

# Accident insurance



## Benefit Highlights

For all eligible employees of Balls Food Stores, Policy #900214

**Effective date: January 1, 2018**

This coverage is contributory, meaning that you are responsible for paying all or a portion of the cost.

### You can elect coverage for:

You

You and your children

You and your spouse<sup>1</sup>

You and your family

An eligible child is defined as your child from birth to age 26.

### Additional plan features

- Provides coverage for on- and off-the-job accidents
- Benefits are payable directly to you, the employee
- Pays in addition to any other coverage you may have
- No health questions or pre-existing conditions limitations

### How Sun Life's Accident insurance can help

Junior was in high school when he broke his leg playing varsity basketball. His family has at least a \$2,500 medical deductible. Fortunately, Junior's mother elected Accident insurance through work. After Junior broke his leg, his family submitted a claim. After the claim was approved, they began receiving cash benefits for Junior's ambulance ride, the emergency room visit, x-rays and diagnosis of the fracture, and crutches. They also received cash benefits for follow-up visits and physical therapy appointments.

Having accident insurance helped Junior's family focus on his recovery and less on out-of-pocket medical expenses.

Note: These covered benefits may not be available with your plan. See the next section for the covered benefits being offered to you.



## Accident insurance benefit schedule

The accident insurance offered to you pays the following amounts for the covered benefits listed. Unless otherwise specified, benefits are payable only once for each Covered Accident as applicable.

Choose the benefit schedule that best meet your needs and your budget.

### Injuries

Covered benefits	The plan pays
<b>Dislocations*</b>	<b>Mid</b>
Hip	\$4,000
Knee, ankle, bones of the foot	\$3,000
Elbow or wrist	\$800
Shoulder	\$800
Collarbone or bones of the hand	\$800
Finger(s) or toe(s)	\$200
Lower jaw	\$800
<b>Fractures*</b>	
Hip or thigh	\$4,000
Skull—depressed	\$6,000
Skull—simple; vertebral processes; or bones of face or nose	\$1,000
Leg	\$2,000
Vertebrae	\$2,000
Pelvis	\$2,400
Upper jaw or upper arm	\$1,000
Lower jaw, knee cap, ankle, foot, collarbone, shoulder, forearm, hand, or wrist	\$900
Rib, finger, toe, coccyx	\$300
Multiple ribs	\$1,000
<b>Additional injuries</b>	
Eye injury	\$200
Paralysis—monoplegia, uniplegia	\$1,000
Paralysis—diplegia	\$2,500
Paralysis—hemiplegia	\$2,500
Paralysis—paraplegia	\$2,500
Paralysis—quadriplegia	\$7,500
Coma	\$10,000
Concussion	\$150
Concussion Lifetime Maximum Benefit	\$1,500
2" to 6" with sutures	\$300
Greater than 6" with sutures	\$600
Greater than 36% of body, 2nd degree	\$750
9 to 18 square inches, 3rd degree	\$1,500
Over 18, up to 35 square inches, 3rd degree	\$3,000
Over 35 square inches, 3rd degree	\$10,000
Skin graft	50% of the applicable Burn Benefit

\* Benefits displayed reflect amounts payable for open reductions. Benefits payable for closed reductions are 50% of open reduction amount.

### Care



Covered benefits	The plan pays	
<b>Medical services</b>		<b>Mid</b>
Diagnostic exam (one time per each Covered Accident): CT, CAT, EKG, EEG, or MRI		\$150
X-ray		\$30
Physician's follow-up treatment office visit (per visit, up to two times per Covered Accident)		\$50
Physical therapy, occupational therapy (per visit, up to six visits per Covered Accident)		\$25
Medical devices		\$100
Epidural pain management (up to two injections per Covered Accident)		\$50
<b>Hospital</b>		
Hospital admission		\$1,500
Hospital confinement (per day up to 365 days per Covered Accident)		\$200
Intensive Care Unit admission		\$2,500
Intensive Care Unit confinement (per day up to 30 days)		\$400
Ambulance (Ground)		\$200
Ambulance (Air)		\$1,000
Emergency Room admission or Urgent Care facility		\$200
Family lodging (per day, maximum lodging night stays: 90 days per Covered Accident)		\$100
Transportation (100 or more miles up to three times per Covered Accident)		\$300
Rehabilitation Unit (per day up to 90 days per Covered Accident)		\$125
Blood, plasma, or platelet transfusion		\$300
Open surgery (not otherwise listed)		\$1,500
Exploratory surgery or debridement		\$100
Laparoscopic surgery or hernia repair		\$150
Prosthesis (one)		\$500
Prosthesis (two)		\$1,000
Tendon/ligament/rotator cuff tear		\$750
Torn knee cartilage		\$500
Emergency dental extraction		\$75
Emergency dental crown		\$300

## Loss

Covered benefits	The plan pays	
<b>Life and Dismemberment Losses**</b>		<b>Mid</b>
Accidental Death		\$25,000
Accidental Death Common Carrier***		\$50,000
Catastrophic Loss***		\$50,000
Accidental dismemberment: one hand, one foot, one leg, one arm, loss of sight of one eye or loss of one eye, or loss of hearing of one ear or loss of one ear		\$7,500
Two or more fingers or toes		\$1,500
One finger or one toe		\$750

\*\*Payable for life/death and dismemberment losses that are due to a Covered Accident or Accidental Injury as defined by the policy. Benefits displayed are payable for the employee only. Life and dismemberment benefits for the spouse are 100% of the benefit amount listed. Life and dismemberment benefits for dependent children are 50% of the benefit amount listed.

