



# ACCIDENT INDEMNITY PLUS COVERAGE

Accidents can happen when we least expect them, but you can still prepare. Our Accident Indemnity Plus Coverage is here to safeguard your entire family, providing comprehensive protection for you, your spouse, and your children. With coverage beyond your primary medical insurance, our Accident plan ensures that you're fully protected during unexpected events.

## Why Do I Need Accident Coverage?

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Let's look at the facts provided by the National Center for Health Statistics:

### **Sports and Leisure Activities:**

Nearly 40 percent of self-reported injury episodes leading to hospitalization occur during sports or leisure activities. From weekend adventures to team sports, accidents can happen anywhere. With our Accident Coverage, you can know that you and your family are protected during these activities.

### **Home Safety:**

Surprisingly, 44 percent of injury episodes occur in or around the home. Everyday activities and household tasks can pose risks, especially for your loved ones. Our coverage extends to accidents that happen within the comfort of your own home, ensuring that you have the support you need when you need it most.

### Falls and Other Injuries:

Falls are the leading cause of inpatient and outpatient care in emergency rooms, outpatient clinics, and doctors' offices. Whether it's a slip, a trip, or an unforeseen event, our Accident Indemnity Plus Coverage provides financial assistance, helping you recover and get back on your feet.

### Motor Vehicle Accidents and Accidental Striking:

Injuries from motor vehicle traffic accidents and accidental striking against or being struck by objects are common occurrences. With our coverage, you have a safety net to handle the medical expenses and financial burdens that may arise from these incidents.

Our Accident Indemnity Plus Coverage offers a comprehensive solution to protect you and your family during life's unexpected moments. Our plan covers everything from accidents and injuries to ambulance services and accidental death. You can rely on us to provide the extra layer of financial security, ensuring that you can focus on what truly matters – your family's well-being.

## How Does It Work?

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If you or a covered family member experiences an accident, seeking medical treatment is your top priority. Our coverage is there whether you visit a physician, urgent care center, or hospital. Depending on your Accident plan, you will receive a direct benefit payment to assist with medical plan deductibles and bills from your healthcare provider. This valuable benefit will alleviate the financial burden of accidents, ensuring that you can focus on your recovery without worrying about mounting medical expenses. Your well-being and peace of mind are our top priorities with our coverage.

# Accident Indemnity Plus Coverage



Coverage Type	There are no annual maximums. Benefits start all over with each accident and are paid in addition to any other coverage in place. Payroll deduction for your premiums makes it easy, too.		
<b>Product</b>	Policy Type:	Group	
	Policy Name:	Accident Indemnity Plus Insurance	
	Policy Form:	M-8026	
<b>Eligibility</b>	Issue Ages:	Employee:	Ages 18 - 70
		Spouse:	Ages 18 - 70
		Child:	Under Age 26
	Criteria:	<ul style="list-style-type: none"> <li>• Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage.</li> <li>• Spouse includes domestic partner where allowed by state and Employer.</li> </ul>	
	Termination Age:	<ul style="list-style-type: none"> <li>• Employee: Age 70 unless actively at work, then on last day of active employment.</li> <li>• Spouse: Age 70, or when Employee terminates, whichever is earlier.</li> <li>• Child: Age 26, or when Employee terminates, whichever is earlier.</li> </ul>	
		Guaranteed Issue	
<b>Underwriting Offer</b>	Employee:	Guaranteed Issue	
	Spouse:	Guaranteed Issue	
	Child(ren):	Guaranteed Issue	
<b>Target Participation</b>	Minimum to Issue:	2 enrolled	
	Guarantee Issue:	2 enrolled	

