

East Texas Employee Benefits Coop

Summary of Benefits Accident Protection Plan



	Platinum Plan
Effective Date	1-Sep-21
Eligibility	Employees of East Texas Employee Benefits Cooperative who meet the Employer's eligibility requirements and are Actively at Work for at least 15 hours per week. <i>You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.</i>
Benefits Payable	Voluntary Coverage
Plan Design	24 Hour (Coverage is for accidents that happen on and off the job.)
Waiver of Premium	Included
Portability	Included
Plan Benefits	
Accidental Death & Dismemberment	
Life	\$50,000
Both hands or both feet	\$50,000
One hand and one foot	\$50,000
One hand or one foot	\$25,000
Two or more fingers or toes	\$10,000
One finger or one toe	\$5,000
Accidental Death Common Carrier	
Life	\$200,000 (Child benefit 50% of employee/spouse)
Initial Care	
Ground Ambulance	\$400
Air Ambulance	\$2,400
Emergency Room Treatment	\$200
Physician Office/Urgent Care (per visit)	\$200
Hospital Care	
Hospital Admission	\$1,600
Hospital Confinement	\$325
Hospital ICU Admission	\$5,000
Hospital ICU Confinement	\$1,000
Follow Up Care	
Appliances Benefit	
- Wheelchair	\$300
- Knee Scooter	\$300
- Knee Immobilizer	\$300
- Lumbar Spine Brace	\$300
- Walking Boot	\$200
- Walker	\$200
- Crutches	\$200
- Leg Brace	\$200
- Cervical Collar	\$200
- Cane	\$100
- Ankle Brace	\$100
- Ankle Boot	\$100
- Air Cast	\$100
Follow up Physician Visit	\$100
Major Diagnostic Exam	\$325
Minor Diagnostic Exam	\$100
Prosthetic	
- One Device	\$1,000
- Two or More Devices	\$2,000
Rehabilitation Facility (per day/Up to 30 days)	\$200
Rehabilitation Therapy (per visit/up to 10 Visits)	\$50
Common Injuries	
Abdominal/Thoracic Surgery	
- Surgery to repair	\$2,000
- Exploratory without repair	\$200
Cranial Surgery	\$400
Eye Surgery	

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- Removal of foreign body	\$200
- Surgical Repair	\$400
Hernia Surgery	\$400
Arthroscopic Surgery	\$400
Non-Specific Surgery	
- General Anesthesia	\$400
- Conscious Sedation	\$200
Tendon / Ligament / Shoulder Cartilage / Rotator Cuff / Knee Cartilage Surgery	
- Surgery to repair one	\$800
- Surgery to repair more than one	\$1,600
- Exploratory without repair	\$300
Blood/Plasma/Platelets	\$500
Burns	
- 2nd Degree (at least 36% of body surface)	\$1,000
- 3rd Degree (9 to 34 sq. inches)	\$2,000
- 3rd Degree (35 or more sq. inches)	\$16,000
	Skin Graft = 25% of burn benefit
Coma	\$20,000
Concussion	\$300
Lacerations	
- Greater Than 15 cm	\$800
- 5 cm - 15 cm	\$400
- Less Than 5 cm	\$100
- Not Requiring Sutures	\$60
Paralysis	
- Quadriplegia	\$20,000
- Hemiplegia	\$10,000
- Paraplegia	\$10,000
Ruptured / Herniated Disc	\$800
Emergency Dental Work	
- Crown(s)	\$400
- Extraction(s)	\$200
Medical Supplies / Over-the-counter(one time per plan year)	\$30
Family Child Daycare (per day up to 30 days)	\$60
Lodging (per day up to 30 days)	\$300
Transportation (for special treatment more than 100 miles away, maximum of 3 trips per accident)	\$400
Fractures	Open Reduction / Closed Reduction
- Skull (Depressed, except bones of face or nose)	\$9,000 / \$4,500
- Sternum	\$9,000 / \$4,500
- Hip, Thigh (Femur)	\$9,000 / \$4,500
- Skull (Simple, except bones of face or nose)	\$5,000 / \$2,500
- Leg (from top of tibia to ankle joint)	\$5,000 / \$2,500
- Pelvis (Excluding Coccyx)	\$5,000 / \$2,500
- Vertebrae (body of)	\$5,000 / \$2,500
- Sacral / Sacrum	\$1,800 / \$900
- Face or Nose (except teeth)	\$1,800 / \$900
- Upper Arm (Elbow to Shoulder)	\$1,800 / \$900
- Upper Jaw (except Alveolar process)	\$1,800 / \$900
- Ankle	\$1,800 / \$900
- Foot (except Toes)	\$1,800 / \$900
- Forearm, Hand, Wrist (except Fingers)	\$1,800 / \$900
- Kneecap	\$1,800 / \$900
- Lower Jaw (except Alveolar process)	\$1,800 / \$900
- Shoulder Blade or Collarbone	\$1,800 / \$900

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- Vertebral Process	\$1,800 / \$900
- Coccyx	\$1,400 / \$700
- Finger or Toe	\$600 / \$300
	Chip Fractures: 25% of amounts shown for Closed Reduction
Dislocations	Open Reduction / Closed Reduction
- Hip	\$9,000 / \$4,500
- Elbow	\$1,800 / \$900
- Ankle	\$3,000 / \$1,500
- Collar Bone (Sternoclavicular)	\$1,800 / \$900
- Foot (except toes)	\$3,000 / \$1,500
- Hand	\$1,800 / \$900
- Knee Cap (Patella)	\$4,500 / \$2,250
- Lower Jaw	\$1,800 / \$900
- Shoulder Blade	\$1,800 / \$900
- Wrist	\$1,800 / \$900
- Collarbone (Acromioclavicular separation)	\$1,000 / \$500
- Finger or Toe	\$1,000 / \$500
Organized Sporting Activity Injury	Increases amounts payable under Follow Up Care and Common Injuries sections by 25% up to \$10,000
Monthly Rates	
Benefits+Rider(s) - Voluntary	
Employee	\$13.64
Employee + Spouse	\$20.22
Employee + Child(ren)	\$18.39
Employee + Spouse + Child(ren)	\$24.97

Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.

UnitedHealthcare Accident Protection plan is provided by UnitedHealthcare Insurance Company on form UHI-ACC-POL (2018) et al., in Texas on form UHI-ACC-POL-TX (2018) and in Virginia on form UHI-ACC-POL-VA (2018). Please note: ACCIDENT PROTECTION coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. United Healthcare Insurance Company is located in Hartford, CT.

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Summary of Benefits
Accident Protection Plan

Important Details

This Summary of Benefits sheet is an overview of the Accident Protection Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

Dependent children are covered to age 26

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.*

*Some state variations may apply

Exclusions and Limitations

This Policy does not cover any loss caused by or resulting from (directly or indirectly):

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an Accidental wound);
2. suicide or intentionally self-inflicted Injury;
3. active participation in a riot;
4. committing or attempting to commit a crime, or participating or attempting to participate in a crime;
5. taking part in the commission of an assault or being engaged in an illegal activity;
6. an act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for You by a Physician and taken as prescribed;
8. driving or in physical control of a Motor Vehicle while Intoxicated;
9. engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping, base jumping or using off-road vehicles that are not registered for use on-road based on applicable state law;
10. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
11. travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
12. travel or flight in, or descent from any aircraft, except if employment duties require You to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
13. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received; or
14. Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employers' Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule;
15. an Accident that occurs outside of the United States.

In addition to the exclusions shown above, no payment will be made for Treatment received outside of the United States.