\*\*\*Accidental Death Common Carrier pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance. Catastrophic loss is defined as the loss of both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, irrecoverable loss of hearing of both ears, irrecoverable loss of sight of both eyes, or irrecoverable loss of speech or ability to speak.

**Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period of time from the date of your accident. This could be as few as three days for certain benefits. Please refer to your certificate for details.**



## Accident Q&A

### What happens if I am injured?

Once your claim is approved, Accident insurance pays you a benefit amount if you are hurt or receive treatment as a result of a covered accident. The benefit amount you receive depends on your injury and/or the treatment you receive. Benefits are payable only once for each Covered Accident (unless noted otherwise in the benefit schedule).

### Do I need accident insurance if I have major medical insurance?

Accident insurance is not intended to replace Major Medical Insurance. You may consider electing accident insurance if you would benefit from not having to dip into your savings to pay for expenses not covered by your major medical insurance plan (e.g., out-of-pocket medical expenses, childcare, rent, transportation).

### How do I file a claim?

To file your claim, we need to receive information from you and your doctor about the specific accident and the treatment provided. Claim forms may be downloaded from our website. Make sure to complete and sign all forms, as missing information or signatures can delay your claim.

### Whom can I contact with questions about my coverage?

After the effective date of your coverage, contact our Customer Service representatives at 800-247-6875, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday.

## Important plan provisions

### Accident insurance

#### Exclusions\*

The following exclusions may vary by plan and by state laws and regulations. No benefits will be payable for any loss or Period of Disability that is the result of a Covered Accident that is due to or results from:

- war or any act of war, or any involvement in any period of any type of armed conflict (this does not include acts of terrorism);
- active military duty;
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test, or while Intoxicated; operating, learning to operate, serving as a crew member of, or jumping or falling from any aircraft, including those that are not motor-driven. This does not include:
  - flying as a fare-paying passenger in a scheduled or chartered flight operated by a commercial airline; or
  - flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
- engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, or any similar activities;
- participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received;
- committing or attempting to commit an assault, felony, or other criminal act;
- committing or attempting to commit suicide or injuring oneself intentionally;
- voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a Physician and used as directed;
- improper or illegal use of inhalants, or huffing; or
- a sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.
- An Injury arising out of or in the course of any work for pay or profit. This exclusion will not apply to an Insured who is enrolled for 24-Hour Coverage.

\* Subject to state law variations.



**Stay on stable financial ground, even when an accident has you off your feet.**



1. If permitted by the Employer's employee benefit plan and not prohibited by state law, the term "spouse" in this benefit includes any individual who is either recognized as a spouse, a registered domestic partner, or a partner in a civil union, or otherwise accorded the same rights as a spouse.

**Accident insurance is a limited benefit policy. It provides accident coverage only and does not provide basic hospital, basic medical, or major medical insurance. This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. Failing to maintain Minimum Essential Coverage may result in a tax penalty.**

**The certificate and its riders have exclusions and limitations that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate, and any rider, if applicable, may not be available in all states.**

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern.

If your accident coverage is paid with pre-tax dollars, the benefit payments may be taxable. Taxable benefit payments would be considered income and could disqualify you for Medicaid. If you currently participate or plan to participate in Medicaid you should seek advice before enrolling in accident coverage. Please consult your legal or tax advisor for more information. Sun Life does not provide tax advice.

For New York consumers: The expected benefit ratio for this policy is 65%. This ratio is the portion of future premiums that the Company expects to return as benefits, when averaged over all people with the policy.

Group accident insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01, 12-GP-01, 12-AC-C-01, 16-AC-C-01, 16-ACPort-C-01, 12-GPPort-01, and 12-ACPort-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations. In New York, group accident insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 12-GP-01, 12-AC-C-01, 12-GPPort-01, and 12-ACPort-C-01.

© 2017 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life Financial and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada. Visit us at [www.sunlife.com/us](http://www.sunlife.com/us).

Coverage and **monthly** rate for Accident Insurance.

Accident coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

	Mid
Employee Only	\$13.52
Employee & Spouse	\$19.85
Employee & Children	\$26.04
Employee & Family	\$32.33

Use the following example to estimate your cost per pay period.

Monthly cost	X 12 months =	Annual Cost	# of pay periods per year (12, 24, 26, 52)	Your estimated cost per pay period*
--------------	---------------	-------------	--	-------------------------------------

\$ \_\_\_\_\_ X 12 months = \$ \_\_\_\_\_ / \_\_\_\_\_ = \$ \_\_\_\_\_

\*The rate is in effect for **1/1/2018**. Contact your employer to confirm the portion of the cost for which you will be responsible.