



# Group Accident Coverage

Policy Series WPS-ACC 07/15

*Designed for the employees of*  
**Town of Somerset**  
**GAC - 24hr Gold Custom (MI1unit)**

## ELIGIBILITY AND KEY FEATURES

**Coverage:** 24 Hour Gold - Custom Plan

**Eligibility:** All employees ages 18 or above, working 20 hours per week for at least 90 days following the date of employment, and, and who are actively at work at time of enrollment are eligible for participation. An enrolled employee may also insure their spouse. Children under the age of 26 are eligible regardless of marital or dependency status. Grandchildren under age 26 for whom the employee is required by a court or administrative order to provide health coverage are also eligible. No medical questions are required.

**Continuation of Coverage:** This coverage may be continued in the event you are no longer an employee/member of the Policyholder. Coverage must have been in force for 1 month after your certificate date. Coverage will be continued at the same premium and coverage amounts then in force.

**Effective Date of Coverage:** Coverage becomes effective at 11:59 PM on the date of the signed enrollment form.

## WEEKLY PREMIUMS

*Premiums are unisex, unismoke, are paid by the employee and are payroll deducted. Rates are based on the Certificate Effective Date*

Employee	Employee & Spouse	Employee & Children	Employee, Spouse & Children
\$2.43	\$4.42	\$5.70	\$7.69

## POLICY BENEFITS

All benefits are limited to one benefit per covered accident, per insured, and are paid independently of one another unless specifically noted otherwise.

## HOSPITAL CARE

**Hospital Admission:** Within 6 months after the covered accident. Amount will be doubled if placed in a Hospital Intensive Care Unit within the first 24 hours of admission. \$2,000

**Hospital Confinement:** Per day up to 365 days. Within 6 months after the covered accident. \$500

**Hospital Intensive Care Unit Confinement:** Per day up to 30 days. Within 30 days after the covered accident. \$1,000

**Lodging:** Per day up to 30 days per covered accident for companion. Hospital must be more than 100 miles round trip from the residence of the insured. \$200

**Rehabilitation Unit:** Per day up to 30 days. When confined in a rehab unit following hospitalization. \$150



**Transportation:** Up to 3 round trips per covered accident. Insured must travel more than 100 miles round trip for treatment. \$600

## EMERGENCY CARE

**Air Ambulance:** Within 48 hours after the covered accident. \$1,000

**Ground Ambulance:** Within 90 days after the covered accident. \$200

**Appliance:** Within 90 days after the covered accident. For personal locomotion or mobility. \$100

**Blood, Plasma, Platelets:** Within 90 days after the covered accident. \$200

**Physician Office/Urgent Care - Initial Visit:** Within 60 days of a covered accident. \$50

### Surgery

• *Outpatient Surgery Facility Service: Torn Knee Cartilage, Ruptured Disc, Tendon/Ligament/Rotator Cuff.* \$200

• *Abdominal or Thoracic with repair: Within 72 hours of a covered accident.* \$1,000

• *Abdominal or Thoracic without repair: Within 72 hours of a covered accident.* \$100

• *Hernia: Diagnosed within 30 days and repaired within 90 days of the covered accident.* \$100

## EMERGENCY ROOM

**Emergency Room Treatment:** Within 72 hours after a covered accident. \$200

## DIAGNOSTIC IMAGING

**Medical Imaging:** For CT scan, MRI or EEG as the result of a covered accident. \$200

**X-Rays:** Payable for diagnosis and treatment of injuries received as the result of a covered accident. \$50

## CONTINUING CARE

**Epidural Pain Management:** Within 6 months after the covered accident. Payable once per 12 month period. \$100

**Physician Follow-Up Care:** Within 180 days of the covered accident. Payable twice per covered accident. \$100

**Spinal Manipulation:** Payable for 1 visit per day, up to a maximum of 5 visits per 12 month period, regardless of the number of covered accidents. \$30

**Therapy Services – Occupational, Physical & Speech:** Maximum of 10 visits per covered accident and completed within 2 years after the covered accident. \$30

## SPECIFIC LOSS

**Burns:** Treated by a physician within 72 hours after the covered accident. \$1,500 - \$20,000

**Concussion:** Diagnosed by a physician within 72 hours after the covered accident. \$300

### Emergency Dental Work

• *Broken teeth repaired with crown(s)* \$300

• *Broken teeth resulting in extraction(s)* \$100

**Eye Injury:** Within 90 days after the covered accident. \$500

**Gunshot Wound:** Treated in a hospital or by a physician as the result of a covered accident. \$2,000



**Laceration:** Repaired by a physician within 72 hours after the covered accident. \$50 - \$800

**Organized Sports:** Pays an additional 25% of the total benefit paid for the covered accident up to this amount. Payable once per 12 month period per insured. \$1,000

**Prosthetic Device/Artificial Limb:** Within 1 year of the covered accident.

- *One* \$1,000
- *More than one* \$2,000

**Ruptured Disc:** Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident. \$1,000

**Tendon, Ligament, Rotator Cuff:** Within 1 year of the covered accident.

- *Repair of one* \$1,200
- *Repair of more than one* \$1,800
- *Exploratory without repair* \$300

**Torn Knee Cartilage:** Treated by a physician within 60 days and repaired through surgery within 1 year after the covered accident.

