

# UFCW Accident Indemnity Plus



## Receive a Benefit if You Have an Accident

### An Accident Plan:

- Covers on and off-the-job accidents
- 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: 39.5 million

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

**Benefits are only payable as a result of an injury from a covered accident.**

INITIAL CARE BENEFITS		
Benefit	Description	Premier
Urgent Care*	Payable for initial treatment within 60 days of a covered accident.	\$200
Doctor's Office Care*	Payable for initial treatment within 60 days of a covered accident.	\$150
Emergency Room Care**	Payable for initial treatment within 72 hours of a covered accident.	\$150
Ground Ambulance	Payable for one trip to or from a covered person's home to a hospital.	\$300
Air Ambulance	Payable for one transport to a hospital.	\$1,000
Diagnostic Benefits	Payable for x-ray, medical imaging (MRI, CT Scan), or EEG performed in a doctor's office or hospital.	X-rays \$100  MRI/ CT Scan/EEG \$200

\* 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. Benefits and riders may vary by state and may not be available in all states.

Policy:M-8026

Underwritten by ManhattanLife Assurance Company of America

AIP-UFCW 0121

**HEAD AND SPINE BENEFITS**

<b>Concussion</b>	Payable if diagnosed within 72 hours using medical imaging (such as x-ray, CT Scan, or MRI).	\$300
<b>Coma</b>	Payable if the comatose state lasts more than 30 days and diagnosis indicates that permanent neurological deficit is present.	\$12,500
<b>Paralysis (Paraplegic/Quadriplegic)</b>	Payable if paralysis lasts more than 90 days and is diagnosed by a doctor within those 90 days.	Two limbs \$6,250 Four limbs \$12,500

**IN-PATIENT CARE BENEFITS**

<b>Hospital Confinement</b>	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.	\$375
<b>First Hospitalization</b>	Payable for the first hospital confinement in a calendar year.	\$1,500
<b>ICU Admission</b>	Payable if ICU admission is within 48 hours of hospital admission.	\$3,000
<b>ICU Confinement</b>	Payable for each day a covered person is confined to a hospital Intensive Care Unit up to 30 days per accident.	\$750
<b>Rehabilitation Admission</b>	Payable when a covered person is transferred to a Rehab Unit of a hospital.	Admission \$1,500
<b>Rehabilitation Confinement</b>	Payable for each day a covered person is confined to a Hospital Rehabilitation Unit for up to 60 days.	Daily Benefit \$200

**FOLLOW-UP CARE/TREATMENT BENEFITS**

<b>Physical Therapy</b>	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.	\$45
<b>Follow-up Treatment</b>	Payable if initial treatment was received within 72 hours; it is doctor prescribed, and it begins within 90 days of hospital discharge. Maximum of four follow-ups per accident.	\$50
<b>Chiropractic Treatment</b>	Available if started within 60 days and completed within 180 days. Pays up to three visits per accident.	\$45

**MEDICALLY NECESSARY BENEFITS**

<b>Blood and Plasma</b>	Payable if received within 90 days.	\$150
<b>Prosthesis-One</b>	Payable for a device or devices needed because of an accident. One payment per accident.	\$750
<b>Prosthesis - Multiple</b>	Payable for a device or devices needed because of an accident. One payment per accident.	\$1,500
<b>Medical Appliances</b>	Payable for appliances used for aid in personal locomotion (crutches, wheelchairs, leg braces, back braces, and walkers). Limited to one payment.	\$150

**TRANSPORTATION / LODGING BENEFITS**

<b>Transportation</b>	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 \$400 Bus \$200
<b>Family Member Lodging</b>	Payable for an adult family member if the covered person is hospitalized more than 100 miles from home for a maximum of 30 nights.	\$150

**MAJOR ACCIDENT BENEFITS**

<b>Accidental Death</b>	Payable to the named beneficiary. The employee is the beneficiary for all covered dependents. Spouse receives 50% of amount shown and child receives 25% of amount shown.	\$75,000
<b>Dismemberment</b>	Payable according to a schedule based on the specific loss incurred. Spouse receives 50% of amount shown and child receives 25% of amount shown.	\$75,000
<b>Common Carrier</b>	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.	\$150,000

**BURN BENEFITS**

<b>Burns</b>	Payable for second and third degree burns according to a schedule if treatment is received within 72 hours.	2nd Degree \$300-\$3,000 3rd Degree \$1,500-\$30,000
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**EMERGENCY DENTAL/VISION BENEFITS**

<b>Eye Injuries</b>	Payable if surgical repair is performed within 90 days or a foreign body is removed from the eye, with or without anesthesia.	Surgical Repair \$375
<b>Emergency Dental Work</b>	Payable for injury to sound natural teeth.	Removal of Foreign Body \$75 Repaired with Crown \$300 Resulting in Extraction \$90

**LACERATION BENEFITS**

<b>Laceration Benefit</b>	Payable according to schedule of length provided that treatment is received within 72 hours.	Over 6 inches \$600 2-6 inches \$300 Under 2 inches \$75 Not requiring stitches \$75
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**ORTHOPEDIC BENEFITS**

<p><b>Fracture</b></p>	<p>Payable according to a schedule if diagnosed and treated by a doctor within 90 days.</p>	<p>Minimum \$400 Maximum \$5,000 A chipped bone is 25% of scheduled benefit Open reduction is 200% of scheduled benefit</p>
<p><b>Dislocation</b></p>	<p>Payable according to a schedule if diagnosed and treated by a doctor within 90 days.</p>	<p>Minimum \$320 Maximum \$3,600 A partial dislocation is 25% of scheduled benefit Open reduction is 200% of scheduled benefit</p>

**ADDITIONAL BENEFITS**

<p><b>Youth Organized Sports Benefit</b></p>	<p>We will pay the selected benefit amount if all the following requirements are met:</p> <ul style="list-style-type: none"> <li>• A Dependent Child (Age 18 or younger) is participating in an Organized Sports Event or scheduled practice and is injured;</li> <li>• Certificate holder provides proof of the Dependent Child’s registration in the Organized Sports Event.</li> </ul> <p>We will pay an additional 25% of the total benefit paid for the Covered Accident, not to exceed \$1,500.</p> <p>We will pay this Benefit once per Covered Accident per Dependent Child.</p>	<p>Additional 25% to \$1,500 Max</p>
<p><b>On The Job Insurance (24 Hour Insurance) Benefit</b></p>	<p>We will provide insurance for injuries, including Total Disability Premium Waiver, due to an Injury that is covered by Workers’ Compensation or occupational disease law.</p>	<p>Included</p>
<p><b>Well-Being Benefit</b></p>	<p><b>Wellness Screening</b> Benefit pays for 21 covered tests including mammograms, colonoscopies, and stress tests. Indemnity based and payable once per calendar year per insured. Coverage is same for all insureds on the certificate. \$50</p>	

**IMPORTANT NOTICE:** The Insurance coverage provided under the policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage” and it does not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Act. This is not a complete disclosure of plan qualifications and limitations. For a complete list of limitations and exclusions, please refer to [www.ManhattanLife.com/Disclosure](http://www.ManhattanLife.com/Disclosure). Please review this information before applying for coverage. The benefits provided depend on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

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