

EAOP *Employee Accident Option plus*

Employee Accident Insurance



- A limited supplemental policy providing Accident Insurance.
- 24-hour coverage for Accidents.
- Non-Participating and Guaranteed Renewable for life.

*Protection for the
Unexpected!*



Approved for use in: PA

BOSTON MUTUAL LIFE INSURANCE COMPANY - 120 Royall Street • Canton, MA 02021

ELIGIBILITY AND PREMIUM RATES

ELIGIBILITY FOR BASE PLAN

All employees ages 18-70 and working a minimum of 20 hours a week are eligible for participation in the Accident Insurance plan; an enrolled employee may also insure their spouse (*ages 18-70*). Children under the age of 26 are also eligible regardless of marital or dependency status.

GUARANTEED RENEWABLE

Coverage is guaranteed renewable for life as long as premiums are paid.

EFFECTIVE DATE OF COVERAGE

Coverage becomes effective at 11:59 PM on the date of the signed application.

PORTABILITY

This policy is fully portable. If an employee leaves the group, he/she can keep this policy at the same premium rate which active employees are paying.

ELIGIBILITY FOR RIDERS

All employees, spouses and/or children enrolled in the base plan are eligible for the following riders. These riders must be purchased on all enrolled family members.

- Enhanced Emergency Room Benefit Rider
- Enhanced Physician Office/Urgent Care Treatment Benefit Rider

PLAN WEEKLY CONTRIBUTIONS

	Employee Only	Employee & Spouse Only	Employee & Children Only	Employee Spouse & Children
Base Plan	\$3.52	\$5.41	\$6.64	\$8.53
Enhanced Emergency Room Benefit Rider - per \$100 benefit (<i>max 3 units</i>)	\$.27	\$.51	\$.82	\$1.06
Enhanced Physician Office/Urgent Care Treatment Benefit Rider - per \$25 benefit (<i>max 2 units</i>)	\$.17	\$.33	\$.36	\$.52

BOSTON MUTUAL'S ACCIDENT POLICY PROVIDES THE FOLLOWING BENEFITS:

<u>Air Ambulance</u>	\$500	→	Within 48 hours after the covered accident.
<u>Ambulance</u>	\$100	→	Within 90 days of the covered accident.
<u>Appliance</u>	\$100	→	Within 90 days after the covered accident. For mobility and personal locomotion.
<u>Blood/Plasma/Platelets</u>	\$300	→	Within 90 days of the covered accident.
<u>Burns</u>	\$750 to \$10,000	→	Treated by a physician within 72 hours after the covered accident. Scheduled amount based on degree of burn. Skin grafts are 25% of the burn benefit.
<u>Concussion</u>	\$100	→	Diagnosed by a physician within 72 hours after the covered accident.
<u>Dislocations (Separated Joint)</u>	\$50 to \$8,000	→	Based on the type of surgery and joint involved.
<u>Emergency Dental Work</u>	\$50 to \$150	→	Based on whether tooth is extracted or crowned.
<u>Emergency Room Treatment</u>	\$50	→	Examination and treatment within 72 hours after the covered accident. Can be increased by \$100, \$200 or \$300 with the Enhanced Emergency Room Benefit Rider.
<u>Eye Injury</u>	\$200	→	Within 90 days of the covered accident.
<u>Follow-Up Physician Treatment</u>	\$50	→	Within 90 days of the covered accident.
<u>Fractures</u>	\$25 to \$10,000	→	Based on the type of surgery and bone involved.
<u>Hospital Admission</u>	\$1,000	→	(\$2,000 if immediately admitted into Intensive Care Unit) Within 6 months after the covered accident.
<u>Hospital Confinement</u>	\$250 per day up to 365 days	→	Within 6 months after the covered accident.
<u>Hospital Intensive Care</u>	\$500 per day up to 30 days	→	The confinement must begin within 30 days after the covered accident.
<u>Initial Physician's Office/Urgent Care Visit</u>	\$50	→	Within 60 days after the covered accident. Can be increased by \$25 or \$50 with the Enhanced Physician Office/Urgent Care Treatment Benefit Rider.
<u>Lacerations</u>	\$25 to \$400	→	Repaired by a physician within 72 hours after the covered accident. Paid based on the total length of all lacerations received in any one covered accident.
<u>Lodging</u>	\$100 per night	→	Up to 30 days per covered accident. Hospital must be more than 100 miles from the insured person's residence.
<u>Major Diagnostic Exams</u>	\$150	→	Per calendar year for CT scan, MRI or EEG as the result of a covered accident.
<u>Physical Therapy</u>	\$25 per day	→	Maximum of 6 days. Within 6 months of covered accident.
<u>Prosthetic Device/Artificial Limb</u>	\$500 to \$1,000	→	Within 1 year of the covered accident.
<u>Rehabilitation Unit</u>	\$150 per day	→	When confined in a rehab unit following hospitalization. Up to 30 days.
<u>Ruptured Disc</u>	\$400	→	Treated by a physician within 60 days after the covered accident and repaired through surgery within 1 year after the covered accident.
<u>Surgery (Abdominal or thoracic)</u>	\$1,000	→	Within 72 hours after the covered accident. Benefit is \$100 if exploratory surgery with no repair. Elective Hernia repair directly related to an accident will not be covered under this benefit for the first six months after the Policy Effective Date.
<u>Tendon/Ligament/Rotator Cuff</u>	\$150, \$600 or \$900	→	Must be repaired within 90 days after the covered accident. The benefit is based on the number of repairs needed and repaired through surgery.
<u>Torn Knee Cartilage</u>	\$750	→	Treated by a physician within 60 days and repaired through surgery within 6 months after the covered accident. Benefit is \$150 if exploratory arthroscopic surgery with no repair.
<u>Transportation</u>	\$300 per round trip	→	Up to 3 round trips per covered accident. For treatment more than 100 miles roundtrip from your home.

