

# Group Accident Insurance—Preferred Plan

## Benefit Highlights

for Employees of Lincoln Land Community College - #224379

All Eligible Employees

### Why Accident insurance?

Lost wages and out-of-pocket expenses can set you back financially.

Accident insurance pays you a lump sum amount of money—to use however you want—if you are injured as a result of a Covered Accident.

### Benefits

- Available to All Full-Time United States Employees working in the United States working 30 hours or more per week.
- Benefit amounts: Employee
  - Amounts payable for covered benefits are listed in the Covered Benefits section.
- Spouse and children are covered at 100% of the employee benefit level for all benefits except:
  - Life and dismemberment benefits for the spouse are 100% of the employee benefit amount.
  - Life and dismemberment benefits for dependent children are 50% of the employee benefit amount.

### Features of the Plan

- Convenient payroll deduction
- Benefits are paid directly to Insured
- The plan offers a wide range of covered benefits.
  - **For injuries:** Insureds will receive a payment of a fixed amount for covered dislocations, fractures, lacerations, burns, additional injuries.
  - **For care:** Insureds will receive a payment of a fixed amount for related covered medical services, hospital services, surgeries, emergency dental.
  - **For loss:** The plan includes life and dismemberment benefits that result from a covered accident.



# Group Accident Insurance-Preferred Plan

## Benefit Highlights (continued)

### Covered Benefits

Unless otherwise specified, the following benefits will be payable only once for each Covered Accident as applicable.

	Mid/24 hr
<b>Life and Dismemberment*</b>	
Accidental Death	\$25,000
Accidental Death Common Carrier	\$50,000
Catastrophic Loss: 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	\$50,000
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 toe	\$750
<b>Dislocations**</b>	
Hip	\$6,000
Knee, ankle, bones of the foot	\$3,000
Elbow or wrist	\$800
Shoulder	\$800
Collarbone, 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 or coccyx	\$300
Multiple ribs	\$1,000

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## Benefit Highlights (continued)

### Covered Benefits (continued)

<b>Additional Injuries</b>	<b>Mid/24 hr</b>
Eye injury	\$250
Gunshot wound	\$500
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
<i>Concussion Lifetime Maximum Benefit</i>	<i>\$1,500</i>
<b>Lacerations</b>	
2" to 6" with sutures	\$300
Greater than 6" with sutures	\$600
<b>Burns</b>	
Greater than 36% of body 2nd degree	\$1,000
9 up to 18 square inches 3rd degree	\$2,000
Over 18, up to 35 square inches 3rd degree	\$4,000
Over 35 square inches 3rd degree	\$12,000
Skin graft	50% of the applicable Burn Benefit
<b>Medical Services</b>	
Diagnostic Exam (1 time each per Covered Accident) - CT, CAT, EKG, EEG, or MRI	\$150
X-ray	\$30
Physician's Initial Office Visit for Covered Accident	\$50
Physician's Follow-up Treatment office visit (per visit, up to 2x per Covered Accident)	\$50
Physical Therapy (per visit up to 6 visits per Covered Accident)	\$25
Medical Devices	\$100
Epidural Pain Management (up to 2x per Covered Accident)	\$50

### Covered Benefits (continued)

<b>Hospital</b>	<b>Mid/24 hr</b>
Hospital Admission	\$1,000
Hospital Confinement (per day up to 365 days per Covered Accident)	\$200
Intensive Care Unit Admission	\$1,500
Intensive Care Unit Confinement (per day up to 30 days)	\$300
Ambulance (Ground)	\$200
Ambulance (Air)	\$1,000
Emergency Room Admission or Urgent	\$100

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## Benefit Highlights (continued)

Care Facility	
Family Lodging (Per day up to 90 days per covered accident)	\$125
Transportation (100 or more miles up to 3 times per Covered Accident)	\$300
Rehabilitation Unit (per day up to 90 days per Covered Accident)	\$125
Blood, Plasma or Platelet Transfusion	\$200
<b>Surgery</b>	
Open surgery (not otherwise listed)	\$1,500
Exploratory surgery or debridement	\$150
Laparoscopic surgery or hernia repair	\$150
Prosthesis (one)	\$750
Prosthesis (two)	\$1,500
Tendon/ligament/rotator cuff tear	\$750
Torn knee cartilage	\$750
Ruptured / herniated disc	\$750
<b>Emergency Dental</b>	
Emergency dental extraction	\$75
Emergency dental crown	\$300

\* Life and dismemberment losses: Benefits displayed are payable for the employee only. Life and dismemberment benefits for the spouse are 100% of the employee benefit amount. Life and dismemberment benefits for dependent children are 50% of the employee benefit amount.

\*\* Dislocations and fractures: Benefits displayed reflect amounts payable for open reductions. Benefits payable for closed reductions are 50% of the open reduction amount.

### Cost to you

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

### Rates

#### Accident Insurance—Monthly rates

	Mid/24 hr
Employee Only	\$16.90
Employee & Spouse	\$26.65
Employee & Children	\$30.18
Employee & Family	\$47.15

- These are the rates in effect for 01/01/2015

# Group Accident Insurance-Preferred Plan

## Benefit Highlights (continued)

### How to enroll

- Accident coverage begins once you meet the eligibility requirements.
- Once you have elected the coverage that's right for you (and your spouse and your dependent children), simply fill out the Accident Enrollment form provided by your employer. Be sure to sign, date, and return the form to your employer.

### For complete plan details

- **Accident insurance is a limited benefit policy. It provides accident coverage only. It does not provide basic hospital, basic medical, or major medical insurance. 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 may not be available in all states.**
- This highlight flyer is intended to provide an overview of the benefits available from your employer, and is not a complete description of plan provisions. Receipt of this flyer does not certify eligibility for benefits under this plan.
- For complete plan designs, you may request a copy of the Sun Life Financial Group booklet from your employer.

### Exclusions

The following exclusions and limitations 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 an 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, jumping or falling from any aircraft, including those which 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 of 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;
- a sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident;

# Group Accident Insurance-Preferred Plan

## Benefit Highlights (continued)

- an injury arising out of, or in the course of any work for pay or profit unless 24 hour coverage is included in the elected plan.

This overview is preliminary to the issuance of the policy and booklet certificate. It does not describe the specific benefits under the policy. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Insurance Department.

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.

Group Accident coverage is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02, subject to state availability. <If NY is available> In New York, Group Accident coverage is underwritten by Sun Life and Health Insurance Company (U.S.) (Wellesley Hills, MA) under Policy Form Series 12-GP-01, 12-AC-C-01, 12-AC-R-01, 12-AC-R-02.>Product offerings may not be available in all states and may vary depending on state laws and regulations.

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