



Accident

CHUBB®

Workplace Benefits

For employees of
Azle Independent School District



Good things in life happen every day, and unfortunately, accidents happen too. When they do, we can help protect you.

No one plans on getting injured ... but just in case, we've got you covered.

You do everything you can to stay active and healthy, but accidents happen every day, including sports-related accidents. An injury that hurts an arm or a leg can hurt your finances too. That's where Chubb Accident can help.

Chubb Accident pays cash benefits directly to you or anyone you choose regardless of any other coverage you have. And Chubb Accident pays extra benefits for injuries resulting from participating in organized sports. Let Chubb Accident help take care of your bills so you can take care of yourself and your family.

Chubb Accident Benefits always include:

First Accident

Pays you \$100 soon after you report your first claim for covered benefits! If you get injured, we can begin processing your claim right over the phone so you can get cash fast.

Sports Package

Your benefits increase 25%, up to \$1,000 per person per year, for injuries resulting from participating in organized sports! Playing sports can lead to injuries and unwelcome expenses. We'll increase your benefits to help pay those expenses

Rehabilitation Package

We pay cash benefits for Admission, Daily Confinement and Recovery! Whether you are released to a Rehabilitation Center following a hospital stay or you recover at home, we pay a daily recovery benefit to help with your transition.

Here's How Accident Benefits Work:

Chubb Accident helps pay for unexpected costs of accidental injury. If your child breaks a leg at soccer practice here's how benefits may stack up:

The Sports Package increases the total benefit payment by \$573.

First Accident	\$ 100
Ambulance	\$ 200
ER Visit	\$ 200
X-Ray	\$ 40
Fracture	\$ 1,000
Crutches	\$ 100
Physical Therapy	\$ 500
Follow-up Visits	\$ 150
Subtotal	\$ 2,290
PLUS Sports Package	\$ 573
Total Payment	\$ 2,863

This example is for illustrative purposes only and should not be compared to an actual claim. Whether an injury is covered depends on the circumstances of the loss. Refer to the certificate of insurance or policy for terms and conditions.

Schedule of Benefits – Non-occupational Coverage

Gold & Diamond Plans

Initial Care	GOLD	DIAMOND
Ambulance		
<i>Ground</i>	\$120	\$200
<i>Air</i>	\$1,000	\$2,000
Emergency Room	\$100	\$200
Initial Doctor's Office Visit	\$50	\$100
Urgent Care	\$50	\$100
Emergency Dental		
<i>Crown</i>	\$200	\$400
<i>Extraction</i>	\$50	\$100
Hospital and Rehabilitation		
Hospital Admission	\$500	\$1,500
ICU Admission	\$1,000	\$3,000
Rehabilitation Admission	\$500	\$1,500
Hospital Confinement <i>per day, up to 365 days</i>	\$150	\$250
ICU Confinement <i>per day, up to 30 days</i>	\$300	\$500
Rehabilitation Confinement <i>per day, up to 30 days</i>	\$90	\$150
Recovery <i>per day, up to seven days</i>	\$50	\$100
Follow-up Care & Treatment		
Abdominal or Thoracic Surgery	\$750	\$1,500
Appliances	\$75	\$100
Blood, Plasma, Platelets	\$200	\$300
Chiropractic Care <i>per visit, up to three visits</i>	\$25	\$25
Concussion	\$60	\$100
Follow-up Treatment <i>per visit, up to three visits</i>	\$25	\$50
Lodging <i>for treatment 100 miles or more away; per night, up to 30 nights</i>	\$100	\$150
Major Diagnostic Exam (CT, MRI, etc.)	\$100	\$200
Organ Loss	\$2,500	\$2,500
Outpatient Surgery Facility	\$25	\$25
Physical Therapy <i>per visit, up to 10 visits</i>	\$25	\$50
Prosthetics	\$500	\$1,500
Tendon, Ligament, or Rotator Cuff Surgery	\$400	\$750
Transportation <i>for treatment 100 miles or more away; per trip, up to three trips</i>	\$300	\$600
X-ray	\$20	\$40

Benefits may vary by state. Benefits are paid once per accident unless otherwise noted.