# Benefits and Features



Services	Standard	Enhanced	Premier
Urgent Care	\$100	\$150	\$200
Doctor's Office Visit	\$75	\$100	\$150
Emergency Room Treatment	\$75	\$100	\$150
Ground Ambulance	\$100	\$200	\$300
Air Ambulance	\$600	\$800	\$1,000
First Hospitalization Benefit	\$500	\$1,000	\$1,500
Intensive Care Unit Admission	\$1,000	\$2,000	\$3,000
Hospital Confinement	\$125 Per Day	\$250 Per Day	\$375 Per Day
Intensive Care Unit Confinement	\$250 Per Day	\$500 Per Day	\$750 Per Day
Rehabilitation - Admission	\$500	\$1,000	\$1,500
Daily Benefit/Confinement	\$100	\$150	\$200
Physical Therapy	\$15	\$30	\$45
Chiropractic Treatment	\$30 Per Day	\$30 Per Day	\$45 Per Day
Accident Follow-Up Treatment	\$25 Per Visit/ Max of 2 Per Accident	\$25 Per Visit/ Max of 4 Per Accident	\$50 Per Visit/ Max of 4 Per Accident
Blood and Plasma	\$50	\$100	\$150
Major Diagnostic			
X-ray	\$50	\$75	\$100
Medical Imaging	\$100	\$150	\$200
EEG	\$100	\$150	\$200
Exploratory Surgery Without Repair	\$100	\$200	\$300
Concussion	\$100	\$200	\$300
Coma	\$5,000	\$10,000	\$12,500
Ruptured Disc	\$200	\$400	\$500
Medical Appliances	\$50	\$100	\$150
Prosthetic			
Single	\$250	\$500	\$750
Multiple	\$500	\$1,000	\$1,500
Transportation			
Train or Plane	\$100	\$300	\$400
Bus	\$50	\$150	\$200
Family Lodging	\$50 Per Night	\$100 Per Night	\$150 Per Night

Accidental Death, Dismemberment, and Loss of Sight (AD&D)	Standard	Enhanced	Premier
<b>Loss of Life</b>	\$50,000	\$50,000	\$75,000
<b><u>Double Dismemberment</u> Any Combination of Two or More Hands, Feet, or Sight in Both Eyes</b>	\$50,000	\$50,000	\$75,000
<b><u>Single Dismemberment</u> Loss of Single Hand, Foot, or Sight</b>	\$12,500	\$100	\$18,750
<b>Loss of Four Fingers of the Same Hand</b>	\$2,500	\$2,500	\$3,750
<b>Loss of Thumb and Index Finger of the Same Hand</b>	\$500	\$500	\$750
<b>Severance and Reattachment of Hand or Foot</b>	\$500	\$500	\$750
<b>Common Carrier Accidental Death</b>	\$100,000	\$100,000	\$150,000

*Spouse benefit 50% and dependent child(ren) 25% of the Employee amounts.*

Fractures (Closed Reduction)	Standard	Enhanced	Premier
Hip/Thigh	\$2,000	\$4,000	\$5,000
Vertebrae (Except Process)	\$1,800	\$3,600	\$4,500
Pelvis	\$1,600	\$3,200	\$4,000
Skull (Depressed)	\$1,500	\$3,000	\$3,750
Skull (Simple)	\$700	\$1,400	\$1,750
Leg	\$1,200	\$2,400	\$3,000
Foot/Ankle/Kneecap	\$1,000	\$2,000	\$2,500
Fore/Hand	\$1,000	\$2,000	\$2,500
Lower Jaw	\$800	\$1,600	\$2,000
Shoulder Blade/Collar Bone	\$800	\$1,600	\$2,000
Upper Arm/Upper Jaw	\$700	\$1,400	\$1,750
Facial Bones (Except Teeth)	\$600	\$1,200	\$1,500
Vertebral Processes	\$400	\$800	\$1,000
Coccyx, Rib, Finger, Toe	\$160	\$320	\$400
Chips	25%	25%	25%
Open Reduction	200% of Closed Reduction	200% of Closed Reduction	200% of Closed Reduction

Dislocations (Closed Reduction)	Standard	Enhanced	Premier
Hip	\$1,350	\$2,700	\$3,600
Knee (Excluding Patella)	\$975	\$1,950	\$2,600
Shoulder	\$750	\$1,500	\$2,000
Foot/Ankle	\$600	\$1,200	\$1,600
Ankle Joint	\$300	\$600	\$800
Hand	\$525	\$1,050	\$1,400
Lower Jaw	\$450	\$900	\$1,200
Wrist	\$375	\$750	\$1,000
Elbow	\$300	\$600	\$800
Finger/Toe	\$120	\$240	\$320
Partial	25%	25%	25%
Open Reduction	200% of Closed Reduction	200% of Closed Reduction	200% of Closed Reduction
<u>Repaired Ligament</u> Single Multiple	\$200 \$300	\$400 \$600	\$500 \$750
<u>Repaired Knee Cartilage</u> Single Multiple	\$200 \$300	\$400 \$600	\$500 \$750
<u>Repaired Tendon</u> Single Multiple	\$200 \$300	\$400 \$600	\$500 \$750
<u>Repaired Rotator Cuff</u> Single Multiple	\$125 \$250	\$250 \$500	\$375 \$750

