

## Accident Protection Plan (APP)

### East Texas Employee Benefits Cooperative Summary of Benefits – Platinum Plan

<b>Am I eligible?</b>	You are eligible if you are an active, full-time Employee who works at least 30 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 (24 hours).
<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 page. You may choose to purchase Base + Enhanced Benefits.
<b>Are there other limitations to enrollment?</b>	You must be Actively at Work with your employer on the day your coverage takes 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 up to 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. 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).

#### ACCIDENT PROTECTION PLAN COST SUMMARY Current Monthly Rates

	Base + Enhanced
<b>Employee only</b>	\$18.19
<b>Employee + Spouse</b>	\$26.96
<b>Employee + Child(ren)</b>	\$24.52
<b>Employee + Spouse + Child(ren)</b>	\$33.29

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BASE BENEFITS			
Benefit	Benefit Amount	Benefit	Benefit Amount
Accidental Death*	\$40,000	Hospital Admission	\$1,600
Accidental Dismemberment*		Hospital Inpatient Stay – per day, <i>up to 365 days</i>	\$320
-Both hands or feet or combination	\$40,000	Hospital Intensive Care Unit (ICU) Admission	\$5,000
-One hand or foot	\$20,000	Hospital ICU Inpatient Stay–per day, <i>up to 30 days</i>	\$1,000
-Two or more fingers or toes or combination	\$8,000	Air Ambulance	\$2,400
-One finger or toe	\$4,000	Ground Ambulance	\$400
Accidental Death Common <sup>3</sup> Carrier*	\$160,000	Emergency Room Treatment	\$200
<i>*Child benefit 50% of employee/spouse and only one benefit per accident (largest benefit)</i>		Initial Physician (Office) Visit	\$80
<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	\$320	Organized Sporting Activity Injury	25%
Follow up Physician Visit	\$80	<i>Increases amount payable under <u>Follow Up Care and Common Injuries</u> section</i>	up to \$10,000
Physical Therapy- per day up to 6 days	\$60	Concussion – Once per 12 month period	\$280
Medical Appliances (equipment)	\$280	Coma	\$20,000
Prosthetic – one device	\$1,000	Dental Emergency	
two or more devices	\$2,000	<i>Broken teeth repaired with crown(s)</i>	\$400
Rehabilitation Unit–per day, up to 30 days	\$160	<i>Broken teeth resulting in extractions</i>	\$160
Burns		Eye Surgery	\$400
<i>2<sup>nd</sup> Degree (at least 36% of body surface)</i>	\$1,000	Family Child Daycare (per day up to 30 days)	\$56
<i>3<sup>rd</sup> Degree (9 to 34 square inches)</i>	\$2,000	Family Lodging (per day)	\$280
<i>3<sup>rd</sup> Degree (35 or more square inches)</i>	\$16,000	Transportation (for Special treatment more than 100 miles away-up to 3 trips per accident)	\$800
Skin Grafts -25% of Burn Benefit		Lacerations (cuts and scrapes)	
Ruptured Disc	\$800	<i>Laceration not requiring stitches, staples or glue</i>	\$60
Tendon/Ligament/Rotator Cuff/Knee Cartilage		<i>Total of All Lacerations:</i>	
<i>Surgery to Repair one</i>	\$800	<i>Not more than 5 cm</i>	\$100
<i>Surgery to Repair more than one</i>	\$1,600	<i>More than 5 cm, but less than 15cm</i>	\$400
<i>Exploratory surgery w/o repair</i>	\$280	<i>More than 15 cm</i>	\$800
Blood/Plasma/Platelets	\$560	Abdominal/Thoracic (Abdomen/chest) Surgery	
Paralysis		<i>Surgery to repair</i>	\$2,000
-Quadriplegia (paralysis of all four limbs)	\$20,000	<i>Exploratory Surgery w/o repair</i>	\$200
-Paraplegia (paralysis of legs)	\$10,000		
-Hemiplegia (paralysis of one side of the body)	\$10,000		

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ENHANCED BENEFITS <i>(continued)</i>											
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		\$6,400	\$3,200	Skull (except bones of face or nose)							
Knee (except Patella or knee cap)		\$3,200	\$1,600	Depressed (dented)		\$8,000	\$4,000				
Ankle or Foot (other than toes)		\$2,560	\$1,280	Simple (cracked)		\$3,200	\$1,600				
Collar Bone (Sternoclavicular, treated near center of chest)		\$1,600	\$800	Hip, Thigh (femur)		\$4,800	\$2,400				
Lower Jaw, Shoulder, Wrist, Hand or Elbow (Glenohumeral)		\$960	\$480	Vertebrae, Pelvis, or Leg		\$2,560	\$1,280				
Collar Bone (Acromioclavicular, treated near shoulder)		\$320	\$160	Face, Nose, Upper Jaw or Upper Arm (Elbow to shoulder)		\$1,120	\$560				
One Toe or Finger		\$320	\$160	Lower Jaw, Shoulder Blade, Collarbone, or Vertebral Process (part of spinal bones)		\$960	\$480				
				Forearm, Hand, Wrist, Kneecap, Foot or Ankle		\$960	\$480				
				Rib		\$800	\$400				
				Coccyx (tailbone)		\$640	\$320				
				Finger or Toe		\$160	\$80				
				<i>Chip Fractures</i>		<i>25% of amount shown for Closed<sup>2</sup> w/Anesthesia</i>					
<sup>1</sup> Realignment with incision											
<sup>2</sup> Realignment without incision											

**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.

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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