



ACCIDENT INSURANCE, FOR

UFCW Region 1

Presented by



A personalized guide to understanding your coverage



ACCIDENT INSURANCE BENEFIT SUMMARY

What is Accident Insurance?

This coverage pays benefits for injuries, such as cuts, broken bones, concussions and related expenses.

Accident Insurance is supplemental coverage that can complement your health insurance and help cover your out-of-pocket expenses. When you carry this coverage, if you have a covered accident, you are paid a total cash benefit that is based on the amount listed for each covered benefit and/or treatment. See the benefit schedule for additional details.

Use your benefits any way you like.

Benefit proceeds can be used however you want, whether it's toward your mortgage, medical bills or student loans. It's up to you.

Coverage highlights

- No health questions asked
- Affordable premiums
- Simplified claims-filing

How does the coverage work?

When you carry Accident Insurance and have a covered accident, simply file an Accident claim with our Claims Care Team online, over the phone, or via US mail or fax. You'll be paid a total cash benefit based on the amount listed for each covered benefit and/or treatment.

Benefit snapshot: Luis' goal

One night while playing a game with his local soccer league, Luis went for a goal that left him with a broken leg and a concussion. Fortunately, he'd enrolled in Accident Insurance. The benefit Luis received helped to offset his medical bills and cover other expenses, like time away from work, while he recovered.

Luis' Accident policy paid these benefits*:

Ground ambulance:	\$300
Emergency room treatment:	\$150
Fracture (thigh, non-surgical):	\$5,000
Concussion:	\$300
Total benefits paid:	\$5,750

*This example is for illustrative purposes only. Your plan details may vary. See your enrollment guide for more information around the specific benefits covered under your group's plan.



What benefits are included in my coverage?

Your Accident Insurance includes a range of covered accidents and additional benefits, as outlined below. For more information, see your certificate.

Emergency & Initial Accident Treatment Benefits	Benefit
Ambulance	
Ground	\$300
Air	\$1,000
Emergency Room Treatment	\$150
Urgent Care	\$200
Major Diagnostic Imaging	\$200
X-Ray	\$100
Hospital Benefits	
Hospital Admission	\$1,500
Daily Hospital Confinement (max 365 days)	\$375
Intensive Care Admission	\$3,000
ICU Daily Confinement (max 365 days)	\$750
Observation Unit	\$150
Specific Injury Benefit	
Fractures	
Closed/Non-Surgical Treatment	
Skull (except Bones of Face or Nose), Depressed	\$3,750
Hip, Thigh (Femur)	\$5,000
Vertebrae, Body of (excluding Vertebral Process)	\$4,500
Pelvis	\$4,000
Leg (Tibia and/or Fibula)	\$3,000
Upper Arm (Humerus)	\$1,750
Shoulder Blade	\$2,000
Collarbone	\$2,000
Upper Jaw, Maxilla (except Alveolar Process)	\$1,750
Lower Jaw, Mandible (except Alveolar Process)	\$2,000
Vertebral Process	\$1,000
Forearm (Ulna and/or Radius)	\$2,500
Hand, Wrist (except Fingers)	\$2,500
Kneecap	\$2,500
Foot (except Toes)	\$2,500
Ankle	\$2,500
Rib	\$400
Coccyx	\$400
Finger, Toe	\$400
Enhancement for Open/Surgical Reduction	2x
Chip Fractures	25%



Dislocations	
Closed/Non-Surgical Treatment	
Hip	\$3,600
Knee (other than Kneecap)	\$2,600
Shoulder	\$2,000
Kneecap	\$800
Ankle Bone or Bones of the Foot	\$1,600
Elbow	\$800
Wrist	\$1,000
Bone or Bones of the Hand	\$1,400
Jawbone	\$1,200
Collarbone	\$800
1 Toe or Finger	\$320
Enhancement for Open/Surgical Reduction	2x
Partial Dislocations	25%
Lacerations	
No Repair	\$75
Repair - up to 2"	\$75
Repair - over 2", up to 6"	\$300
Repair - over 6"	\$600
Burns	
2 nd -Degree Burns	
At least 1%, but less than 20% of Skin Surface	\$600
20% or greater of Skin Surface	\$3,000
3 rd -Degree Burns	
Less than 5% of Skin Surface	\$1,500
At least 5%, but less than 20% of Skin Surface	\$9,000
20% or greater of Skin Surface	\$18,000
Skin Grafts	
Due to Burns (% of applicable Burn Benefit)	25%
Concussion & Other Brain Injuries	
	\$300
Dental Benefit	
	\$300
Eye Injury Benefit	
	\$375
Surgery Benefits	
Tendon/Ligament/Rotator Cuff Surgical Benefit	
Single	\$500
Multiple	\$750
Exploratory without Repair	\$300
Torn Knee Cartilage Surgery Benefit	
Torn with Surgical Repair	\$750
Exploratory without Repair	\$300
Ruptured Disc with Surgical Repair	
	\$500