ACCIDENTAL DEATH AND DISMEMBERMENT

Boston Mutual's Accident policy will provide the following benefits for injuries that are the result of a covered accident and cause death.

ACCIDENTAL DEATH BENEFITS:

<u>COVERED PERSON</u>	<u>COMMON CARRIER</u>	<u>OTHER</u>
Named Insured	\$100,000	\$50,000
Spouse	\$100,000	\$50,000
Child(ren)	\$20,000	\$10,000

The **Dismemberment Benefit** is paid based on the number of limbs lost and/or the specific limb(s) lost within 90 days of the covered accident.

Loss of Finger, Toe, Hand, Foot or Sight of Eye \$1,500 to \$30,000 (*schedule amount depending on loss*)

GENERAL INFORMATION

All benefits are subject to limitations as explained in the policy. They are payable once per covered accident and treatment and/or loss must occur within 90 days of the covered accident unless noted otherwise. This brochure provides a general description of the important features of Policy Form WS-ACC 8/08.

This brochure is not the insurance contract and only the actual policy provisions will control. Before purchasing coverage, refer to the Policy or Outline of Coverage for state-specific description of benefit provisions, exclusions and limitations.



POLICY EXCLUSIONS - WHAT WE WILL NOT PAY FOR

We will not pay benefits for losses that are caused by or are the result of any Insured Person:

1. having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any Injury;
2. intentionally self-inflicted Injury;
3. committing suicide;
4. receiving injuries while on active duty as a member of the armed forces of any nation; or
5. having Mental or Nervous Disorders.

Illegal Occupation: The insurer shall not be liable for any loss to which a contributing cause was the insured's commission of or attempt to commit a felony, or to which a contributing cause was the insured's being engaged in an illegal occupation.

Intoxicants and Narcotics: The insurer shall not be liable for any loss sustained or contracted in consequence of the insured's being intoxicated, or under the influence of any narcotic unless administered on the advice of a physician.



OPTIONAL BENEFIT RIDERS

ENHANCED PHYSICIAN OFFICE/ URGENT CARE TREATMENT BENEFIT RIDER

EPO-Rider 8/08 - Available for additional premium

We will pay an additional \$25 or \$50 benefit amount when an insured person requires initial examination and treatment by a Physician in a physician's office or urgent care facility. The treatment must be within 60 days of the covered accident and the services provided must be the result of a covered accident and not for routine examinations or preventative testing. Payable once per Covered Accident. This benefit is paid in addition to the \$50 Physician's Office/Urgent Care benefit in the base policy.

ENHANCED EMERGENCY ROOM BENEFIT RIDER

EER-Rider 8/08 - Available for additional premium

We will pay an additional \$100, \$200 or \$300 benefit amount when an insured person is treated in a hospital emergency room within 72 hours after the covered incident. This amount is paid in addition to the base policy Emergency Room benefit of \$50.



Accidents Do Happen!

They often occur in places where you feel most safe.

Did you know that?

- 1 out of 8 people each year seek medical attention for an injury.
- The average household cost associated with lost wages, medical and other injury related expenses is \$6,200.
- There are over 42 million visits each year to hospital emergency rooms for treatment of an injury.
- 53% of all injuries occur in or around the home.
- 40% of injuries are related to sports and leisure activities.
- 9 out of 10 deaths and about 70% of injuries occur off-the-job.

• *Source: Injury Facts, 2012 Edition*

While many health insurance plans will cover most of the major expenses, you could still be left with out-of-pocket expenses such as co-payments, deductibles, transportation and lodging costs and emergency room expenses.

Are you prepared for these extra expenses?

Let BML's **E**mployee **A**ccident **O**ption **P**lus
give you protection for the unexpected!





BOSTON MUTUAL LIFE INSURANCE COMPANY

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Policy Form WS-ACC 8/08

Sp Acc - Rider 8/08, CA - Rider 8/08, EER - Rider 8/08, EPO - Rider 8/08

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