

# Accident Indemnity Plus

Off-Job Enhanced Benefit



## Receive a Benefit if You Have an Accident

### An Accident Plan:

- Can cover you, your spouse and your children
- Pays benefits directly to you, in addition to any other coverage you may have, unless otherwise designated
- Has no limit to the number of accidents covered in a specified time frame\*\*

### Why do I need accident coverage?

Number of physician office visits for unintentional injuries: 9.5million

[www.CDC.gov/nchs/fastats/accident-insury.htm](http://www.CDC.gov/nchs/fastats/accident-insury.htm); May 8, 2020

Includes a **\$50 Health Screening Benefit** – payable annually, including covered family members, for receiving a qualified health screening.

### Initial Care Benefits

Benefit	Description	Enhanced
UrgentCare*	Payable for initial treatment within 60 days of a covered accident.	\$150
Doctor's Office Care*	Payable for initial treatment within 60 days of a covered accident.	\$100
Emergency Room Care**	Payable for initial treatment within 72 hours of a covered accident.	\$100
Ground Ambulance	Payable for one trip to or from a covered person's home to a hospital.	\$200
Air Ambulance	Payable for one transport to a hospital.	\$800

\*Coverage not paid if ER visit is paid for the same accident.

\*\*Coverage for ER visits is limited to three per person per calendar year.

Policy: M-8026

Underwritten by ManhattanLife Assurance Company of America

## Diagnostic Benefits

Benefit	Description	Enhanced
Diagnostic Benefits	Payable for x-ray, medical imaging (MRI, CT Scan), or EEG performed in a doctor's office or hospital.	X-rays \$75 MRI/CT Scan/EEG \$150

## In-Patient Care Benefits

Hospital Confinement	Payable for each day a covered person is confined as an inpatient in a hospital. A day is defined as a 24-hour period. Confinement is up to 365 days per accident.	\$250
First Hospitalization	Payable for the first hospital confinement in a calendar year.	\$1,000
ICU Admission	Payable if ICU admission is within 48 hours of hospital admission.	\$2,000
ICU Confinement	Payable for each day a covered person is confined to a hospital Intensive Care Unit up to 30 days per accident.	\$500
Rehabilitation Admission	Payable when a covered person is transferred to a Rehab Unit of a hospital.	Admission \$1,000
Rehabilitation Confinement	Payable for each day a covered person is confined to a Hospital Rehabilitation Unit for up to 60 days.	Daily Benefit \$150

## Medically Necessary Benefits

Blood and Plasma	Payable if received within 90 days.	\$100
Prosthesis - One	Payable for a device or devices needed because of an accident. One payment per accident.	\$500
Prosthesis - Multiple	Payable for a device or devices needed because of an accident. One payment per accident.	\$1,000
Medical Appliances	Payable for appliances used for aid in personal locomotion (crutches, wheelchairs, leg braces, back braces, and walkers). Limited to one payment.	\$100

## Transportation / Lodging Benefits

Benefit	Description	Enhanced
Transportation	The benefit is payable if a Covered Person is injured and requires a doctor-recommended Hospital Treatment or diagnostic study that is not available in the Covered Person's resident city. Use of such transportation must begin within 90 days after the Covered Accident date. Hospital Treatment or diagnostic study must be greater than 50 miles from the Covered Person's residence. Maximum of one trip.	Plane&Train \$300 Bus \$150
Family Member Lodging	Payable for an adult family member if the covered person is hospitalized more than 100 miles from home for a maximum of 30 nights.	\$100

## Major Accident Benefits

Accidental Death	Payable to the named beneficiary. The employee is the beneficiary for all covered dependants. Spouse benefit is 50% of amount shown and child benefit is 25% of amount shown.	\$50,000
Dismemberment	Payable according to a schedule based on the specific loss incurred. Spouse receives 50% of amount shown and child receives 25% of amount shown.	Up to \$50,000
Common Carrier	Provides an additional benefit if death results from an accident occurring while a fare paying passenger on a commercial airline, passenger train, or intercity bus line.	\$100,000

