

# Accident Indemnity Plus



## Receive a Benefit if You Have an Accident

### An Accident Indemnity Plan:

- Covers **on and off-the-job accidents (24 hour)**
- Can cover you, your spouse and your children
- Pays benefits directly to you, in addition to any other coverage you may have, unless otherwise designated
- No limit to the number of accidents covered in a specified time frame\*

### Why do I need accident coverage?

“Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during leisure activities, and 44 percent occurred in or around the home.”

~ National Center for Health Statistics

#### INITIAL CARE BENEFITS

Benefit	Description	Enhanced Premier	
Urgent Care	Payable for initial treatment within 60 days of a covered accident.	\$150	\$200
Doctor’s Office Care	Payable for initial treatment within 60 days of a covered accident.	\$100	\$150
Emergency Room Care*	Payable for initial treatment within 72 hours of a covered accident.	\$100	\$150
Ground Ambulance	Payable for transport to or from a covered person’s home to a hospital.	\$200	\$300
Air Ambulance	Payable for one transport to a hospital.	\$800	\$1,000

#### DIAGNOSTIC BENEFITS

Diagnostic Benefits	Payable for x-ray, medical imaging (MRI, CT Scan), or EEG performed in a doctor’s office or hospital.	X-rays	
		\$75	\$100
		MRI/CT Scan/EEG	
		\$150	\$200

\*Coverage for ER visits is limited to five per person per calendar year. Benefits and riders may vary by state and may not be available in all states.

Policy: M-8026

Underwritten by ManhattanLife Insurance and Annuity Company

## IN-PATIENT CARE BENEFITS

Hospital Confinement	Payable for each day a covered person is confined as an inpatient in a hospital. A day is defined as a 24-hour period. Confinement is up to 365 days per accident.	\$250	\$375
First Hospitalization	Payable for the first hospital confinement in a calendar year.	\$1,000	\$1,500
ICU Admission	Payable if ICU admission is within 48 hours of hospital admission.	\$2,000	\$3,000
ICU Confinement	Payable for each day a covered person is confined to a hospital Intensive Care Unit up to 30 days per accident.	\$500	\$750
Rehabilitation Admission	Payable when a covered person is transferred to a Rehab Unit of a hospital.	\$1,000	\$1,500
Rehabilitation Confinement	Payable for each day a covered person is confined to a Hospital Rehabilitation Unit for up to 60 days. Calendar year maximum 60 days.	\$150	\$200

## FOLLOW-UP CARE/TREATMENT BENEFITS

Physical Therapy	Payable if: started within 90 days; completed within one year; prescribed by a doctor; rendered by a Physical Therapist; and performed in an office or on an outpatient basis. Pays up to 10 visits per accident.	\$30	\$45
Follow-up Treatment	Payable if: initial treatment was received within 72 hours; it is doctor prescribed; and it occurs within 90 days of hospital discharge (if applicable). Maximum of four follow-up treatments per accident	\$25 4	\$50 <b>Max per Accident</b> 4
Chiropractic Treatment	Available if started within 60 days and completed within 180 days. Pays up to three visits per accident.	\$30	\$45

## MEDICALLY NECESSARY BENEFITS

Blood and Plasma	Payable if received within 90 days.	\$100	\$150
Prosthesis - One	Payable for a device or devices needed because of an accident. One payment per accident.	\$500	\$750
Prosthesis - Multiple	Payable for a device or devices needed because of an accident. One payment per accident.	\$1,000	\$1,500
Medical Appliances	Payable for appliances used for aid in personal locomotion (crutches, wheelchairs, leg braces, back braces, and walkers). Limited to one payment.	\$100	\$150

## TRANSPORTATION / LODGING BENEFITS

Transportation	Payable if the covered person needs care not available locally. The benefit is payable if a Covered Person is injured and requires a doctor-recommended hospital treatment or diagnostic study that is not available in the Covered Person's resident city. Use of such transportation must begin within 90 days after the Covered Accident date. Hospital treatment or diagnostic study must be greater than 50 miles from the Covered Person's residence. Maximum 1 trip per accident.	<b>Train or Plane</b>	
		\$300	\$400
Family Member Lodging	Payable for an adult family member if the covered person is hospitalized more than 100 miles from home for a maximum of 30 nights.	<b>Bus</b>	
		\$150	\$200
		\$100	\$150

