

**GROUP ACCIDENTAL INJURY  
LIST OF COVERED BENEFITS AND BENEFIT  
AMOUNTS**

**Prepared For:**

**Loudoun County School Board**



## Summary of Benefits and Coverage

Coverage and Benefit Amounts	LOW/MID PLANS			
<b>INITIAL CARE AND EMERGENCY CARE</b>				
<u>Benefit Type</u>	<u>Benefit Amount</u>			
	<u>Plan 1</u>	<u>Plan 2</u>		
<b>Emergency Care Treatment</b>	\$100	\$200		
<b>Physician Office Visit</b>	\$50	\$100		
<b>Diagnostic Exam</b>	\$10	\$25		
<b>Ground / Water Ambulance</b>	\$100	\$200		
<b>Air Ambulance</b>	\$300	\$600		
<b>HOSPITALIZATION</b>				
If a benefit is payable under the Hospital Stay Benefit as well as under the Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, which is the greater amount.				
<u>Benefit Type</u>	<u>Benefit Amount</u>			
	<u>Plan 1</u>	<u>Plan 2</u>		
<b>Hospital Admission</b>	\$500	\$1,000		
Benefit Waiting Period 0 days				
<b>Hospital Stay</b>	\$100 per day	\$200 per day		
Benefit Waiting Period 0 days				
Maximum Benefit Period 365 days				
<b>Intensive Care Unit Stay</b>	\$200 per day	\$400 per day		
Benefit Waiting Period 0 days				
Maximum Benefit Period up to 365 days				
<b>FRACTURES</b>				
Must be diagnosed and treated by a physician within <b>90</b> days of a Covered Accident				
<u>Benefit Type</u>	<u>Plan 1</u>		<u>Plan 2</u>	
	<u>Benefit Amount</u>		<u>Benefit Amount</u>	
	<u>Non-Surgical</u>	<u>Surgical</u>	<u>Non-Surgical</u>	<u>Surgical</u>
<b>Skull</b>	\$1,000	\$2,000	\$2,000	\$4,000
<b>Hip or Thigh</b>	\$1,000	\$2,000	\$2,000	\$4,000
<b>Vertebrae or Pelvis</b>	\$1,000	\$2,000	\$1,500	\$3,000
<b>Upper Arm</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Shoulder or Collarbone</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Leg</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Ankle</b>	\$400	\$800	\$800	\$1,600
<b>Kneecap</b>	\$400	\$800	\$800	\$1,600
<b>Lower Arm</b>	\$400	\$800	\$800	\$1,600
<b>Foot</b>	\$400	\$800	\$800	\$1,600
<b>Hand or Wrist</b>	\$400	\$800	\$800	\$1,600
<b>Upper Jaw</b>	\$300	\$600	\$600	\$1,200
<b>Lower Jaw</b>	\$300	\$600	\$600	\$1,200
<b>Bones of Face or Nose</b>	\$300	\$600	\$600	\$1,200
<b>Vertebral Processes</b>	\$300	\$600	\$600	\$1,200
<b>Rib</b>	\$100	\$200	\$200	\$400
More than 1 rib fracture pays 2 times the Benefit Amount				
<b>Coccyx</b>	\$100	\$200	\$200	\$400
<b>Finger</b>	\$50	\$100	\$100	\$200
More than 1 finger pays 2 times the Benefit Amount				

<b>Toe</b>	\$50	\$100	\$100	\$200
More than 1 toe fracture pays 2 times the Benefit				
<b>Sternum</b>	\$50	\$100	\$100	\$200
<b>Heel</b>	\$50	\$100	\$100	\$200
<b>Chip Fracture</b>	25% of closed fracture benefit	N/A	25% of closed fracture benefit	N/A
<b>Multiple Fractures</b>	200% of the single fracture benefit for multiple fractures to the same bone	N/A	200% of the single fracture benefit for multiple fractures to the same bone	N/A

### DISLOCATIONS

Must be diagnosed and treated by a doctor within **90** days of a Covered Accident

