

## Accident Insurance

CHUBB®

### Add Accident Insurance Coverage to Your Health Insurance Plan



#### Cash Benefits Paid in Addition to Any Other Coverage You Have

You do everything you can to stay active and healthy, but accidents happen every day, including sports-related accidents. An injury that hurts an arm or a leg can hurt your finances too. That's where Chubb Accident can help.

Chubb Accident pays cash benefits directly to you regardless of any other coverage you have. Benefits are designed to cover health plan gaps for out-of-pocket expenses like deductibles, copays, and coinsurance. Let Chubb Accident help take care of your bills so you can take care of yourself and your family.

A broken  
leg can cost  
\$7,500.<sup>1</sup>

60% of Americans  
can't cover  
an unexpected  
\$1,000 expense.<sup>2</sup>

42 million ER  
visits each year  
are due  
to injuries.<sup>3</sup>

For Team Members of

  
**Advent Health**



Good things in life happen every day, and unfortunately, accidents happen too. When they do, we can help protect you.

**When You Need It Most**

Chubb Accident provides coverage if you are accidentally injured and need treatment, whether you go to a physician’s office, urgent care center, emergency room or use telemedicine services. There are no restrictions on how your money can be used.

**Accident Insurance Benefits Include**

**First Accident**

Pays you \$100 soon after you report your first claim for covered benefits. If you get injured, we can begin processing your claim right over the phone so you can get cash fast.

**Sports Package**

Playing sports can lead to injuries and unwelcome expenses. We’ll increase your benefit 25%, up to \$1,000 per person per year, for injuries resulting from participating in organized sports.

**Telemedicine Services Benefit**

With this benefit, you will no longer need to leave your home for a doctor’s visit. We’ll pay you a \$50 benefit if you receive consultation with a physician for a covered accident via audio or video communication.

**Rehabilitation Package**

We pay cash benefits for admission, daily confinement and recovery. Whether you’re released to a Rehabilitation Center following a hospital stay or you recover at home, we pay a daily recovery benefit to help with your transition. We’ll even pay for a residence/vehicle modification and therapy, including physical, occupational and speech.

**Wellness Benefit**

Be proactive with your health with preventive care. This benefit pays you \$50 for undergoing a covered health screening test, immunization, eye exam, routine physical or well-child/preventive exam.

**How Chubb Accident Works—And Pays**

Chubb Accident helps pay for unexpected costs of accidental injury. If your child breaks a leg at soccer practice here’s how benefits may stack up:

**The Sports Package increases the total benefit payment by \$814.**

|                            |           |              |
|----------------------------|-----------|--------------|
| First Accident             | \$        | 100          |
| Ambulance                  | \$        | 300          |
| ER Visit                   | \$        | 200          |
| X-Ray                      | \$        | 75           |
| Fracture                   | \$        | 1,800        |
| Medicine                   | \$        | 15           |
| Medical Supplies           | \$        | 15           |
| Crutches                   | \$        | 100          |
| Physical Therapy           | \$        | 500          |
| Follow-up Visits           | \$        | 150          |
| Subtotal                   | \$        | 3,255        |
| <b>PLUS Sports Package</b> | <b>\$</b> | <b>814</b>   |
| <b>Total Payment</b>       | <b>\$</b> | <b>4,069</b> |

This example is for illustrative purposes only and should not be compared to an actual claim. Whether an injury is covered depends on the circumstances of the loss. Refer to the certificate of insurance for terms and conditions.