MAJOR ACCIDENT BENEFITS			
Accidental Death	Payable to the named beneficiary. The employee is the beneficiary for all covered dependents. Spouse receives 50% of amount shown and child receives 25% of amount shown.	\$50,000	\$75,000
Dismemberment	Payable according to a schedule based on the specific loss incurred. Spouse receives 50% of amount shown and child receives 25% of amount shown.	\$50,000	\$75,000
Common Carrier	Provides an additional benefit if accident occurs while a fare paying passenger on a commercial airline, passenger train, or intercity bus line. Spouse receives 50% and child receives 25% of amount shown.	\$100,000	\$150,000
BURN BENEFITS			
Burns	Payable for second and third degree burns according to a schedule if treatment is received within 72 hours.	<b>2nd Degree</b> \$200-\$2,000    \$300-\$3,000 <b>3rd Degree</b> \$1,000-\$20,000   \$1,500-\$30,000	
EMERGENCY DENTAL/VISION BENEFITS			
Eye Injuries	Payable if surgical repair is performed within 90 days or a foreign body is removed from the eye, with or without anesthesia.	<b>Surgical Repair</b> \$250                      \$375 <b>Removal of Foreign Body</b> \$50                        \$75	
Emergency Dental Work	Payable for injury to sound natural teeth.	<b>Repaired with Crown</b> \$200                      \$300 <b>Resulting in Extraction</b> \$60                        \$90	
LACERATION BENEFITS			
Laceration Benefit	Payable according to schedule of length provided that treatment is received within 72 hours.	<b>Over 6 inches</b> \$400                      \$600 <b>2 - 6 inches</b> \$200                      \$300 <b>Under 2 inches or not requiring stitches</b> \$50                        \$75	
ORTHOPEDIC BENEFITS			
Fracture	Payable according to a schedule if diagnosed and treated by a doctor within 90 days.	<b>Minimum</b> \$320                      \$400 <b>Maximum</b> \$4,000                      \$5,000 A chipped bone is 25% of scheduled benefit. Open reduction is 200% of scheduled benefit.	
Dislocation	Payable according to a schedule if diagnosed and treated by a doctor within 90 days.	<b>Minimum</b> \$240                      \$320 <b>Maximum</b> \$2,700                      \$3,600 A partial dislocation is 25% of scheduled benefit. Open reduction is 200% of scheduled benefit.	
Repaired Ligaments	Payable if treatment is received within 60 days and surgical repair is performed within 90 days.	<b>Single</b> \$400                      \$500 <b>Multiple</b> \$600                      \$750	

**ORTHOPEDIC BENEFITS (continued)**

Repaired Knee Cartilage	Payable if treatment is received within 60 days and surgical repair is performed within one year.	\$400	<b>Single</b> \$500
		\$600	<b>Multiple</b> \$750
Repaired Tendon	Payable if treatment is received within 60 days and surgical repair is performed within 90 days.	\$400	<b>Single</b> \$500
		\$600	<b>Multiple</b> \$750
Repaired Rotator Cuff	Payable if surgical repair is performed within one year.	\$250	<b>Single</b> \$375
		\$500	<b>Multiple</b> \$750
Ruptured Disc	Payable if treatment is received within 60 days and surgical repair is performed within one year.	\$400	\$500
Exploratory Surgery Without Repair	Payable if the injury does not require surgical repair.	\$200	\$300

**HEAD AND SPINE BENEFITS**

Concussion	Payable if diagnosed within 72 hours using medical imaging (such as x-ray, CT Scan, or MRI).	\$200	\$300
Coma	Payable if the comatose state lasts more than 30 days and diagnosis indicates that permanent neurological deficit is present.	\$10,000	\$12,500
Paralysis (Paraplegic/Quadriplegic)	Payable if paralysis lasts more than 90 days and is diagnosed by a doctor within those 90 days.	\$5,000	<b>Two limbs</b> \$6,250
		\$10,000	<b>Four limbs</b> \$12,500

**ADDITIONAL BENEFITS**

Total Disability Premium Waiver	Waives premiums after being disabled for three consecutive months and disability starts before the Certificate anniversary prior to the 65th birthday.	Included
Portability	Portable if you leave the company prior to age 70 as long as the Master Policy remains in force.	Included

**IMPORTANT NOTICE:** The Insurance coverage provided under the policy does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage” and it does not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Care Act. This is not a complete disclosure of plan qualifications and limitations. For a complete list of limitations and exclusions, please refer to [www.ManhattanLife.com/Disclosure](http://www.ManhattanLife.com/Disclosure). Please review this information before applying for coverage. The benefits provided depend on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.  
Policy: M-8026