Group Accident Insurance

ACCIDENTS HAPPEN EVERY DAY



Are you covered? Accidents can happen anytime, anywhere and without warning. Accident Insurance can help protect against the high cost of a covered accidental injury.

From a simple physician's office visit, to x-rays, ambulance transportation or an intensive care admission due to an accidental injury — unexpected expenses can add up.

Deductibles & Co-Pays



Medical Supplies



Loss of income





On average, **one out of every seven** Americans sought medical attention for an injury in 2019.[1]

HOW IT WORKS



1 **CHOOSE** the benefit options that best protect you and your family from a covered accident.



2 **RECEIVE** treatment for a covered accidental injury.



3 **FILE** your claim online or mail in your claim. You'll receive a cash benefit to use however you wish.

KEY FEATURES



- Benefit funds are paid directly to you for expenses incurred as the result of a covered accident
- You decide how to use the benefit funds — for medical and non-medical expenses
- Multiple coverage options for your spouse and/or child(ren)
- Cost-effective premiums through convenient payroll deduction

There's no such thing as feeling
too covered, too safe or too protected!

This Accident policy provides limited benefits.

1. National Safety Council, Injury Facts, 2021 Web.

Group Accident Insurance

2nd Adventure Payroll Services LLC

Summary of Benefits Off-the-Job Only Coverage	
	Plan 1 **Insured Benefit[4]**
Additional Benefits - Tier 1	
Hospital Focused[6]	
Hospital Admission	$1,000/5 days
Hospital Confinement	$200/30 days
ICU Confinement	$400/365 days
Treatment Focused[6]	
Observation Room Treatment	$50/5 days
Emergency Room Treatment	$300/10 days
Urgent Care Treatment	$150/10 days
Physician's Office Treatment	$150/10 days
Diagnostic Focused[6]	
X-ray	$50/5 days
Major diagnostic exam	$150/5 days
Therapy Focused[6]	
Physical Therapy	$60/20 days
Booster[7]	
Organized sports benefit booster	25%
Care Focused[6]	
Blood/plasma/platelets	$900/5 days
Epidural/pain management	$100/5 days
Family care - Dependent child(ren) are not eligible for this benefit.	$25/10 days
Catastrophic Benefits	
Coma and Paralysis[6]	
Coma	$22,500
Quadriplegia	$34,000
Paraplegia	$17,000
Uniplegia	$8,500
Accidental Death Focused	
Accidental Death - Insured	$40,000
Accidental Death - Spouse	$40,000
Accidental Death - Dependent Child(ren)	$10,000
Common Carrier Accidental Death - Insured	$100,000
Common Carrier Accidental Death - Spouse	$100,000
Common Carrier Accidental Death - Dependent Child(ren)	$50,000
Accidental Dismemberment Focused[8]	
Double Dismemberment	$40,000
Single Dismemberment	$10,000
Finger/Toe Dismemberment	$1,000

Group Accident Insurance

2nd Adventure Payroll Services LLC

Summary of Benefits Off-the-Job Only Coverage	
	Plan 1 Insured Benefit[4]
Additional Benefits - Tier 2	
Dislocation[6]	
Dislocation (open reduction)	
Hip	$4,500
Knee (except Patella)	$2,700
Ankle/Bones of the foot (excluding toes)	$2,250
Collarbone (Clavicle, Sternum)	$900
Elbow	$900
Lower jaw	$900
Bones of the hand (excluding fingers)	$675
Shoulder (Glenohumeral)	$675
Wrist	$675
Collarbone (Acromioclavicular and Separation)	$450
Rib	$338
One finger or toe	$338
Dislocation Percentage[7]	
Dislocation (closed reduction) percentage	50% of open reduction
Partial dislocation percentage	25% of open reduction
Fracture[6]	
Fracture (open reduction)	
Skull, except bones of the face or nose (depressed)	$4,500
Hip, thigh (Femur)	$4,500
Skull, except bones of the face or nose (non-depressed)	$2,700
Vertebrae (excluding vertebral processes)	$2,250
Pelvis except Coccyx	$2,250
Leg (fibula or tibia)	$2,250
Ankle or wrist	$1,800
Bones of the face or nose (except mandible or maxilla)	$900
Upper jaw (maxilla) except Alveolar Process	$900
Lower jaw (mandible) except Alveolar Process	$900
Upper arm between elbow and shoulder (humerus)	$900
Collarbone (clavicle or sternum)	$900
Shoulder blade (scapula)	$675
Vertebral processes/sacrum	$675
Forearm (radius and/or ulna)	$675
Kneecap (patella)	$675
Hand/foot (except fingers/toes)	$675
Rib	$450