## Burn Benefits

Burns	Payable for second and third degree burns according to a schedule if treatment is received within 72 hours.	2 <sup>nd</sup> Degree \$200 - \$2,000 3 <sup>rd</sup> Degree \$1,000 - \$20,000
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## Emergency Dental / Vision Benefits

Eye Injuries	Payable if surgical repair is performed within 90 days or a foreign body is removed from the eye, with or without anesthesia.	Surgical Repair \$250 Removal of Foreign Body \$50
Emergency Dental Work	We will pay the selected benefit amount if the Covered Person has an injury to sound natural teeth. We will pay for extraction or repair with a crown as shown in the Schedule of Benefits.	Repaired with Crown \$200 Resulting in Extraction \$60

## Laceration Benefits

Benefit	Description	Enhanced
Laceration Benefit	Payable according to schedule of length provided that treatment is received within 72 hours after the Covered Accident.	Over 6 inches \$400  2 - 6 inches \$200  Under 2 inches \$50  Not requiring stitches \$50

## Orthopedic Benefits

Fracture	Payable according to a schedule if diagnosed and treated by a doctor within 90 days. <ul style="list-style-type: none"> <li>• A Chipped bone is 25% of scheduled benefit.</li> <li>• Open reduction is 200% of scheduled benefit.</li> </ul>	Minimum \$320 Maximum \$4,000
Dislocation	Payable according to a schedule if diagnosed and treated by a doctor within 90 days. <ul style="list-style-type: none"> <li>• A partial dislocation is 25% of scheduled benefit.</li> <li>• Open reduction is 200% of scheduled benefit.</li> </ul>	Minimum \$240 Maximum \$2,700
Repaired Ligaments	Payable if treatment is received within 60 days and surgical repair is performed within 90 days.	Single \$400 Multiple \$600
Repaired Knee Cartilage	Payable if treatment is received within 60 days and surgical repair is performed within one year.	Single \$400 Multiple \$600
Repaired Tendon	Payable if treatment is received within 60 days and surgical repair is performed within 90 days.	Single \$400 Multiple \$600
Repaired Rotator Cuff	Payable if surgical repair is performed within one year.	Single \$250 Multiple \$500
Ruptured Disc	Payable if treatment is received within 60 days and surgical repair is performed within one year.	\$400
Exploratory Surgery Without Repair	Payable if the injury does not require surgical repair.	\$200

## Head and Spine Benefits

Benefit	Description	Enhanced
Concussion	Payable if diagnosed within 72 hours using medical imaging (such as x-ray, CT Scan, or MRI).	\$200
Coma	Payable if the comatose state lasts more than 30 days and diagnosis indicates that permanent neurological deficit is present.	\$10,000
Paralysis (Paraplegic/ Quadriplegic)	Payable if paralysis lasts more than 90 days and is diagnosed by a doctor within those 90 days.	Two limbs \$5,000 Four limbs \$10,000

## Follow-Up Care/Treatment Benefits

Physical Therapy	Payable if: started within 90 days; completed within one year; prescribed by a doctor; rendered by a Physical Therapist; and performed in an office or on an outpatient basis. Pays up to 10 visits per accident.	\$30
Follow-up Treatment	Payable if initial treatment was received within 72 hours; it is doctor prescribed, and it begins within 90 days of hospital discharge.	\$25 4 days per accident
Chiropractic Treatment	Available if started within 60 days and completed within 180 days. Pays up to three visits per accident.	\$30

## Additional Benefits

Total Disability Premium Waiver	Waives premiums after being disabled for three consecutive months and disability starts before the Certificate anniversary prior to the 65th birthday.	Included
Portability	Portable if you leave the company prior to age 70 as long as the Master Policy remains in force.	Included
Health Screening Benefit	Benefit pays for tests including an oral cancer screening as part of a comprehensive dental exam, lipid panel, blood test for triglycerides, mammograms, colonoscopies, stress tests, etc. Indemnity based and payable once per calendar year per insured. Coverage is same for all insureds on the certificate.	\$50

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit product at [Disclosure.ManhattanLife.com](http://Disclosure.ManhattanLife.com). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: M-8026 Well-Being Benefit: M-1775; ER Facility Care Rider - M-8226

Underwritten by Manhattan Life Insurance Company.