

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



HOWARD COUNTY PUBLIC SCHOOL SYSTEM

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		CUSTOM PLAN
Coverage Type		Off-job only
BENEFITS		CUSTOM PLAN
EMERGENCY, HOSPITAL & TREATMENT CARE		CUSTOM PLAN
Accident Follow-Up	Up to 3 visits per accident	\$60
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$50
Ambulance – Air	Once per accident	\$600
Ambulance – Ground	Once per accident	\$120
Blood/Plasma/Platelets	Once per accident	\$360
Child Care	Up to 30 days per accident while insured is confined	\$25
Daily Hospital Confinement	Up to 365 days per lifetime	\$250
Daily ICU Confinement	Up to 30 days per accident	\$500
Diagnostic Exam	Once per accident	\$100
Emergency Dental	Once per accident	Up to \$450
Emergency Room	Once per accident	\$180
Hospital Admission	Once per accident	\$1,000
Initial Physician Office Visit	Once per accident	\$60
Lodging	Up to 30 nights per lifetime	\$120
Medical Appliance	Once per accident	\$120
Rehabilitation Facility	Up to 15 days per lifetime	\$50
Transportation	Up to 3 trips per accident	\$360
Urgent Care	Once per accident	\$60
X-ray	Once per accident	\$75
SPECIFIED INJURY & SURGERY		CUSTOM PLAN
Abdominal/Thoracic Surgery	Once per accident	\$1,200
Arthroscopic Surgery	Once per accident	\$120
Burn	Once per accident	Up to \$12,000
Burn – Skin Graft	Once per accident for third degree burn(s)	25% of burn benefit
Concussion	Up to 3 per year	\$120
Dislocation	Once per joint per lifetime	Up to \$4,800
Eye Injury	Once per accident	Up to \$240
Fracture	Once per bone per accident	Up to \$6,000
Knee Cartilage	Once per accident	Up to \$600
Laceration	Once per accident	Up to \$480
Ruptured Disc	Once per accident	\$480
Tendon/Ligament/Rotator Cuff	Up to 2 per accident	Up to \$720
FEATURES		CUSTOM PLAN
Ability Assist® EAP ² – 24/7/265 access to help for financial, legal or emotional issues		Included
HealthChampion ^{SM2} – Administrative & clinical support following serious illness or injury		Included

PREMIUMS

The amounts shown are twentieth amounts (20 payments/deductions per year)¹:

COVERAGE TIER	CUSTOM PLAN
Employee Only	\$3.91 (\$0.21 per day)
Employee & Spouse	\$6.14 (\$0.34 per day)
Employee & Child(ren)	\$6.35 (\$0.35 per day)
Employee & Family	\$10.05 (\$0.55 per day)

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?

Premiums are provided above. 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 October 9, 2017 to November 3, 2017.

WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is January 1, 2018.

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 dependent(s) 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.

¹Rates and/or benefits may be changed.

²HealthChampionSM and Ability Assist[®] services are provided 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.

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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