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Summary of Benefits Off-the-Job Only Coverage	
	Plan 1 **Insured Benefit[4]**
Coccyx	$338
One finger or toe	$338
Fracture Percentage[7]	
Fracture (closed reduction) percentage	50% of open reduction
Chip fracture percentage	25% of open reduction
Lacerations Requiring Stitches[6]	
Less than 2 inches in length	$120/5 days
2-6 inches in length	$200/5 days
6 inches or more in length	$300/5 days
Inpatient Surgery[6]	
Open Abdominal or Thoracic	$1,500
Other inpatient surgeries for repair	$500
General Anesthesia[7]	25%
Outpatient Surgery[6]	
Repair of one tendon/ligament/rotator cuff	$750/5 days
Repair of multiple tendon/ligament/rotator cuff	$750/5 days
Torn knee cartilage	$750/5 days
Other miscellaneous surgery for repair	$750/5 days
Exploratory surgery	$750/2 days
Brain Injury Focused[6]	
Concussion	$100/1 day
Severe Burns[6]	
2nd degree, more than 35 sq. in.	$250
3rd degree, 10-20 sq. in.	$500
3rd degree, 20-35 sq. in.	$1,200
3rd degree, more than 35 sq. in.	$5,000
Skin Graft[7]	50% of Severe Burns
Lodging and Travel Focused[6]	
Non-local transportation & family member lodging	
Per round trip	$300/up to 3 round trip(s)
Per overnight stay	$200/30 nights
Ambulance[6]	
Air Ambulance	$1,200/5 days
Ground or Water Ambulance	$400/5 days
Emergency Dental & Vision Treatment[6]	
Emergency dental extraction of a broken sound, natural tooth	$75
Emergency repair of a broken sound, natural tooth with a crown	$150
Eye surgery or removal of a foreign object	$250

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Summary of Benefits Off-the-Job Only Coverage	
	Plan 1 Insured Benefit[4]
Appliance and Prosthesis[6]	
Wheelchair or motorized scooter	$250/5 days
Walker or walking boot	$250/5 days
Any other medical device used for mobility, including a brace, cane and crutches	$250/5 days
Prosthesis - One device	$250
Prosthesis - Multiple devices	$400
Accident Screening Benefit[8]	
Accident screening	$50/1 benefit per covered person, up to 8 benefits per family

[4] [6] Spouse benefit amounts are 100% of the insured's benefit amount shown. Dependent child(ren) benefit amounts are 100% of the insured's benefit amount shown.

[4] [7] Spouse benefit percentages are the same as the insured's benefit percentage shown. Dependent child(ren) benefit percentages are the same as the insured's benefit percentage shown.

[4] [8] Spouse benefit amounts are the same as the insured's benefit amount shown. Dependent child(ren) benefit amounts are the same as the insured's benefit amount shown.

Group Accident Insurance

Contributory - Off-the-Job Only Coverage

Bi-Weekly Premium*					
Plan Option	**Age**	**Employee Only**	**Employee + Spouse**	**Employee + Child(ren)**	**Family**
Plan 1	18+	$4.93	$8.20	$12.18	$16.49

*The premium and amount of benefits vary dependent upon Plan selected at time of application.

Group Accident Insurance

Benefits are only paid as a result of injuries received in a covered accident that occurs while coverage is in force for a covered person.

A covered person means you and any dependent currently covered under the policy and the certificate. If dependent coverage is applicable to the your plan, a dependent means the insured's spouse or natural child, legally adopted child, foster child for whom you have been appointed legal guardian or stepchild who is under 26 years of age. Dependent also includes any minor under your charge, care, and control who has been placed in your home for adoption and is under 26 years of age. Dependent does not include a grandchild unless required by law.

A hospital is not an institution, or part thereof, used as: a place for rehabilitation, a place for rest or for the aged, a nursing or convalescent home, a long-term nursing unit or geriatrics ward or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

Additional Benefits - Tier 1

Hospital Focused

Hospital Admission – Confinement or observation unit long stay must begin within 30 days after the covered accident occurs. Payable once per covered accident, up to the defined number of days per plan year for each covered person. Payable only once per day, even if the confinement or observation long stay is the result of more than one injury. Not payable for treatment in an emergency room, urgent care facility or rehabilitation unit, for an observation unit short stay or for treatment as an outpatient.