## Schedule of Benefits – 24-Hour Coverage

### Low & High Plans

| Initial Care                  | LOW     | HIGH    |
|-------------------------------|---------|---------|
| Ambulance                     |         |         |
| <i>Ground</i>                 | \$300   | \$300   |
| <i>Air</i>                    | \$2,500 | \$2,500 |
| Emergency Room                | \$100   | \$200   |
| Initial Doctor's Office Visit | \$100   | \$200   |
| Telemedicine Services Benefit | \$50    | \$50    |
| Urgent Care                   | \$100   | \$200   |
| Emergency Dental              |         |         |
| <i>Crown</i>                  | \$300   | \$300   |
| <i>Extraction</i>             | \$75    | \$75    |
| <i>Dentures</i>               | \$300   | \$300   |
| <i>Implants</i>               | \$300   | \$300   |

### Hospital and Rehabilitation

|  |         |         |
|--|---------|---------|
| Hospital Admission                               | \$1,500 | \$2,000 |
| <i>Advent Health facility-Additional Benefit</i> | \$500   | \$500   |
| ICU Admission                                    | \$3,000 | \$4,000 |
| <i>Advent Health facility-Additional Benefit</i> | \$1,000 | \$1,000 |
| Rehabilitation Admission                         | \$1,000 | \$1,000 |
| Hospital Confinement                             | \$200   | \$300   |
| <i>Per day, up to 365 days</i>                   |         |         |
| ICU Confinement                                  | \$400   | \$600   |
| <i>Per day, up to 30 days</i>                    |         |         |
| Rehabilitation Confinement                       | \$135   | \$135   |
| <i>Per day, up to 30 days</i>                    |         |         |
| Recovery   | \$50    | \$50    |
| <i>Per day, up to seven days</i>                 |         |         |

### Follow-up Care & Treatment

|   |         |         |
|---|---------|---------|
| Abdominal, Cranial, Hernia & Thoracic Surgery   | \$1,500 | \$1,500 |
| Appliances  | \$100   | \$100   |
| Blood, Plasma, Platelets  | \$300   | \$300   |
| Chiropractic Care   | \$25    | \$50    |
| <i>Per visit, up to three visits</i>  |         |         |
| Follow-up Treatment   | \$50    | \$50    |
| <i>Per visit, up to two visits</i>  |         |         |
| Lodging   | \$125   | \$125   |
| <i>For treatment 100 miles or more away; per night, up to 30 nights</i>                                 |         |         |
| Major Diagnostic Exam   |         |         |
| <i>(Payable once per Covered Accident for CT, MRI, etc.)</i>  | \$150   | \$150   |
| Medical Supplies  | \$15    | \$15    |
| Medicine  | \$15    | \$15    |
| Organ Loss  | \$1,000 | \$1,000 |
| Physical, Occupational, or Speech Therapy   | \$25    | \$50    |
| <i>Per visit, up to 10 visits</i>   |         |         |
| Prosthetics   | \$1,000 | \$1,000 |
| Transportation  | \$500   | \$500   |
| <i>For treatment and Confinement in a Hospital, 100 miles or more away; per trip, up to three trips</i> |         |         |
| X-ray   | \$75    | \$75    |

| Injuries                                   | LOW                     | HIGH       |
|--|-------------------------|------------|
| Burns                                      |                         |            |
| <i>2nd/3rd Degree, up to</i>               | \$18,000                | \$18,000   |
| Skin Graft                                 | 25% of the burn benefit |            |
| Coma                                       | \$10,000                | \$10,000   |
| Dislocations, <i>up to</i>                 | \$6,000                 | \$10,000   |
| Ear Injury                                 | \$250                   | \$250      |
| Eye Injury                                 | \$250                   | \$250      |
| Fractures, <i>up to</i>                    | \$6,000                 | \$12,000   |
| Herniated Disc Surgery                     | \$500                   | \$500      |
| Knee Cartilage (Torn) Surgery              | \$500                   | \$500      |
| Lacerations                                | \$30-\$400              | \$30-\$400 |
| Loss of Hands, Feet or Sight, <i>up to</i> | \$14,000                | \$14,000   |
| Loss of Fingers or Toes, <i>up to</i>      | \$1,500                 | \$1,500    |
| Paralysis                                  |                         |            |
| <i>Two limbs</i>                           | \$7,500                 | \$7,500    |
| <i>Four limbs</i>                          | \$10,000                | \$10,000   |
| Traumatic Brain Injury                     | \$200                   | \$200      |