- *Surgery with Repair* \$1,500
- *Exploratory surgery* \$300

## MAJOR INJURY

**Accidental Death:** Within 90 days from the date of a covered accident.

- *Employee* \$50,000
- *Spouse* \$50,000
- *Children* \$10,000

**Accidental Death / Common Carrier:** Within 90 days after the covered accident.

- *Employee* \$100,000
- *Spouse* \$100,000
- *Children* \$20,000

**Coma:** Unconscious for 30 consecutive days if as a result of a covered accident. \$5,000

**Dismemberment:** Within 90 days after the covered accident. \$600 - \$10,000

**Catastrophic Accident:** Payable after a 365 day elimination period.

- *Employee (reduced by 50% at age 70)* \$50,000
- *Spouse (reduced by 50% at age 70)* \$50,000
- *Children* \$10,000

## DISLOCATIONS\*: Diagnosed by a physician within 90 days after the covered accident.

**Closed (with Anesthesia)** \$200 - \$4,000

**Open (with Anesthesia)** \$400 - \$8,000

- *Closed without Anesthesia: 25% of the closed with anesthesia benefit*



**FRACTURES\***: Diagnosed by a physician within 90 days after the covered accident.

<b>Closed</b>	\$100 - \$5,000
<b>Open</b>	\$200 - \$10,000
• Chips; 25% of closed benefit	

*\*Benefit amounts vary based on the treatment and location of the dislocation or fracture.*

**HEALTH SCREENING BENEFIT RIDER** (WPS-ACC HS Rider 07/15)

We will pay \$50 for any one or more of the following health screening tests listed below performed by a Physician more than 30 days after the rider effective date. Benefit is payable once per calendar year per insured person.

- |   |   |
|---|---|
| 1. Biopsy for Skin Cancer                 | 11. Flexible sigmoidoscopy  |
| 2. Blood test for triglycerides           | 12. Hemocult stool analysis   |
| 3. Bone marrow testing                    | 13. Lipid Panel (total cholesterol count)                               |
| 4. CA 125 (blood test for ovarian cancer) | 14. Mammography/Breast Ultrasound                                       |
| 5. CA 15-3 (blood test for breast cancer) | 15. Oral Cancer screening using ViziLite, OraTest or other similar test |
| 6. CEA (blood test for colon cancer)      | 16. Pap smear (including ThinPrep Pap Test)                             |
| 7. Chest X-ray                            | 17. PSA (blood test for prostate cancer)                                |
| 8. Colonoscopy                            | 18. Serum Protein Electrophoresis (blood test for myeloma)              |
| 9. Electrocardiogram (EKG)                | 19. Stress test on a bicycle or treadmill                               |
| 10. Fasting blood glucose test            | 20. Thermography  |

## **POLICY EXCLUSIONS – WHAT WE WILL NOT PAY FOR**

We will not pay benefits for losses that are caused or contributed to by, or are the result of:

1. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
2. 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. This exclusion does not apply to the Sickness Hospital Confinement Rider or the Health Screening Benefit Rider;
3. intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane;
4. war - declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
5. active service in any of the armed forces, or units auxiliary thereto, including the National Guard or any Military Reserve;
6. repetitive stress or motion disorders caused by overuse or degenerative changes;
7. driving any taxi, limousine, bus or personal vehicle of any kind when used to transport fare-paying passengers;
8. mental or nervous disorders;
9. alcoholism or drug addiction;
10. ingestion or use of any substance or drug unless taken as prescribed by a Physician. This does not apply to accidental ingestion of substances by Children under the age of 5;
11. being under the influence of alcohol. Being under the influence of alcohol, for purposes of the Policy, means a blood alcohol level of 0.08 or more;
12. while incarcerated or detained in a penal institution of any kind, including house arrest and/or work furlough;
13. the commission of or an attempt to commit a felony or any loss to which a contributing cause was being engaged in an illegal activity.

## **DISCLAIMERS**

*Underwritten by Boston Mutual Life Insurance Company. The information provided here is a brief description of the important features of WPS-ACC 07/15 for the state of Massachusetts. It is not a certificate of insurance or evidence of coverage. Any discrepancies between this brochure and the group policy will be resolved by the language issued in the Master Policy. Please refer to the Master Policy and individual Certificates of Coverage for a detailed description of the benefits, limitations, and exclusions.*

**THIS IS A LIMITED POLICY. THIS IS A SUPPLEMENT TO HEALTH INSURANCE  
AND IS NOT CONSIDERED MINIMUM ESSENTIAL COVERAGE.**