Hospital Confinement - Confinement or observation unit long stay must begin within 30 days after the covered accident occurs. Payable for up to the defined number of days per plan year for each covered person. Payable only once per day, even if the confinement or observation unit long stay is the result of more than one injury. Not payable for any day for which a hospital admission benefit is payable, for treatment in an emergency room, urgent care facility or rehabilitation unit, for an observation unit short stay or for treatment as an outpatient.

ICU Confinement – Confinement must begin within 30 days after the covered accident occurs. Payable for up to the defined number of days per plan year for each covered person. Payable only once per day, even if the confinement is the result of more than one injury. Not payable for any day for which an ICU admission benefit is payable, for treatment in an emergency room, urgent care facility, rehabilitation unit or observation unit or for treatment as an outpatient. This benefit is payable in addition to the Hospital Confinement Benefit.

Treatment Focused

Observation Room Treatment (Short Stay) – Treatment must begin within 30 days after the covered accident occurs. Payable once per covered accident, up to the defined number of days per plan year for each covered person. Payable only once per day, even if the treatment is received for more than one injury. Not payable for any day for which a(n) hospital admission, or hospital confinement, or ICU confinement benefit is payable.

Emergency Room Treatment – Treatment must occur within 30 days after the covered accident occurs. Payable once per covered accident, up to the defined number of days per plan year for each covered person. Payable only once per day. If treatment in a(n) emergency room, and/or physical therapist's office, and/or physician's office, and/or urgent care facility occurs on the same day, only the highest applicable benefit is payable.

Urgent Care Treatment – Treatment must occur within 30 days after the covered accident occurs. Payable up to the defined number of days per plan year for each covered person. Payable only once per day. Benefit will not be paid for routine health examinations and immunizations, physical therapy, chiropractic care or other therapy services. If treatment in a(n) emergency room, and/or physical therapist's office, and/or physician's office, and/or urgent care facility occurs on the same day, only the highest applicable benefit is payable.

Physician's Office Treatment – Treatment must occur within 30 days after the covered accident occurs. Payable up to the defined number of days per plan year for each covered person. Payable only once per day. Benefit will not be paid for immunizations, routine health examinations, physical therapy, chiropractic care, other therapy services or treatment received through telemedicine. If treatment in a(n) emergency room, and/or physical therapist's office, and/or physician's office, and/or urgent care facility occurs on the same day, only the highest applicable benefit is payable.

Diagnostic Focused

X-ray – For the purpose of diagnosing an injury, X-ray must occur within 30 days after the covered accident occurs. Payable once per covered accident, up to the defined number of days per plan year for each covered person. If more than one major diagnostic exam or X-ray occurs on the same day, only the single highest applicable benefit is payable. Does not include a major diagnostic exam or lab test.

Major Diagnostic Exam – For the purposes of diagnosing an injury, a major diagnostic exam must occur within 30 days after the covered accident occurs. Payable once per covered accident, up to the defined number of days per plan year for each covered person. If more than one major diagnostic exam or X-ray occurs on the same day, only the single highest applicable benefit is payable. Major diagnostic exams include Electroencephalogram (EEG) tests and Computerized Tomography (CT or CAT), Magnetic Resonance Imaging (MRI), Single-Photon Emission Computed Tomography (SPECT) or Positron Emission Tomography (PET) scans. Does not include any lab tests or X-ray.

Therapy Focused

Physical Therapy – Physical therapy must begin within 30 days and be rendered within 365 days after the covered accident occurs. Payable up to the defined number of days per plan year for each covered person. If treatment in a(n) emergency room, and/or physical therapist's

office, and/or physician's office, and/or urgent care facility occurs on the same day, only the highest applicable benefit is payable. Physical therapy must follow initial treatment in a hospital, emergency room or other medical facility for a covered accident for this benefit to be payable.

Booster

Organized Sports Benefit Booster – Pays an additional percentage only if a covered person suffers an injury for which a benefit is payable under the certificate and the injury occurred while the covered person was participating in an organized sport.

Care Focused

Blood/Plasma/Platelets - Payable up to the defined number of days per plan year for each covered person. Transfusion of blood, plasma or platelets must be received during a surgery for which an inpatient surgery or outpatient surgery benefit is payable.

Epidural/Pain Management – Epidural injection, for treatment of an injury, must occur within 30 days after the covered accident occurs. Payable once per covered accident, up to the defined number of days per plan year for each covered person.

Family Care – Payable only once per day, up to the defined number of days per plan year for each covered person when an adult covered person is confined to a hospital as an inpatient and an expense is incurred for dependent adult care provided at a dependent adult care center and/or dependent child care provided at a dependent child care center. Proof of the expense incurred by an adult covered person for dependent adult care or dependent child care must be submitted with the claim. Benefit is not payable for dependent adult or dependent child care provided by a facility or provider which is owned or operated by a covered person or family member. Dependent child(ren) are not eligible for this benefit.