### Additional Benefits

|   |          |           |
|---|----------|-----------|
| Accidental Death:   |          |           |
| <i>Employee</i>   | \$50,000 | \$100,000 |
| <i>Spouse</i>   | \$50,000 | \$100,000 |
| <i>Child</i>  | \$10,000 | \$20,000  |
| First Accident (Once per policy)  | \$100    | \$100     |
| Family Care   | \$25     | \$25      |
| <i>For each child in a child care center: Per day, up to 30 days</i>  |          |           |
| Occupational Accident   | \$10,000 | \$10,000  |
| <i>Pays for a positive test result for Hepatitis B, C, or D, HIV, MRSA, Rabies, Tetanus and Tuberculosis when contracted at work as a result of a covered accident.</i> |          |           |
| Post-Traumatic Stress Disorder  | \$50     | \$50      |
| <i>Per visit, up to six visits</i>  |          |           |
| Residence/Vehicle Modification  | \$750    | \$750     |
| Sports Package Benefit  |          |           |
| <i>Increases total benefit by 25% when accident is due to participation in organized sports. Up to \$1,000 per person per year.</i>                                     |          |           |
| Wellness  | \$50     | \$50      |
| <i>Once per person, per year</i>  |          |           |

| Bi-Weekly Premium     | LOW      | HIGH     |
|-----------------------|----------|----------|
| Employee              | \$ 4.45  | \$ 5.91  |
| Employee + Spouse     | \$ 8.26  | \$ 11.02 |
| Employee + Child(ren) | \$ 8.75  | \$ 11.91 |
| Family                | \$ 12.55 | \$ 17.01 |

Benefits may vary by state. Benefits are paid once per accident unless otherwise noted.



You do everything  
you can to keep  
your family safe,  
but accidents  
happen, and when  
they do, it's good to  
know Chubb has  
you covered.

## Features

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### Guaranteed Issue

No medical history is required for coverage to be issued.

### Renewable

Coverage is automatically renewed as long as you are an eligible employee, your premiums are paid as due and the policy is in force.

### Portable

You can keep your coverage even if you change jobs or retire with no change to the premium amount.

### Family Coverage

Your children and legal dependents through age 26 can be included at no additional cost.

### HSA Compatible

You can have this coverage even if you have a Health Savings Account.

### Plan Choices

You have a choice of a Low or High Option plan.

## Initial Eligibility

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### Employee

- All team members who work 16 or more hours per week and are eligible for the Advent Health healthcare plans.

### Spouse

- As Defined in the Policy Certificate
- Ages 18 and older

### Dependent children

- Ages 0 through 26
- No student status required

## Exclusions & Limitations

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This is Accident-Only Insurance. No benefits will be paid for services rendered by a member of the Immediate Family of a Covered Person. No benefits will be payable for sickness or infection including physical or mental condition that is not caused solely by or as a direct result of a Covered Accident.

No benefits will be paid for an injury that is caused by, contributed to, or occurs as a result of a covered person's:

- Being intoxicated, or under the influence of alcohol or any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction in which the accident occurred);
- Participating in an illegal occupation or attempting to commit or actually committing a felony ("felony" is as defined by the law of the jurisdiction in which the activity takes place);
- Committing or attempting to commit suicide or intentionally injuring himself or herself;
- Having dental treatment, except for such care or treatment due to injury to sound natural teeth within twelve (12) months of the Covered Accident;
- Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto; or
- Participation in any contest using any type of motorized vehicle.

1. [www.healthcare.gov](http://www.healthcare.gov); accessed Sept. 2019
2. [www.bankrate.com](http://www.bankrate.com); accessed Sept. 2019
3. [www.cdc.gov/nchs](http://www.cdc.gov/nchs); accessed Sept. 2019

Chubb. Insured.<sup>SM</sup>

This is a supplement to health insurance and is not a substitute for Major Medical or other minimal essential coverage.

This document is a brief description of Form No. C70717-FL (or applicable state version). Refer to your certificate of insurance for specific details about benefits, exclusions and limitations.

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. This insurance product is underwritten by ACE Property & Casualty Insurance Company.

[www.chubbworkplacebenefits.com](http://www.chubbworkplacebenefits.com)