Summary of Benefits for Stephens Insitute

Accident Medium Non-Occupational HSB OSB Plan

With Health Screening(HSB) and Organized Sports benefits(OSB)

Accident coverage provides a cash benefit for qualifying accidental losses. It can help pay for out-of-pocket medical costs, costs that may not be covered under your medical plan, or daily expenses.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- No medical questions or exam needed to enroll.
- You can take your coverage with you even if you leave your employer.[1]
- No limitations for pre-existing conditions.[2]

On the job accidents are not covered

Coverage Options	Employee Only	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
Monthly Cost[3]	$6.55	$10.46	$10.97	$17.32

Hospital and Emergency Benefits

Benefit	Payment Limitation	Amount
Hospital Admission	Once/accident within 90 days	$1,000
ICU Admission	Once/accident within 90 days	$2,000
Daily Hospital Confinement	Up to 365 days/lifetime (total daily and ICU)	$200
Daily ICU Confinement	Up to 30 days/accident (subject to 365 days/lifetime)	$400
Ambulance – Air	Once/accident within 72 hours	$1,000
Ambulance – Ground	Once/accident within 90 days	$300
Blood/Plasma/Platelets	Once/accident within 90 days	$300
Emergency Room	Once/accident within 72 hours	$200
Diagnostic Exam	Once/accident within 90 days	$150
Urgent Care	Once/accident within 72 hours	$150
X-Ray	Once/accident within 90 days	$150

Follow Up Care Benefits

Benefit	Payment Limitation	Amount
Accident Follow-up	Up to 3 treatments/accident within 180 days	$75
Acupuncture	Up to 10 visits/accident within 365 days	$25
Child Care	Up to 30 days/accident while insured is confined	$25
Chiropractic Care	Up to 10 visits/accident within 365 days	$25
Transportation	Up to 3 trips/accident	$300
Initial Physician Office Visit	Once/accident within 90 days	$75
Lodging	Up to 30 nights/lifetime	$125
Medical Appliance	Once/accident within 90 days	$150
Physical Therapy	Up to 10 visits/accident within 90 days	$50
Rehabilitation Facility	Up to 15 days/lifetime within 90 days	$150
Health Screening (per covered person, per calendar year)		$50

Specified Injury & Surgery Benefits

Benefit	Amount
Abdominal/Thoracic Surgery	$1,000
Arthroscopic Surgery	$300
Concussion	$200
Emergency Dental – Crown	$300
Emergency Dental – Extraction	$100
Eye Injury – Object Removal	$150
Eye Injury – Surgery	$450
Knee Cartilage – with repair	$750
Knee Cartilage – without repair	$150
Laceration – 2” to 6”	$150
Laceration – 6” or greater	$300
Ruptured Disc	$750
Tendon/Ligament/Cuff – single	$750
Tendon/Ligament/Cuff – 2 or more	$1,000

Catastrophic Benefits

Benefit	Amount
Coma (≥ 168] continuous hours)	$10,000
Burn – 2nd degree (≥ 34% of body surface)	$1,000
Burn – 3rd degree (≥ 18 sq. in. of body surface)	$10,000
Burn – skin graft (for 3rd degree burn)	25% of 3rd Degree Burn Benefit
Home Health Care	$50
Paralysis – quadriplegia	$10,000
Paralysis – paraplegia	$5,000
Prosthesis – single	$750
Prosthesis – 2 or more	$1,500

Accidental Death & Dismemberment

Benefit	Payment Limitation	Amount
Accidental Death	Within 180 Days	$50,000
Common Carrier Death	Spouse benefit payable at 50% of employee benefit	$150,000
Both hands or both feet	Child(ren) benefit payable at 25% of employee benefit	$50,000
Sight – both eyes		$50,000
Speech & Hearing (both ears)		$50,000
1 hand & 1 foot		$25,000
1 hand/foot & sight of 1 eye		$50,000
1 hand or 1 foot		$25,000
Sight – 1 eye		$25,000
Speech or Hearing (both ears)		$25,000
Thumb & Index finger (same hand)		$5,000

