



ACCIDENT INSURANCE for Interboro School District

A personalized guide to understanding your plan

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.

Use your benefit proceeds however you want. Whether it is toward your mortgage, medical bills or student loans, it is 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, or via 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 concussion. Fortunately, he carried Accident Insurance. The benefits Luis received helped offset his medical bills and cover other expenses, like time away from work, while he recovered.

Luis' Accident policy paid these benefits*:

Ground ambulance:	\$150
Emergency room treatment:	\$150
Fracture (thigh, non-surgical):	\$2,500
Concussion:	\$150
Total benefits paid:	\$2,950

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



What benefits are included in my coverage?

ACCIDENT PLAN BENEFITS	Acc Plan 2	Acc Plan 3
Emergency and Initial Accident Treatment Benefits		
Ambulance		
Ground	\$150.00	\$250.00
Air	\$750.00	\$1,250.00
Water	\$750.00	\$1,250.00
Emergency Room Treatment	\$150.00	\$200.00
Urgent Care	\$75.00	\$100.00
Major Diagnostic Imaging	\$150.00	\$200.00
X-ray	\$50.00	\$75.00
Hospital Benefits		
Hospital Admission	\$1,000.00	\$1,500.00
Hospital Confinement	\$150.00	\$200.00
Maximum per accident	365 days	365 days
Intensive Care Admission	\$2,000.00	\$3,000.00
ICU Confinement	\$300.00	\$400.00
Maximum per accident	365 days	365 days
Observation Unit	\$150.00	\$200.00
Specific Injury Benefit		
Fractures		
Closed/Non-Surgical Treatment		
<i>Skull (except Bones of Face or Nose) Depressed</i>	\$2,500.00	\$4,000.00
<i>Hip, Thigh (Femur)</i>	\$2,500.00	\$4,000.00
<i>Vertebrae, Body of (excluding Vertebral Process)</i>	\$2,500.00	\$4,000.00
<i>Pelvis</i>	\$2,500.00	\$4,000.00
<i>Leg (Tibia and/or Fibula)</i>	\$2,500.00	\$4,000.00
<i>Upper Arm (Humerus)</i>	\$2,000.00	\$3,000.00
<i>Shoulder Blade</i>	\$2,000.00	\$3,000.00
<i>Collarbone</i>	\$2,000.00	\$3,000.00
<i>Upper Jaw, Maxilla (except Alveolar Process)</i>	\$1,500.00	\$2,500.00
<i>Lower Jaw, Mandible (except Alveolar Process)</i>	\$1,500.00	\$2,500.00
<i>Vertebral Process</i>	\$1,000.00	\$1,600.00
<i>Forearm (Ulna and/or Radius)</i>	\$1,000.00	\$1,600.00
<i>Hand, Wrist (except Fingers)</i>	\$1,000.00	\$1,600.00
<i>Kneecap</i>	\$1,000.00	\$1,600.00
<i>Foot (except Toes)</i>	\$1,000.00	\$1,600.00
<i>Ankle</i>	\$1,000.00	\$1,600.00
<i>Rib</i>	\$250.00	\$300.00
<i>Coccyx</i>	\$250.00	\$300.00
<i>Finger, Toe</i>	\$250.00	\$300.00
Enhancement for Open/Surgical Reduction	2X	2X



Chip Fractures	25%	25%
Dislocations		
Closed/Non-Surgical Treatment		
<i>Hip</i>	\$2,000.00	\$3,000.00
<i>Knee (other than Kneecap)</i>	\$1,500.00	\$2,250.00
<i>Shoulder</i>	\$1,500.00	\$2,250.00
<i>Kneecap</i>	\$750.00	\$1,000.00
<i>Ankle bone or bones of the foot</i>	\$750.00	\$1,000.00
<i>Elbow</i>	\$750.00	\$1,000.00
<i>Wrist</i>	\$750.00	\$1,000.00
<i>Bone or bones of the hand</i>	\$750.00	\$1,000.00
<i>Jawbone</i>	\$750.00	\$1,000.00
<i>Collarbone</i>	\$750.00	\$1,000.00
<i>One toe or finger</i>	\$250.00	\$300.00
Enhancement for Open/Surgical Reduction	2X	2X
Partial Dislocations	25%	25%
Lacerations		
No Repair	\$60.00	\$70.00
Repair - up to 2 inches	\$60.00	\$70.00
Repair - over 2 inches, up to 6 inches	\$150.00	\$200.00
Repair - over 6 inches	\$300.00	\$400.00
Burns		
2nd Degree Burns		
<i>At least 1%, but less than 20% of skin surface</i>	\$250.00	\$400.00
<i>20% or greater of skin surface</i>	\$750.00	\$1,000.00
3rd Degree Burns		
<i>Less than 5% of skin surface</i>	\$750.00	\$1,000.00
<i>At least 5%, but less than 20% of skin surface</i>	\$3,000.00	\$4,000.00
<i>20% or greater of skin surface</i>	\$9,000.00	\$12,000.00
Skin Graft		
Due to Burns (% of applicable Burn benefit)	25%	50%
Not due to Burns		
<i>At least 1%, but less than 20% of skin surface</i>	\$150.00	\$200.00
<i>20% or greater of skin surface</i>	\$300.00	\$400.00
Concussion and Other Brain Injuries	\$150.00	\$200.00
Dental Benefit	\$350.00	\$450.00
Eye Injury Benefit	\$200.00	\$250.00
Surgery Benefits		
Outpatient Surgery Benefit		
Facilities other than Physician Office or Emergency Room	\$300.00	\$450.00
Physician Office or Emergency Room	\$150.00	\$225.00
Internal Injuries Surgical Benefits		
Open Abdominal & Thoracic	\$1,000.00	\$1,500.00