Catastrophic Benefits

Coma and Paralysis

Coma – Must be diagnosed by a physician as having commenced within 30 days after the covered accident occurs and continue for at least 30 days. This benefit is payable once per covered accident.

Paralysis – Must begin within 30 days after the covered accident occurs, continue for at least 365 days, and be determined by a physician as expected to be permanent. Only one paralysis benefit amount, the highest amount, is payable per covered accident.

Accidental Death Focused

Accidental Death – Death must occur within 30 days after the covered accident. If the covered accident that causes the covered person's loss of life occurs while the covered person is on or occupying a common carrier, the common carrier accidental death benefit will be paid in lieu of the accidental death benefit.

Accidental Dismemberment Focused

Double Dismemberment – Must occur within 30 days after the covered accident. If the covered person later dies as a result of the same covered accident, APL will pay the applicable death benefit less any amounts paid under this benefit.

Single Dismemberment - Must occur within 30 days after the covered accident. If the covered person later dies as a result of the same covered accident, APL will pay the applicable death benefit less any amounts paid under this benefit.

Finger/Toe Dismemberment – Must occur within 30 days after the covered accident. If the covered person later dies as a result of the same covered accident, APL will pay the applicable death benefit less any amounts paid under this benefit.

Additional Benefits - Tier 2

Dislocation - Must be diagnosed by a physician within 30 days after the covered accident occurs. If multiple dislocations or partial dislocations are suffered as the result of one covered accident, APL will not pay more than two times the greatest dislocation benefit payable for an individual joint per covered accident for each covered person. No more than one dislocation benefit per joint per covered accident will be paid for each covered person.

Fracture - Must be diagnosed by a physician within 30 days after the covered accident occurs. If multiple fractures or chip fractures are suffered as the result of one covered accident, APL will not pay more than two times the greatest fracture benefit payable for an individual bone per covered accident for each covered person. No more than one fracture benefit per bone per covered accident will be paid for each covered person.

Laceration Requiring Stitches – Treatment for the laceration must occur within 7 days after the covered accident occurs. Payable up to the defined number of days per plan year for each covered person. Payable only once per covered accident for each covered person, even if treatment is received for more than one laceration.

Inpatient Surgery

Inpatient Surgery – Surgery must be performed by a physician within 30 days after the covered accident occurs. Payable once per covered accident. If inpatient surgery, and/or outpatient surgery, and/or exploratory surgery occur on the same day, only the highest benefit is payable.

General Anesthesia – Inpatient surgery benefit must be payable and general anesthesia must be received during inpatient surgery for this benefit to be payable.

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Outpatient Surgery

Outpatient Surgery - Surgery must be performed by a physician within 30 days after the covered accident occurs. Payable once per covered accident, up to the defined number of days per plan year for each covered person. If inpatient surgery, and/or outpatient surgery, and/or exploratory surgery occur on the same day, only the highest benefit is payable.

Exploratory Surgery - Exploratory arthroscopic surgery must be performed by a physician within 30 days after the covered accident occurs. Payable once per covered accident, up to the defined number of days per plan year for each covered person. If inpatient surgery, and/or outpatient surgery, and/or exploratory surgery occur on the same day, only the highest benefit is payable.

Brain Injury Focused

Severe Burns

Severe Burns – Treatment for the burn must occur within 30 days after the covered accident occurs. Payable once per covered accident. No benefits will be paid if the degree and percentage of the body surface burned is not shown as a covered benefit.

Skin Graft – Severe burns benefit must be payable and skin graft treatment undergone for this benefit to be payable.

Lodging and Travel Focused

Non-Local Transportation – Transportation for the injured covered person by train, bus, coach or plane must be at least 150 miles from the covered person's primary residence for treatment in a hospital that is advised by a physician because treatment for an injury is not available locally. Payable only once per round trip for up to the defined number of round trips per plan year for each covered person. This benefit is not payable on any day that an ambulance benefit is payable.

Family Member Lodging – Expense must be incurred for lodging by an adult family member accompanying a covered person who is confined more than 150 miles away from the family member's primary residence for treatment as the result of a covered accident. Payable up to the defined number of nights per plan year for each covered person. Payable only once per night, even if more than one family member accompanies the covered person; if the adult family member is providing care for the covered person or is acting as an advocate on the behalf of the covered person; and while the covered person is receiving treatment in a hospital that is advised by a physician because treatment for an injury is not available locally. Proof of the expense incurred for lodging, evidenced by a receipt, invoice or another appropriate document, must be submitted with the claim. Mileage is measured as the geographic distance from the family member's primary residence to the facility at which the confinement occurs.

