

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.¹

Olathe Public School District #233

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

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		
Coverage Type		Off-job only
BENEFITS		
EMERGENCY, HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	\$125
Physical Therapy	Up to 10 visits each per accident	\$100
Ambulance – Air	Once per accident	\$1,200
Ambulance – Ground	Once per accident	\$400
Blood/Plasma/Platelets	Once per accident	\$250
Spinal Manipulation	Up to 30 days per accident while insured is confined	\$50
Daily Hospital Confinement	Up to 365 days per lifetime	\$300
Daily ICU Confinement Diagnostic	Up to 30 days per accident	\$900
Exam	Once per accident	\$200
Emergency Dental	Once per accident	Up to \$400
Emergency Room	Once per accident	\$250
Hospital Admission	Once per accident	\$1,500
Initial Physician Office Visit	Once per accident	\$250
Lodging	Up to 30 nights per lifetime	\$150
Medical Appliance	Once per accident	\$125
Rehabilitation Facility	Up to 15 days per lifetime	\$150
Transportation	Up to 3 trips per accident	\$500
Urgent Care	Once per accident	\$250
X-ray	Once per accident	\$100
SPECIFIED INJURY & SURGERY		
Abdominal/Thoracic Surgery	Once per accident	\$1,500
Arthroscopic Surgery	Once per accident	\$400
Burn	Once per accident	Up to \$15,000
Burn – Skin Graft	Once per accident for third degree burn(s)	25% of burn benefit
Concussion	Up to 3 per year	\$200
Dislocation	Once per joint per lifetime	Up to \$8,000
Eye Injury	Once per accident	Up to \$200
Fracture	Once per bone per accident	Up to \$6,000

Hernia Repair	Once per accident	\$150
Knee Cartilage	Once per accident	Up to \$800
Laceration	Once per accident	Up to \$600
Ruptured Disc	Once per accident	\$800
Tendon/Ligament/Rotator Cuff	Up to 2 per accident	Up to \$1,200
CATASTROPHIC		
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$60,000
Common Carrier Death	Within 90 days	3 times death benefit
Coma	Once per accident	Up to \$15,000
Dismemberment	Once per accident	Up to \$60,000
Home Health Care	Up to 30 days per accident	\$50
Paralysis	Once per accident	Up to \$15,000
Prosthesis	Up to 2 per accident	Up to \$1,500
FEATURES		
Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues		Included
HealthChampion ^{SM3} – Administrative & clinical support following serious illness or injury		Included

PREMIUMS

See the Premium Worksheet.⁴

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active employee who works at least 17.5 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.

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?

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 from 11/2/2020 to 11/20/2020.

WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is 1/1/2021.

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), unless already insured with the prior carrier.

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.

¹"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>

²AbilityAssist® 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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⁴Rates 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.

Premium Worksheet



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

VOLUNTARY ACCIDENT INSURANCE	
Monthly Premium Amount (Cost per Pay Period – 12/Year)	
COVERAGE TIER	Plan
Employee Only	\$14.72 (\$0.48 per day)
Employee & Spouse	\$23.22 (\$0.76 per day)
Employee & Child(ren)	\$24.30 (\$0.80 per day)
Employee & Family	\$38.42 (\$1.26 per day)

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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