# Benefits and Features



Emergency Services	Standard	Enhanced	Premier
<b>Burns</b>			
Second Degree (<10%)	\$100	\$200	\$300
Second Degree (10%-25%)	\$200	\$400	\$600
Second Degree (25%-35%)	\$500	\$1,000	\$1,500
Second Degree (>35%)	\$1,000	\$2,000	\$3,000
Third Degree (<10%)	\$500	\$1,000	\$1,500
Third Degree (10%-25%)	\$3,000	\$6,000	\$9,000
Third Degree (25%-35%)	\$5,000	\$10,000	\$15,000
Third Degree (>35%)	\$10,000	\$20,000	\$30,000
<b>Paralysis Benefit</b>			
Quadriplegia	\$5,000	\$10,000	\$12,500
Paraplegia	\$2,500	\$5,000	\$6,250
<b>Eye Injury Benefit</b>			
Surgical Repair	\$125	\$250	\$375
Removal of Foreign Body	\$25	\$50	\$75
<b>Laceration Benefit</b>			
Over 6"	\$200	\$400	\$600
2" to 6"	\$100	\$200	\$300
Under 2"	\$25	\$50	\$75
Lacerations Not Requiring Stitches	\$25	\$50	\$75
<b>Emergency Dental Work</b>			
Repair with Crown	\$100	\$200	\$300
Resulting in Extraction	\$30	\$60	\$90
<b>Total Disability Premium Waiver</b>	Included		
<b>Portability</b>	Included		
<b>Employer Elected Optional Benefits</b>			
<b>Catastrophic Benefit</b>	\$100,00		



Rate Assumption Information	
Rate Structure	Composite
Tobacco Status	Uni-Tobacco
Rate Guarantee Period	Two (2) Year
Contributions	100% Employee Paid
Commissions	Level
Coverage Type	Non-occupational
Benefits Included	As shown above in the "Benefits" and "Optional Benefits" Section
Participation Expectation	2 Enrolled
States Offer Applicable	AK,AL,AR,AZ,CA,GA,HU,FL,IA,ID,IN,IL,KS,KY,LA,MA,ME,MI,MO,MS,MT,NC,NE,NV,OK,OR,RI,SC,SD,TN,TX,UT,VA,WI,WV,WY

12-Month STANDARD				
Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Standard	\$6.29	\$10.52	\$15.57	\$19.86
12-Month ENHANCED				
Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Enhanced	\$10.29	\$17.50	\$26.17	\$33.56
12-Month PREMIER				
Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Premier	\$14.24	\$24.17	\$36.41	\$46.57

### Product Qualifications and Contingencies:

- If benefit is elected, they are included on all covered lives.
- Group may elect a maximum of two coverage plans.
- Riders apply to all accident plans chosen.
- If spouse is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If both parents are Employees of the company, then the child(ren) may be covered under only one parent, not both.
- Offer is based on no other accident plans are in force.
- Please refer to certificate/policy for full benefit and limitation information.

Rate Assumption Information	
Rate Structure	Composite
Tobacco Status	Uni-Tobacco
Rate Guarantee Period	Two (2) Year
Contributions	100% Employee Paid
Commissions	Level
Coverage Type	Non-occupational
Benefits Included	As shown above in the "Benefits" and "Optional Benefits" Section
Participation Expectation	2 Enrolled
States Offer Applicable	DE,CO

## 12-Month STANDARD

Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Standard	\$5.24	\$8.76	\$12.98	\$16.56

## 12-Month ENHANCED

Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Enhanced	\$8.57	\$14.58	\$21.82	\$27.97

## 12-Month PREMIER

Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Premier	\$11.87	\$20.14	\$30.35	\$38.81

Rate Assumption Information	
Rate Structure	Composite
Tobacco Status	Uni-Tobacco
Rate Guarantee Period	Two (2) Year
Contributions	100% Employee Paid
Commissions	Level
Coverage Type	Non-occupational
Benefits Included	As shown above in the "Benefits" and "Optional Benefits" Section
Participation Expectation	2 Enrolled
States Offer Applicable	MD

## 12-Month STANDARD

Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Standard	\$5.34	\$8.94	\$13.31	\$16.95

## 12-Month ENHANCED

Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Enhanced	\$8.62	\$14.67	\$22.05	\$28.21

## 12-Month PREMIER

Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Premier	\$11.99	\$20.36	\$30.86	\$39.38