Hernia	\$150.00	\$200.00
Exploratory without Repair	\$125.00	\$175.00
Tendon/Ligament/Rotator Cuff Surgical Benefit		
Single	\$550.00	\$700.00
Multiple	\$825.00	\$1,050.00
Exploratory without Repair	\$275.00	\$350.00
Torn Knee Cartilage Surgery Benefit		
Torn with Surgical Repair	\$475.00	\$600.00
Exploratory without Repair	\$150.00	\$225.00
Diagnosis only with no surgery or repair	\$75.00	\$100.00
Ruptured Disc with Surgical Repair	\$475.00	\$600.00
Anesthesia Benefit		
General Anesthesia	\$175.00	\$225.00
Epidural or Regional Anesthesia	\$75.00	\$100.00
Medical Benefits		
Blood, Plasma & Platelets Benefit	\$400.00	\$500.00
Prosthetic Device Benefit		
One only	\$600.00	\$700.00
Two or more	\$1,200.00	\$1,400.00
Appliances	\$125.00	\$200.00
Pain Management Benefit	\$75.00	\$100.00
Prescription Drug Benefit	\$20.00	\$25.00
Maximum number of payments	5	5
Follow-Up Care and Transportation Benefits		
Physician Office Visit	\$75.00	\$100.00
Maximum number of visits	4	4
Post-Traumatic Stress Disorder Benefit	\$75.00	\$100.00
Maximum number of visits	8	8
Therapy Services Benefit (Occupational, Physical, Speech Therapy)	\$30.00	\$35.00
Maximum number of visits	12	12
Chiropractor and Alternate Therapy	\$60.00	\$70.00
Maximum number of visits	8	8
Rehabilitation Unit Confinement	\$100.00	\$125.00
Maximum number of days	90	90
Home Health Care	\$75.00	\$100.00
Maximum number of visits	30	30
Skilled Nursing Facility	\$275.00	\$300.00
Maximum number of visits	30	30
Private Duty Nursing	\$100.00	\$125.00
Maximum number of visits	6	6
Residence/Vehicle Modification Benefit	\$2,500.00	\$3,500.00
Transportation (minimum of 100 miles from residence, up to 3 round trips)	\$.30/mile	\$.60/mile



Lodging	\$150.00	\$200.00
Maximum number of days	30	30
Accidental Death Benefits		
Accidental Death		
Employee	\$40,000.00	\$50,000.00
Spouse	\$20,000.00	\$25,000.00
Child(ren)	\$20,000.00	\$25,000.00
Common Carrier Accidental Death		
Employee	\$80,000.00	\$100,000.00
Spouse	\$40,000.00	\$50,000.00
Child(ren)	\$40,000.00	\$50,000.00
Organ Donor Benefit	\$5,000.00	\$5,000.00
Accidental Dismemberment Benefits		
Dismemberment		
Loss of Both Hands, or Loss of Both Feet, or Loss of One Hand and One Foot	\$20,000.00	\$25,000.00
Loss of One Hand or Loss of One Foot	\$10,000.00	\$12,500.00
Partial Dismemberment		
Loss of One or More Fingers or Toes	\$450.00	\$600.00
Partial Amputation of Finger or Toe	\$150.00	\$200.00
Catastrophic Benefits		
Catastrophic Loss		
Loss of Sight in both eyes or Hearing in both ears	\$15,000.00	\$20,000.00
Loss of Speech or Sight in one eye or Hearing in one ear	\$3,750.00	\$5,000.00
Coma	\$15,000.00	\$20,000.00
Paralysis		
Paraplegia	\$12,500.00	\$15,000.00
Quadriplegia	\$25,000.00	\$30,000.00
Riders		
Health Screening Benefit Rider:	\$50.00	\$50.00
Number of payments per year, per covered person.	1	1
Organized Athletic Activity Rider (Enhancement %)	10%	10%
Maximum benefit per accident	\$1,500.00	\$1,500.00

Additional benefits	Benefit
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 spots, collegiate sports, competitions, team practices, trainings and 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 screening 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.

Monthly Rate	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Acc Plan 2	\$14.12	\$24.42	\$25.62	\$35.92

Monthly Rate	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Acc Plan 3	\$18.60	\$32.18	\$33.73	\$47.30



Exclusions & limitations

This is not a complete disclosure of plan qualifications and limitations. Benefits and riders may vary 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 the insurance certificate.

1. Intentionally self-inflicted injury, suicide, or any attempt or threat while sane or insane;
2. Participating in war or any act of war whether declared or undeclared;
3. Commission or attempt to commit a felony;
4. Commission of or active participation in a riot, insurrection, or terrorist activity;
5. Engaging in an illegal activity or occupation;
6. 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;
7. 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;
8. Sickness, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
9. Travel or activity outside the contiguous United States, Alaska, Hawaii and the territories and possessions of the United States, Canada or Mexico;
10. 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;
11. 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;
12. Experimental or investigational procedures;
13. Care that is not recommended and approved by a physician.

Questions?

Contact your plan administrator with questions about the offered Accident coverage.

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 with proper notice, as noted in the policy. For complete details, see your certificate. Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC.

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