

## Accident Protection Plan (APP)

### East Texas Employee Benefits Cooperative Summary of Benefits – Gold 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 and your coverage. 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>	\$13.64
<b>Employee + Spouse</b>	\$20.22
<b>Employee + Child(ren)</b>	\$18.39
<b>Employee + Spouse + Child(ren)</b>	\$24.97

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BASE BENEFITS			
Benefit	Benefit Amount	Benefit	Benefit Amount
Accidental Death*	\$30,000	Hospital Admission	\$1,200
Accidental Dismemberment*		Hospital Inpatient Stay – per day, <i>up to 365 days</i>	\$240
-Both hands or feet or combination	\$30,000	Hospital Intensive Care Unit (ICU) Admission	\$3,750
-One hand or foot	\$15,000	Hospital ICU Inpatient Stay–per day, <i>up to 30 days</i>	\$750
-Two or more fingers or toes or combination	\$6,000	Air Ambulance	\$1,800
-One finger or toe	\$3,000	Ground Ambulance	\$300
Accidental Death Common <sup>3</sup> Carrier*	\$120,000	Emergency Room Treatment	\$150
<i>*Child benefit 50% of employee/spouse and only one benefit per accident (largest benefit)</i>		Initial Physician (Office) Visit	\$60

<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	\$240	Organized Sporting Activity Injury	25%
Follow up Physician Visit	\$60	<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	\$45	Concussion – Once per 12 month period	\$210
Medical Appliances (equipment)	\$210	Coma	\$15,000
Prosthetic – one device	\$750		
two or more devices	\$1,500		
Rehabilitation Unit–per day, up to 30 days	\$120	Dental Emergency	
Burns		<i>Broken teeth repaired with crown(s)</i>	\$300
2 <sup>nd</sup> Degree (at least 36% of body surface)	\$750	<i>Broken teeth resulting in extractions</i>	\$120
3 <sup>rd</sup> Degree (9 to 34 square inches)	\$1,500	Eye Surgery	\$300
3 <sup>rd</sup> Degree (35 or more square inches)	\$12,000	Family Child Daycare (per day up to 30 days)	\$42
Skin Grafts -25% of Burn Benefit		Family Lodging (per day)	\$210
Ruptured Disc	\$600	Transportation (for Special treatment more than 100 miles away-up to 3 trips per accident)	\$600
Tendon/Ligament/Rotator Cuff/Knee Cartilage		Lacerations (cuts and scrapes)	
<i>Surgery to Repair one</i>	\$600	<i>Laceration not requiring stitches, staples or glue</i>	\$45
<i>Surgery to Repair more than one</i>	\$1,200	<i>Total of All Lacerations:</i>	
<i>Exploratory surgery w/o repair</i>	\$210	<i>Not more than 5 cm</i>	\$75
Blood/Plasma/Platelets	\$420	<i>More than 5 cm, but less than 15 cm</i>	\$300
Paralysis		<i>More than 15 cm</i>	\$600
-Quadriplegia (paralysis of all four limbs)	\$15,000	Abdominal/Thoracic (Abdomen/chest) Surgery	
-Paraplegia (paralysis of legs)	\$7,500	<i>Surgery to repair</i>	\$1,500
-Hemiplegia (paralysis of one side of the body)	\$7,500	<i>Exploratory Surgery w/o repair</i>	\$150

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ENHANCED BENEFITS <i>(continued)</i>					
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	\$4,800	\$2,400	Skull (except bones of face or nose)		
Knee (except Patella or knee cap)	\$2,400	\$1,200	Depressed (dented)	\$6,000	\$3,000
Ankle or Foot (other than toes)	\$1,600	\$800	Simple (cracked)	\$2,400	\$1,200
Collar Bone (Sternoclavicular, treated near center of chest)	\$1,200	\$600	Hip, Thigh (femur)	\$3,600	\$1,800
Lower Jaw, Shoulder, Wrist, Hand or Elbow (Glenohumeral)	\$720	\$360	Vertebrae, Pelvis, or Leg	\$1,920	\$960
Collar Bone (Acromioclavicular, treated near shoulder)	\$240	\$120	Face, Nose, Upper Jaw or Upper Arm (Elbow to shoulder)	\$840	\$420
One Toe or Finger	\$240	\$120	Lower Jaw, Shoulder Blade, Collarbone, or Vertebral Process (part of spinal bones)	\$720	\$360
			Forearm, Hand, Wrist, Kneecap, Foot or Ankle	\$720	\$360
			Rib	\$600	\$300
			Coccyx (tailbone)	\$480	\$240
			Finger or Toe	\$120	\$60
			<i>Chip Fractures 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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