#### Benefit Type

	<u>Plan 1</u>		<u>Plan 2</u>	
	<u>Benefit Amount</u>		<u>Benefit Amount</u>	
	<u>Non-Surgical</u>	<u>Surgical</u>	<u>Non-Surgical</u>	<u>Surgical</u>
<b>Hip Joint</b>	\$1,000	\$2,000	\$2,000	\$4,000
<b>Knee Joint</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Bones of Foot</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Ankle</b>	\$500	\$1,000	\$1,000	\$2,000
<b>Wrist</b>	\$400	\$800	\$800	\$1,600
<b>Elbow</b>	\$300	\$600	\$600	\$1,200
<b>Shoulder</b>	\$200	\$400	\$400	\$800
<b>Hand</b>	\$200	\$400	\$400	\$800
<b>Collarbone</b>	\$200	\$400	\$400	\$800
<b>Lower Jaw</b>	\$200	\$400	\$400	\$800
<b>Finger or Toe</b>	\$50	\$100	\$100	\$200

More than 1 finger or toe pays 2 times the benefit

### FOLLOW UP CARE

#### Benefit Type

#### Benefit Amount

	<u>Plan 1</u>	<u>Plan 2</u>
<b>Follow up Physician Office Visit</b>	\$50	\$100
Benefit is limited to 10 treatments per Accident		
<b>Follow up Physical Therapy Visits</b>	\$25	\$50
Benefit is limited to 10 treatments per Accident		

Refer to the policy for definitions of terms and full conditions

### ENHANCED ACCIDENT BENEFITS

#### Benefit Type

#### Benefit Amount

	<u>Plan 1</u>	<u>Plan 2</u>
<b>Small Burns</b>	\$100	\$300
<b>Large Burns</b>	\$300	\$900
<b>Skin-Graft Benefit</b>	50% of the applicable Benefit amount for Small Burns or Large Burns	50% of the applicable Benefit amount for Small Burns or Large Burns

Small Lacerations	\$50	\$100
Large Lacerations	\$100	\$200
General Anesthesia Benefit	\$100	\$200
Medicine Benefit	\$5	\$10
Medical Supply Benefit	\$5	\$10
Abdominal or Thoracic Surgery	\$1,000	\$1,500
Tendon, Ligament, Rotator Cuff, or Knee Surgery – Repair	\$200	\$400
Tendon, Ligament, Rotator Cuff, or Knee Surgery – Exploratory	\$100	\$200
Ruptured Disc Surgery – repair	\$500	\$750
Eye Injury Surgery	\$200	\$400
Eye Injury - Removal of Foreign Object	\$100	\$200
Emergency Dental - Extraction	\$100	\$150
Emergency Dental - Broken Tooth	\$50	\$75
Concussion	\$100	\$150
Coma	\$5,000	\$10,000
Diagnostic Advanced	\$50	\$75
Appliance	\$100	\$150
Prosthesis	\$200	\$500
Paralysis - Paraplegia	\$1,000	\$3,000
Paralysis – Quadriplegia	\$2,000	\$6,000
Blood, plasma, platelets	\$100	\$200
Transportation	\$100	\$200
Family Lodging	\$50 per day	\$75 per day

## ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS

### DEATH

Death must occur within **365** days of a Covered Accident. If the Covered Person dies as a result of an Automobile Accident or Common Carrier Accident, the Loss of Life benefit will not be paid in addition.

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Plan 1</u>	<u>Plan 2</u>
Loss of Life	\$25,000	\$50,000
Automobile Accidental Death	\$50,000	\$75,000
Common Carrier Accidental Death	\$75,000	\$100,000

### CATASTROPHIC DISMEMBERMENT LOSS

Dismemberment or Loss must occur within **365** days of a Covered Accident

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Plan 1</u>	<u>Plan 2</u>
Sight in Both Eyes	\$20,000	\$30,000
Both Hands or Arms	\$20,000	\$30,000
Both Feet or Legs	\$20,000	\$30,000
Speech and Hearing in Both Ears	\$20,000	\$30,000
Speech or Hearing in Both Ears	\$10,000	\$15,000
One Hand or Arm and One Foot or Leg	\$10,000	\$15,000
One Hand, Arm, Foot, Leg, or Sight in one Eye	\$10,000	\$15,000

### DISMEMBERMENT LOSS

Dismemberment Loss must occur within **365** days of a Covered Accident

<u>Benefit Type</u>	<u>Benefit Amount</u>	
	<u>Plan 1</u>	<u>Plan 2</u>
Finger	\$1,000	\$2,000
Toe	\$1,000	\$2,000