

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

Virginia Lutheran Homes, Inc.

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		On and off-job (24 hour)
BENEFITS		
EMERGENCY, HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	\$30
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$25
Ambulance – Air	Once per accident	\$1,000
Ambulance – Ground	Once per accident	\$200
Blood/Plasma/Platelets	Once per accident	\$100
Child Care	Up to 30 days per accident while insured is confined	\$25
Daily Hospital Confinement	Up to 365 days per lifetime	\$200
Daily ICU Confinement	Up to 30 days per accident	\$400
Diagnostic Exam	Once per accident	\$200
Emergency Dental	Once per accident	Up to \$150
Emergency Room	Once per accident	\$200
Health Screening Benefit or Accident Prevention Benefit	Once per year for each covered person	\$50
Hospital Admission	Once per accident	\$1,000
Initial Physician Office Visit	Once per accident	\$125
Lodging	Up to 30 nights per lifetime	\$100
Medical Appliance	Once per accident	\$100
Rehabilitation Facility	Up to 15 days per lifetime	\$75
Transportation	Up to 3 trips per accident	\$300
Urgent Care	Once per accident	\$125
X-ray	Once per accident	\$125
SPECIFIED INJURY & SURGERY		
Abdominal/Thoracic Surgery	Once per accident	\$1,000
Arthroscopic Surgery	Once per accident	\$250
Burn	Once per accident	Up to \$20,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit
Concussion	Up to 3 per year	\$200
Dislocation	Once per joint per lifetime	Up to \$6,000
Eye Injury	Once per accident	Up to \$250

Fracture	Once per bone per accident	Up to \$8,000
Knee Cartilage	Once per accident	Up to \$400
Laceration	Once per accident	Up to \$400
Ruptured Disc	Once per accident	\$400
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$600
CATASTROPHIC		
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$50,000
Common Carrier Death	Within 90 days	2 times death benefit
Coma	Once per accident	Up to \$10,000
Dismemberment	Once per accident	Up to \$25,000
Home Health Care	Up to 30 days per accident	\$50
Paralysis	Once per accident	Up to \$10,000
Prosthesis	Once per accident	Up to \$1,000

PREMIUMS

The amounts shown are bi-weekly amounts (26 payments/deductions per year):⁴

COVERAGE TIER	
Employee Only	\$6.31 (\$0.45 per day)
Employee & Spouse	\$9.96 (\$0.71 per day)
Employee & Child(ren)	\$10.60 (\$0.75 per day)
Employee & Family	\$16.64 (\$1.19 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 37.5 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 25.

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 DO I PAY FOR THIS INSURANCE?

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 during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

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>

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.