Injuries	GOLD	DIAMOND
Burns		
<i>Level 1</i>	\$750	\$1,000
<i>Level 2</i>	\$1,500	\$2,000
<i>Level 3</i>	\$7,500	\$10,000
Skin Graft	25% of the burn benefit	
Coma	\$7,500	\$12,500
Dislocations		
<i>Open reduction, up to ...</i>	\$3,600	\$4,800
<i>Closed reduction, up to ...</i>	\$1,800	\$2,400
Eye	\$200	\$300
Fractures		
<i>Open reduction, up to ...</i>	\$5,000	\$7,000
<i>Closed reduction, up to ...</i>	\$2,500	\$3,500
Herniated Disc	\$400	\$750
Knee Cartilage - Torn	\$400	\$750
Lacerations	\$20-\$300	\$30-\$500
Loss of Hands, Feet or Sight	\$10,000	\$20,000
Loss of Fingers or Toes	\$1,200	\$2,000

Additional Benefits

First Accident once per policy	\$100	\$100
Sports Package Benefits are 25% higher when accident is due to participation in organized sports. Up to \$1,000 per person per year.		
Accidental Death		
<i>Employee & Spouse</i>	\$20,000	\$50,000
<i>Child</i>	\$4,000	\$10,000
Catastrophic Accident		
<i>Prior to Age 70</i>		
<i>Employee & Spouse</i>	\$20,000	\$50,000
<i>Child</i>	\$10,000	\$25,000
<i>On or after Age 70</i>	50%	50%
Family Care <i>for each child in a child care center; per day, up to 30 days</i>	\$25	\$25
Wellness <i>per person, once per year 90 days waiting period</i>	\$50	\$50

Monthly Premium	GOLD	DIAMOND
Employee	\$ 9.40	\$ 16.48
Employee + Spouse	\$ 17.16	\$ 30.12
Employee + Child(ren)	\$ 19.32	\$ 33.64
Family	\$ 27.08	\$ 47.28



You do everything you can to keep your family safe, but accidents happen, and when they do, it's good to know Chubb has you covered.

Features

Date of Application Coverage

Coverage becomes effective as soon as your application is signed, you have authorized payment and the Initial Eligibility requirements are met.

Guaranteed Issue

No medical history is required for coverage to be issued.

Guaranteed Renewable

Your coverage cannot be cancelled as long as your premiums are paid as due.

Fully Portable

You can keep your coverage even if you change jobs or retire.

HSA Compatible

Initial Eligibility

Employee

- Actively employed working at least 17.5 hours per week
- Ages 18 and up

Spouse

- Ages 18 and up

Dependent children/grandchildren

- Ages 0 to 26
- No student status required
- Coverage will continue for incapacitated dependent children regardless of age.

Accident Benefits Summary

Name: _____

Type of Coverage _____

- Employee
- Employee + Spouse
- Employee + Child(ren)
- Family

Payroll Deduction \$ _____

Exclusions & Limitations

This is Accident-Only Insurance.

No benefits will be paid for services rendered by a member of the Immediate Family of a Covered Person.

No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

No benefits will be paid for an injury that is caused by, contributed to, or occurs as a result of a covered person's:

Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction in which the accident occurred);

Participating in an illegal activity or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
Committing or attempting to commit suicide or intentionally injuring himself or herself;

Having dental treatment, except for such care or treatment due to injury to sound natural teeth within twelve (12) months of the Covered Accident;

Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto; or

Participation in any contest using any type of motorized vehicle.

No benefits will be paid for an injury incurred while working for pay or profit.

This is a supplement to health insurance and is not a substitute for Major Medical, or other minimal essential, coverage.

This document is a brief description of Form Nos. C14059R or 14185 (or applicable state version). Refer to your certificate of insurance or policy for specific details about benefits, exclusions and limitations.

Marketed by



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