/employeebenefits)

## COVERAGE INFORMATION

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                   |
|--------------------------------------|--|--------------------------|
| Coverage Type                        |  | On and off-job (24 hour) |
| BENEFITS                             |  | PLAN 1                   |
| EMERGENCY, HOSPITAL & TREATMENT CARE |  |                          |
| Accident Follow-Up                   | Up to 3 visits per accident                          | \$75                     |
| Acupuncture/Chiropractic Care/PT     | Up to 10 visits each per accident                    | \$25                     |
| Ambulance – Air                      | Once per accident                                    | \$900                    |
| Ambulance – Ground                   | Once per accident                                    | \$300                    |
| Blood/Plasma/Platelets               | Once per accident                                    | \$200                    |
| Child Care                           | Up to 30 days per accident while insured is confined | \$25                     |
| Daily Hospital Confinement           | Up to 365 days per lifetime                          | \$200                    |
| Daily ICU Confinement                | Up to 30 days per accident                           | \$400                    |
| Diagnostic Exam                      | Once per accident                                    | \$200                    |
| Emergency Dental                     | Once per accident                                    | Up to \$300              |
| Emergency Room                       | Once per accident                                    | \$150                    |
| Hospital Admission                   | Once per accident                                    | \$1,000                  |
| Initial Physician Office Visit       | Once per accident                                    | \$75                     |
| Lodging                              | Up to 30 nights per lifetime                         | \$125                    |
| Medical Appliance                    | Once per accident                                    | \$100                    |
| Rehabilitation Facility              | Up to 15 days per lifetime                           | \$100                    |
| Transportation                       | Up to 3 trips per accident                           | \$300                    |
| Urgent Care                          | Once per accident                                    | \$75                     |
| X-ray                                | Once per accident                                    | \$50                     |
| SPECIFIED INJURY & SURGERY           |  | PLAN 1                   |
| Abdominal/Thoracic Surgery           | Once per accident                                    | \$1,500                  |
| Arthroscopic Surgery                 | Once per accident                                    | \$300                    |
| Burn                                 | Once per accident                                    | Up to \$10,000           |
| Burn – Skin Graft                    | Once per accident for third degree burn(s)           | 25% of burn benefit      |
| Concussion                           | Up to 3 per year                                     | \$150                    |
| Dislocation                          | Once per joint per lifetime                          | Up to \$4,000            |
| Eye Injury                           | Once per accident                                    | Up to \$400              |
| Fracture                             | Once per bone per accident                           | Up to \$6,000            |

|                              |  |                |
|------------------------------|--|----------------|
| Hernia Repair                | Once per accident                            | \$150          |
| Joint Replacement            | Once per accident                            | \$2,000        |
| Knee Cartilage               | Once per accident                            | Up to \$750    |
| Laceration                   | Once per accident                            | Up to \$600    |
| Ruptured Disc                | Once per accident                            | \$750          |
| Tendon/Ligament/Rotator Cuff | Once per accident                            | Up to \$1,000  |
| <b>CATASTROPHIC</b>          |  | <b>PLAN 1</b>  |
| Accidental Death             | Within 90 days; Spouse @ 50% and child @ 25% | \$30,000       |
| Common Carrier Death         | Within 90 days; Spouse @ 50% and child @ 25% | \$90,000       |
| Coma                         | Once per accident                            | \$10,000       |
| Dismemberment                | Once per accident                            | Up to \$30,000 |
| Home Health Care             | Up to 30 days per accident                   | \$50           |
| Paralysis                    | Once per accident                            | Up to \$10,000 |
| Prosthesis                   | Once per accident                            | Up to \$1,500  |

## PREMIUMS

The amounts shown are semi-monthly amounts (24 payments/deductions per year):<sup>4</sup>

| COVERAGE TIER             |                                 |
|---------------------------|---------------------------------|
| Employee Only             | <b>\$4.95</b> (\$0.33 per day)  |
| Employee & Spouse/Partner | <b>\$7.81</b> (\$0.51 per day)  |
| Employee & Child(ren)     | <b>\$8.44</b> (\$0.55 per day)  |
| Employee & Family         | <b>\$13.22</b> (\$0.87 per day) |

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time or part-time employee who works at least 30 (full-time) hours or 16 (part-time) hours per week on a regularly scheduled basis, and are less than age 80.

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

### CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

### 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 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, or within 31 days of the date you have a change in family status.

### 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, or when you reach the age of 80, 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 a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

<sup>1</sup>"Sports Injury Statistics." Stanford Children's Health, n.d. Web. 30 June 2017. <http://www.stanfordchildrens.org/en/topic/default?id=sports-injury-statistics-90-P02787>

<sup>4</sup>Rates and/or benefits may be changed.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.



# GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS



**65% of American cancer survivors did not have sufficient income to cover out-of-pocket expenses for cancer treatment and other incurred debts related to the illness.<sup>1</sup>**

## Center for Social Dynamics

Facing a serious illness can be devastating both emotionally and financially. Major medical insurance may pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly. Critical Illness insurance can provide a lump-sum benefit upon diagnosis that can be used however you choose - from expenses related to treatment, to deductibles or day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Critical Illness insurance, visit [thehartford.com/employeebenefits](https://thehartford.com/employeebenefits)

## COVERAGE INFORMATION

Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis.

| COVERAGE AMOUNTS  |                              |
|---|------------------------------|
| Employee Coverage Amount <sup>2</sup>   | \$10,000 or \$20,000         |
| Spouse Coverage Amount  | 50% of your coverage amount  |
| Child(ren) Coverage Amount  | \$5,000                      |
| COVERED ILLNESSES   | BENEFIT AMOUNTS              |
| CANCER CONDITIONS   |                              |
| Benign Brain Tumor*; Invasive Cancer*   | 100% of coverage amount      |
| Non-invasive Cancer   | 25% of coverage amount       |
| VASCULAR CONDITIONS   |                              |
| Heart Attack (Myocardial Infarction)*; Heart Failure/Transplant*; Stroke*   | 100% of coverage amount      |
| Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft   | 25% of coverage amount       |
| OTHER SPECIFIED CONDITIONS  |                              |
| Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Failure/Transplant*; Paralysis | 100% of coverage amount      |
| Bone Marrow Transplant  | 25% of coverage amount       |
| NEUROLOGICAL CONDITIONS   |                              |
| Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's)                      | 100% of coverage amount]     |
| CHILD CONDITIONS  |                              |
| Cerebral Palsy; Congenital Heart Disease; Cystic Fibrosis; Muscular Dystrophy; Spina Bifida                                 | 100% of coverage amount]     |
| ADDITIONAL BENEFITS   | BENEFIT AMOUNTS              |
| Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)                            | 100% of your coverage amount |
| Health Screening Benefit  | \$50 one time                |
| FEATURES  | BENEFIT AMOUNTS              |
| Coverage Maximum – Primary Insured & Spouse   | 500% of coverage amount      |
| Coverage Maximum – Child(ren)   | 300% of coverage amount      |
| Ability Assist <sup>®</sup> EAP <sup>3</sup> – 24/7/365 access to help for financial, legal or emotional issues             |                              |
| HealthChampion <sup>SM4</sup> – Administrative and clinical support following serious illness or injury                     |                              |

<sup>2</sup>YOUR BENEFIT WILL BE REDUCED BY 50% AT AGE 70.

## PREMIUMS

See the Premium Worksheet.<sup>5</sup>

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time or part-time employee who works at least 30 (full-time) hours or 16 (part-time) hours per week on a regularly scheduled basis, and are less than age 80.

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

### CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

### 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.<sup>6</sup>

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

Premiums are provided on the Premium Worksheet. You have a choice of coverage amounts. 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, or within 31 days of the date you have a change in family status.

### 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, or when you reach the age of 80, 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 a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

<sup>1</sup>Insights From Survivors: Managing the Personal, Emotional and Financial Impact of Cancer, Washington National Institute for Wellness Solutions, 2014.

<sup>3</sup>AbilityAssist® 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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Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

<sup>5</sup>Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

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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

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

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.

For New York Residents:

This 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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## GROUP CRITICAL ILLNESS INSURANCE

### LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the diagnosis of a covered illness, 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.

**Benefit Separation Periods.** If a covered person is diagnosed with a covered illness, and is subsequently diagnosed with another covered illness, the following separation periods apply between benefit payments. If the subsequent diagnosis is for: 1) A different, non-related covered illness than the first diagnosis (e.g. a cancer illness then a vascular illness), then no separation period applies; 2) A covered illness that is related to the first (e.g. two vascular illnesses, like heart attack and stroke), then a 6 months separation period applies; 3) The same covered illness as the first (e.g. two heart attacks) as allowed by the Recurrence Benefit, then a 6 month separation period applies.

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

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
- A covered person's engaging in any illegal occupation
- A covered person's service in the armed forces or units auxiliary to them

**General Limitations.** Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- Diagnosed during an applicable benefit separation period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a recurrence provision
- For which a covered person has already received a benefit payment under the recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in your certificate.

## NOTICES

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

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 NY: This policy provides limited benefits health 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.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. In addition, NY residents covered by another Critical Illness or specified disease plan are not

eligible for coverage. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

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