Dislocation Schedule

Benefit	Payment Limitation	Amount
Ankle, foot bones (except toes)	- Closed/non-surgical benefit is 50% of open benefit shown	$1,400
Collarbone – acromio/separation	- Benefit for dependent spouse is 100% of the amount shown	$320
Collarbone – sternoclavicular	- Benefit for dependent child(ren) is 100% of the amount shown	$500
Elbow	- Incomplete dislocations & dislocation without anesthesia are 25% of the closed/non-surgical benefit	$640
Finger, toe	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	$320
Hip		$3,800
Knee		$1,800
Lower Jaw		$640
Shoulder (glenohumeral)		$1,400
Wrist		$1,400
Hand Bones (except fingers)		$640

Fractures Schedule

Benefit	Payment Limitation	Amount
Ankle	- Closed/non-surgical benefit is 50% of open benefit shown	$1,800
Foot Bones (except toes)	- Benefit for dependent spouse is 100% of the amount shown	$1,800
Coccyx	- Benefit for dependent child(ren) is 100% of the amount shown	$500
Collarbone/clavicle or sternum	- Chip fracture is 25% of the Closed benefit	$1,800
Finger, toe	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	$320
Forearm – radius or ulna		$1,800
Hip, thigh/femur		$4,000
Kneecap/patella		$1,800
Lower jaw/mandible (exc. alv. process)		$1,400
Lower leg – fibula or tibia		$2,200
Nose, facial bones (except jaw bones)		$640
Pelvis (except coccyx)		$3,600
Vertebrae – processes		$640
Rib		$500
Shoulder blade/scapula		$1,800
Skull – depressed		$3,600
Skull – non-depressed/simple		$1,000
Upper arm/humerus		$1,800
Upper jaw/maxilla (exc. alveolar process)		$1,400
Vertebrae – body		$3,600
Wrist, hand bones (except fingers)		$1,800

Organized Sports Injury Benefit Schedule

Benefit	Amount
Coverage Percentage	10%
Maximum Benefit	$10,000
Accident Follow-up Care	Included
Catastrophic	Included
Dislocations	Included
Emergency	Included
Fractures	Included
Hospital	Included
Specified Injury & Surgery	Included

How to file claims

You can file claims online at https://www.Anthem.com/ or download the Sydney Health app to file your claim. If you are not enrolled in an Anthem medical plan, you can file your claims online at https://supplemental-health.anthem.com/. If you prefer to file your claim by mail, ask your HR Rep for a claim form or download https://file.anthem.com/122954MUMENMUB.pdf. Complete the claim form and send it with any supporting documents to: Supplemental Insurance Benefit Department, P.O. Box 2076 Grapevine, TX 76099. Contact us with any questions: (888) 828-2432.

Exclusions

The information provided below is applicable in most states; however, please be aware that state variations may apply.

A benefit is not payable for an injury that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to them
- A covered person's taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed or administered by a Physician
- A covered person's being intoxicated as defined by the jurisdiction in which the cause of the loss was incurred
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests.
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven. This exclusion does not apply where the Covered Person is riding as a fare-paying passenger on a regularly scheduled commercial airline or as a passenger for transportation only and not as a pilot or crew member
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

Accident means a sudden, unforeseeable event that causes an Injury and that: 1) occurs while this Certificate is in force; 2) occurs while the Covered Person's insurance is effective; and 3) is not subject to any exclusion in the Policy.

[1] **Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.**

[2] **Covered accidents or illness must occur after the effective date of coverage.**

[3] **Actual deductions may vary slightly due to rounding and payroll frequency.**

In Colorado and Georgia, members must be enrolled in comprehensive health benefits from a group health insurance plan, an employer sponsored plan, an HMO plan, or an individual health plan that provides essential health benefits.

Group Accident benefits provided by policy form SAI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

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