Ambulance

Ambulance – Ambulance transportation, to or from a hospital or between medical facilities, must occur within 24 hours after the covered accident occurs. Payable once per covered accident, up to the defined number of days per plan year for each covered person.

Emergency Dental & Vision Treatment

Emergency Dental & Vision Treatment – Emergency dental work or vision work must occur within 30 days after the covered accident. Payable once per plan year for each covered person and only once per covered accident even if multiple teeth or eyes are affected. If more than one type of procedure is performed on the same day, only the highest emergency dental & vision treatment benefit will be payable.

Appliance and Prosthesis

Appliance – Medical appliance must be prescribed within 30 days after the covered accident occurs. Payable the defined number of days per plan year for each covered person. If more than one type of medical appliance is prescribed on the same day, only the highest appliance benefit will be payable.

Prosthesis – Prosthetic device, artificial limb or artificial eye must be prescribed by a physician and received within 30 days after the covered accident occurs. Payable once per covered accident and plan year for each covered person.

Accident Screening Benefit – Service must be rendered by a physician while the covered person is not an inpatient in a hospital and while the covered person is covered under the policy. Tests include Epworth Sleepiness Scale for the purpose of diagnosing a sleeping disorder, hemoglobin A1c, baseline testing for concussions, bone density screening, stress test, weight reduction program, examination by a dentist or optometrist, routine physical exam or any additional generally medically accepted outpatient screening test used to evaluate risk or prevention of accidents or other medical conditions that could result in an accident.

Exclusions

APL will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following: voluntary intoxication (as defined by the law of the jurisdiction in which such intoxication occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instructions of a physician or medical professional; voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption; committing or attempting to commit a felony, or active participation in a riot, insurrection or terrorist activity; intentional self-harm or attempting or committing suicide, whether sane or not; war or any act of war, whether declared or undeclared, or any act related to war while serving in the military forces or any auxiliary unit thereto (the pro-rata portion of any premium paid for any such covered person will be refunded upon receipt of the insured's written request; any injury that occurs while a covered person is engaged in an illegal occupation or activity, or legally incarcerated in a penal or correctional institution; cosmetic surgery or other elective procedure that is not medically necessary, except for reconstructive surgery incidental to or following surgery for trauma to the affected body part; diagnosis or treatment received outside the United States, its territories or Canada; treatment provided at a facility, office or other location owned or operated by a covered person or family member; treatment of mental or

nervous disorder(s) that is not a direct result of trauma sustained by a covered accident; any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger; travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere; participation in any organized sport in a professional or semi-professional capacity; riding or driving an air, land or water vehicle in any organized and scheduled race, speed or endurance contest; participation in base jumping, bungee jumping, cliff jumping, kite surfing, kiteboarding, luging, parachuting, paragliding, parakiting, ski jumping, skydiving, spelunking, tricking or wingsuit flying; an on the job injury. Additionally, no benefits will be paid for an injury that occurs prior to a covered person being covered under the certificate.

Termination of Coverage

Your coverage ends on the earliest of: the date you leave an eligible class under the certificate; any premium due date, if full payment for your coverage is not made within 31 days following the premium due date; the date the policy terminates and you have not elected coverage under the portability provision of the certificate; the date the participating employer's coverage under the policy terminates. Coverage for a dependent ends on the earliest of: your termination date; the last day of the month during which the dependent is no longer eligible for coverage due to a change to the policy; or the last day of the month during which a dependent no longer satisfies the definition of a dependent. Termination will not affect a claim that occurred while a covered person was covered by the policy.

Continuation Coverage

In accordance with the personnel practices of the policyholder, you may continue coverage if you are no longer in active employment while coverage is in force with APL due to one of the defined qualifying events listed in your certificate. Premium payments must be continued, and the policyholder must approve your leave in writing. Coverage will be continued for 6 months following the date you ceased active employment. If your coverage ends while on an unpaid Family and Medical Leave of Absence (FMLA), your coverage will be reinstated when you return to active status.

Portability Coverage

You may elect portability coverage when coverage ends under the policy or if the policy terminates and you do not elect replacement coverage through the policyholder's relationship with another insurance carrier. The requirements for election of portability, election of dependent portability and termination of portability will be defined in your certificate.

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