Medical Benefits	
Blood, Plasma & Platelets Benefit	\$150
Prosthetic Device Benefit	
1 only	\$750
2 or more	\$1,500
Appliances	\$150
Follow-Up Care & Transportation Benefits	
Physician Office Visit (max 4 visits)	\$50
Post-Traumatic Stress Disorder Benefit (max 4 visits)	\$75
Therapy Services Benefit (Occupational, Physical, Speech Therapy) (max 10 visits)	\$45
Chiropractor & Alternate Therapy (max 4 visits)	\$50
Rehabilitation Unit Confinement (max 90 days)	\$200
Transportation (per mile, min. 100 miles from residence)	\$0.60
Lodging (max 30 days)	\$150
Accidental Death Benefits	
Accidental Death	
Member	\$75,000
Spouse	\$37,500
Children	\$37,500
Common Carrier Accidental Death	2x
Organ Donor Benefit	\$5,000
Accidental Dismemberment Benefits	
Dismemberment	
Loss of: Both Hands, or Both Feet, or 1 Hand & 1 Foot	\$75,000
Loss of 1 Hand or Loss of 1 Foot	\$18,750
Partial Dismemberment	
Loss of 1 or More Fingers or Toes	\$750
Partial Amputation of Finger or Toe	\$150
Catastrophic Benefits	
Catastrophic Loss	
Loss of Sight in Both Eyes or Hearing in Both Ears	\$15,000
Loss of Speech or Sight in 1 Eye or Hearing in 1 Ear	\$3,750
Coma	\$12,500
Paralysis	
Paraplegia	\$6,250
Quadriplegia	\$12,500



Additional Options	
Organized Athletic Activity Benefit: Benefit payment is increased by a set percentage for an accident resulting from participating in a covered athletic event, such as: club sports; collegiate sports; competitions; team practices; trainings & workout sessions	10% up to \$1,500 per accident
Health Screening Benefit: Benefit paid for eligible health screening tests	\$50

Examples of Eligible Screening Events			
Blood tests for triglycerides	Colonoscopy	Hepatitis B immunization	Sports physicals
Annual exam for adults	Bone marrow testing	HPV immunization	Stress test
Bone density screening	Chicken pox immunization	Mammography	Tetanus
Breast MRI	Fasting blood glucose test	Pap smear	Virtual colonoscopy
Carotid ultrasound	Flu vaccination	Pneumonia immunization	Well child visits
Concussion baseline testing	Dermatological screenings for skin cancer	Genetic screening for medical diagnosis & treatment	Serum cholesterol HDL/LDL

How much does it cost?

See the rate chart below to calculate your coverage costs.

Weekly Premium	
Tier	Rate
Employee only	\$3.54
Employee & spouse	\$5.83
Employee & child(ren)	\$7.51
Family	\$10.12



Exclusions & limitations

This is not a complete disclosure of plan qualifications and limitations. Benefits and riders may vary by state and may not be available in all states. In addition to any benefit-specific exclusion, benefits will not be paid for any loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in insurance certificate:

- Intentionally self-inflicted injury, suicide, or any attempt or threat while sane or insane.
- Participating in war or any act of war whether declared or undeclared.
- Commission or attempt to commit a felony.
- Commission of or active participation in a riot, insurrection, or terrorist activity.
- Engaging in an illegal activity or occupation.
- Flight in, boarding, or alighting from an aircraft or any craft designed to fly above the earth's surface, including any travel beyond the earth's atmosphere except a fare-paying passenger on a regularly scheduled commercial or charter airline.
- Travel in or on any on-road and off-road motorized vehicle except a golf cart that does not require licensing as a motor vehicle.
- Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the covered person receives any compensation or remuneration.
- Sickness, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food.
- Travel or activity outside the contiguous United States, Alaska, Hawaii and the territories and possessions of the United States, Canada or Mexico.
- Voluntary ingestion or inhalation of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage.
- Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it.
- Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the law of the State in which the covered accident occurred.
- Experimental or investigational procedures.
- Care that is not recommended and approved by a physician.

This document is meant to highlight some, but not all the features Wellfleet coverage provides. It is not an insurance contract. Wellfleet Workplace benefits provide limited benefits and are not a substitute for mandated ACA healthcare coverage. Like most supplemental offerings, these benefits may have state-specific variations, and some product offerings and details may not be available in all states. Rates are subject to change. Wellfleet reserves the right to raise premium rates with proper notice, as noted in the policy. For complete details see your certificate.

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Questions?

Contact your plan administrator with questions about the offered coverage.

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WB Hospital Indemnity 20 – 100085 - 03012021