



Group Accident Coverage

Policy Series WPS-ACC 07/15

Designed for the employees of

Town of Wilbraham, MA

Group Accident - 24 Hour Custom Plan - HSB \$50

ELIGIBILITY AND KEY FEATURES

Coverage: 24 Hour Custom Plan

Eligibility: All employees ages 18 or above, working 20 hours per week for at least 30 days following the date of employment, and, and who are actively at work at time of enrollment are eligible for participation. An enrolled employee may also insure their spouse. Children under the age of 26 are eligible regardless of marital or dependency status. Grandchildren under age 26 for whom the employee is required by a court or administrative order to provide health coverage are also eligible. No medical questions are required.

Continuation of Coverage: This coverage may be continued in the event the insured is no longer an employee/member of the Policyholder. Coverage must have been in force for 1 month after the certificate date. Coverage will be continued at the same premium and coverage amounts then in force.

Effective Date of Coverage: Coverage becomes effective at 11:59 PM on the date of the signed enrollment form.

WEEKLY PREMIUMS

Premiums are unisex, unismoke, are paid by the employee and are payroll deducted. Rates are based on the Certificate Effective Date

Employee	Employee & Spouse	Employee & Children	Employee, Spouse & Children
\$2.43	\$4.42	\$5.70	\$7.69

POLICY BENEFITS

All benefits are limited to one benefit per covered accident, per insured, and are paid independently of one another unless specifically noted otherwise.

HOSPITAL CARE

Hospital Admission: Within 6 months after the covered accident. Amount will be doubled if placed in a Hospital Intensive Care Unit within the first 24 hours of admission. \$2,000

Hospital Confinement: Per day up to 365 days. Within 6 months after the covered accident. \$500

Hospital Intensive Care Unit Confinement: Per day up to 30 days. Within 30 days after the covered accident. \$1,000

Lodging: Per day up to 30 days per covered accident for companion. Hospital must be more than 100 miles round trip from the residence of the insured. \$200



Catastrophic Accident: Payable after a 365 day elimination period.

- *Employee (reduced by 50% at age 70)* \$50,000
- *Spouse (reduced by 50% at age 70)* \$50,000
- *Children* \$10,000

DISLOCATIONS: Diagnosed by a physician within 90 days after the covered accident. Closed Open

Dislocation (with Anesthesia)

- *Hip* \$4,000 \$8,000
- *Knee (except Patella)* \$2,000 \$4,000
- *Ankle – Bones or Bones of Foot (not Toes)* \$1,600 \$3,200
- *Collarbone (Sternoclavicular)* \$1,000 \$2,000
- *Lower Jaw* \$600 \$1,200
- *Shoulder (Glenohumeral)* \$600 \$1,200
- *Elbow* \$600 \$1,200
- *Wrist* \$600 \$1,200
- *Bone or Bones of the Hand (not Fingers)* \$600 \$1,200
- *Collarbone (Acromioclavicular and separation)* \$200 \$400
- *One Toe or Finger* \$200 \$400
- *Closed without Anesthesia: 25% of the closed with anesthesia benefit*

FRACTURES: Diagnosed by a physician within 90 days after the covered accident. Closed Open

- *Skull - depressed fracture (except Bones of Face or Nose)* \$5,000 \$10,000
- *Skull - simple non-depressed fracture (except Bones of Face or Nose)* \$2,000 \$4,000
- *Hip, Thigh (Femur)* \$3,000 \$6,000
- *Vertebrae, Body of (except Vertebral processes)* \$1,600 \$3,200
- *Pelvis (includes Ilium, Ischium, Pubis, Acetabulum except Coccyx)* \$1,600 \$3,200
- *Leg* \$1,600 \$3,200
- *Bones of Face or Nose (except Mandible or Maxilla)* \$700 \$1,400
- *Upper Jaw - Maxilla (except Alveolar process)* \$700 \$1,400
- *Upper Arm between Elbow and Shoulder* \$700 \$1,400
- *Lower Jaw - Mandible (except Alveolar process)* \$600 \$1,200
- *Shoulder blade or Collarbone (Scapula, Clavicle, Sternum)* \$600 \$1,200
- *Vertebral Processes* \$600 \$1,200
- *Forearm, Hand, Wrist (except fingers)* \$600 \$1,200
- *Kneecap (Patella)* \$600 \$1,200
- *Foot (except toes)* \$600 \$1,200
- *Ankle* \$600 \$1,200
- *Rib* \$500 \$1,000
- *Coccyx* \$400 \$800



- *Finger, Toe* \$100 \$200
- *Chips; 25% of closed benefit*

HEALTH SCREENING BENEFIT RIDER (WPS-ACC HS Rider 07/15)

We will pay \$50 for any one or more of the following health screening tests listed below performed by a Physician more than 30 days after the rider effective date. Benefit is payable once per calendar year per insured person.

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| 1. Biopsy for Skin Cancer | 11. Flexible sigmoidoscopy |
| 2. Blood test for triglycerides | 12. Hemocult stool analysis |
| 3. Bone marrow testing | 13. Lipid Panel (total cholesterol count) |
| 4. CA 125 (blood test for ovarian cancer) | 14. Mammography/Breast Ultrasound |
| 5. CA 15-3 (blood test for breast cancer) | 15. Oral Cancer screening using ViziLite, OraTest or other similar test |
| 6. CEA (blood test for colon cancer) | 16. Pap smear (including ThinPrep Pap Test) |
| 7. Chest X-ray | 17. PSA (blood test for prostate cancer) |
| 8. Colonoscopy | 18. Serum Protein Electrophoresis (blood test for myeloma) |
| 9. Electrocardiogram (EKG) | 19. Stress test on a bicycle or treadmill |
| 10. Fasting blood glucose test | 20. Thermography |

POLICY EXCLUSIONS – WHAT WE WILL NOT PAY FOR

We will not pay benefits for losses that are caused or contributed to by, or are the result of:

1. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received;
2. any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by any Injury. This exclusion does not apply to the Sickness Hospital Confinement Rider or the Health Screening Benefit Rider;
3. intentionally self-inflicted Injury, suicide or attempted suicide, while sane or insane;
4. war - declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
5. active service in any of the armed forces, or units auxiliary thereto, including the National Guard or any Military Reserve;
6. repetitive stress or motion disorders caused by overuse or degenerative changes;
7. driving any taxi, limousine, bus or personal vehicle of any kind when used to transport fare-paying passengers;
8. mental or nervous disorders;
9. alcoholism or drug addiction;
10. ingestion or use of any substance or drug unless taken as prescribed by a Physician. This does not apply to accidental ingestion of substances by Children under the age of 5;
11. being under the influence of alcohol. Being under the influence of alcohol, for purposes of the Policy, means a blood alcohol level of 0.08 or more;
12. while incarcerated or detained in a penal institution of any kind, including house arrest and/or work furlough;
13. the commission of or an attempt to commit a felony or any loss to which a contributing cause was being engaged in an illegal activity.



DISCLAIMERS

Underwritten by Boston Mutual Life Insurance Company. The information provided here is a brief description of the important features of WPS-ACC 07/15 for the state of Massachusetts. It is not a certificate of insurance or evidence of coverage. Any discrepancies between this proposal and the group policy will be resolved by the language issued in the Master Policy. Please refer to the Master Policy and individual Certificates of Coverage for a detailed description of the benefits, limitations, and exclusions.

If you have employees residing in Ohio who are eligible to enroll for this coverage, and the case is not situated in their state of residence, the underwriting, rates and coverage will vary for these individuals. Please contact us if you need additional information for this state.