

UFCW Meat Processors 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: 39.5million

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		
Benefits	Description	Premier
UrgentCare*	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 5 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 Insurance and Annuity Company

AIP-SB-UFCW-MP_0924

HEAD AND SPINE BENEFITS		
Benefits	Description	Premier
Concussion	Payable if diagnosed within 72 hours using medical imaging (such as x-ray, CT Scan, or MRI).	\$300
Coma	Payable if the comatose state lasts more than 30 days and diagnosis indicates that permanent neurological deficit is present.	\$12,500
Paralysis (Paraplegic/ Quadriplegic)	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		
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.	\$375
First Hospitalization	Payable for the first hospital confinement in a calendar year.	\$1,500
ICU Admission	Payable if ICU admission is within 48 hours of hospital admission.	\$3,000
ICU Confinement	Payable for each day a covered person is confined to a hospital Intensive Care Unit up to 30 days per accident.	\$750
Rehabilitation Admission	Payable when a covered person is transferred to a Rehab Unit of a hospital.	Admission \$1,500
Rehabilitation Confinement	Payable for each day a covered person is confined to a Hospital Rehabilitation Unit for up to 30 days for each covered person per period of Hospital confinement, Calendar year max of 60 days.	Daily Benefit \$200
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.	\$45
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. Maximum of four follow-ups per accident.	\$50
Chiropractic Treatment	Available if started within 60 days and completed within 180 days. Pays up to three visits per accident.	\$45
MEDICALLY NECESSARY BENEFITS		
Blood and Plasma	Payable if received within 90 days.	\$150
Prosthesis - One	Payable for a device or devices needed because of an accident. One payment per accident.	\$750
Prosthesis - Multiple	Payable for a device or devices needed because of an accident. One payment per accident.	\$1,500
Medical Appliances	Payable for appliances used for aid in personal locomotion (crutches, wheelchairs, leg braces, back braces, and walkers). Limited to one payment.	\$150

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TRANSPORTATION / LODGING BENEFITS		
Benefits	Description	Premier
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 \$400 Bus \$200
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	\$150
MAJOR ACCIDENT BENEFITS		
Accidental Death	Payable to the named beneficiary. The member is the beneficiary for all covered dependents. Spouse receives 50% of amount shown and child receives 25% of amount shown.	\$75,000
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.	\$75,000
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.	\$150,000
BURN BENEFITS		
Burns	Payable for second and third degree burns according to a schedule if treatment is received within 72 hours.	2 nd Degree \$300 - \$3,000 3 rd Degree \$1,500 - \$30,000
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 \$375 Removal of Foreign Body \$75
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 \$300 Resulting in Extraction \$90
LACERATION BENEFITS		
Laceration Benefit	Payable according to schedule of length provided that treatment is received within 72 hours after the Covered Accident.	Over 6 inches \$600 2 - 6 inches \$300 Under 2 inches \$75 Not requiring stitches \$75

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ORTHOPEDIC BENEFITS		
Benefits	Description	High
Fracture	Payable according to a schedule if diagnosed and treated by a doctor within 90 days.	Minimum \$400 Maximum \$5,000 A Chipped bone is 25% of scheduled benefit. Open reduction is 200% of scheduled benefit.
Dislocation	Payable according to a schedule if diagnosed and treated by a doctor within 90 days.	Minimum \$320 Maximum \$3,600 A partial dislocation is 25% of scheduled benefit. Open reduction is 200% of scheduled benefit.
ADDITIONAL BENEFITS		
Youth Organized Sports Benefit	We will pay the selected benefit amount if all the following requirements are met: <ul style="list-style-type: none"> • A Dependent Child (Age 18 or younger) is participating in an Organized Sports Event or scheduled practice and is injured; • Certificate holder provides proof of the Dependent Child's registration in the Organized Sports Event. We will pay an additional 25% of the total benefit paid for the Covered Accident, not to exceed \$1,500. We will pay this Benefit once per Covered Accident per Dependent Child.	Additional 25% to \$1,500 Max
On The Job Insurance (24 Hour Insurance) Benefit	Pays a benefit for injuries, (including Total Disability Premium Waiver), due to an Accident, that are covered by Worker's Compensation or occupational disease law.	Included
Wellness Screening	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.	\$75
Ambulatory Surgical Center Facility	Pays a benefit for the day surgery is performed in an Ambulatory Surgical Center Facility or Outpatient Hospital Facility on an Insured Person because of a Covered Accident. This benefit is payable only once per Covered Accident. Two or more surgeries performed during the same ambulatory surgery session are considered one surgery.	\$600
Anesthesia Benefit	Pays the benefit shown on the schedule page if any insured person receives general anesthesia administered by a nurse anesthetist or Doctor within 90 days of an accident for surgery due do an accident for which a Surgical Care benefit is paid.	\$600

ADDITIONAL BENEFITS (continued)

Benefits	Description	High
Epidural Pain Management	Pays a benefit if any insured person is prescribed, receives, and incurs a charge for an epidural administered for pain management in a Hospital or Doctor's office for injuries sustained in an accident. This benefit is not payable for an epidural administered during a surgical procedure. The benefit is paid once per accident per insured person.	\$200
Open Abdominal/Thoracic/Cranial Surgery	Pays a benefit if any insured person has an open abdominal, thoracic, or cranial surgery provided by a doctor to repair an internal injury within 72 hours of the accident. This benefit is payable once per accident. Two or more surgeries performed during the same ambulatory surgery session will be considered one surgery. Hernia repair will not be covered.	\$3,000

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. 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.