Rate Assumption Information	
Rate Structure	Composite
Tobacco Status	Uni-Tobacco
Rate Guarantee Period	Two (2) Year
Contributions	100% Employee Paid
Commissions	Level
Coverage Type	Non-occupational
Benefits Included	As shown above in the "Benefits" and "Optional Benefits" Section
Participation Expectation	2 Enrolled
States Offer Applicable	MN

## 12-Month STANDARD

Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Standard	\$4.93	\$8.25	\$12.28	\$15.65

## 12-Month ENHANCED

Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Enhanced	\$7.96	\$13.54	\$20.34	\$26.04

## 12-Month PREMIER

Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Premier	\$11.07	\$18.79	\$28.48	\$36.35

Rate Assumption Information	
Rate Structure	Composite
Tobacco Status	Uni-Tobacco
Rate Guarantee Period	Two (2) Year
Contributions	100% Employee Paid
Commissions	Level
Coverage Type	Non-occupational
Benefits Included	As shown above in the "Benefits" and "Optional Benefits" Section
Participation Expectation	2 Enrolled
States Offer Applicable	PA

## 12-Month STANDARD

Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Standard	\$6.13	\$10.24	\$15.06	\$19.24

## 12-Month ENHANCED

Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Enhanced	\$10.13	\$17.22	\$25.66	\$32.94

## 12-Month PREMIER

Benefit	Employee	Employee/Spouse	Employee/Child(ren)	Family
Premier	\$14.08	\$23.89	\$35.90	\$45.95

Presented by:  
Quote #:  
Name:  
Carrier: ManhattanLife

Prepared For:		Contract Terms:	
<b>Employer</b>	Caity Test	<b>Effective Date</b>	2023-07-01
<b>Street</b>	Address	<b>Quote Date</b>	2023-06-13
<b>City</b>	Stuart	<b>State, Zip</b>	FL, 34994

## CENSUS

First Name	Last Name	Gender	Relation	Date of Birth	Coverage Tier
Tom	Jones	M	1	07/02/1977	EC
Misty	Jones	F	3	04/27/2005	
Luis	Tres	M	1	01/13/1972	EE
Harry	Vegas	M	1	11/09/1988	ES
Doris	Vegas	F	2	07/21/1985	
Phillip	Tompson	M	1	02/09/1972	ES
Marie	Tompson	F	2	10/08/1971	
Marco	Polo	M	1	04/12/1969	EE
Diego	Garcia	M	1	07/24/1983	EC
Diego Jr.	Garcia	M	3	02/21/2020	
Tervis	Tumbler	M	1	07/01/1988	EE
Luis	Armstrong	M	1	09/14/1967	EE
Richard	Herr	M	1	03/09/1964	EE
Tom	Richard	M	1	09/09/1976	EE
Phillip	Tank	M	1	02/23/1987	EE
Alfie	Romeo	M	1	12/19/1974	EE
Marie	Calendar	F	1	04/20/1987	EE
Pat	Sea	M	1	05/12/1986	EE
Bud	Light	M	1	03/19/1983	EE

**Group Effective Date:**

**Valid Through:**

**Situs State:**

**Eligible Employees:**

### Proposal Qualifications and Contingencies:

- All Employees are U.S. citizens or resident legal aliens. This offer excludes volunteer, temporary or seasonal Employees.
- Unless otherwise noted, the Service Waiting Period will be waived for the initial enrollment. Riders may only be added at issue, not at subsequent renewals.
- Offer does not include fees for technology.
- ManhattanLife Assurance Company of America reserves the right to withdraw or modify this offer upon renewal. Factors such as, but not limited to, participation, experience, non-adherence to offer terms or plan design, or availability of contract type could make this necessary.

<b>Employer Agreement</b>	<ul style="list-style-type: none"><li>• Makes available ManhattanLife’s voluntary insurance plan to all eligible Employees.</li><li>• Agrees to deduct premiums for voluntary insurance plan and remit to ManhattanLife in a timely manner.</li></ul>
<b>Agent Agreement</b>	<ul style="list-style-type: none"><li>• Develops an enrollment plan ensuring all eligible Employees are presented plan benefits.</li><li>• Assists Employer with questions related to ManhattanLife's insurance plan and administrative practices.</li><li>• This offer is valid contingent on the agent having a valid active license with ManhattanLife.</li><li>• Single Case Agreement form is required.</li></ul>

**Employer of Record:**

\_\_\_\_\_  
Signature of Officer and Title

\_\_\_\_\_  
Date

**Agent of Record:**

\_\_\_\_\_  
Signature of Officer and Title

\_\_\_\_\_  
Date