

AFEUSA ACCIDENT MEDICAL COVERAGE

PROTECT YOUR HARD-EARNED WAGES AND SAVINGS

Underwritten by Zurich American Insurance Company.

Your medical plan provides benefits to help with medical costs if you suffer an accidental injury. In that unfortunate event, you shouldn't have to worry about unexpected financial setbacks resulting from the injury. Things like lost wages, your out-of-pocket medical expenses and the cost for help with transportation, meals, child care, or even housekeeping can all add up. Personal Accident Insurance reimburses medical expenses incurred due to a covered accident and pays a lump sum benefit for accidental loss of life, limb, sight, speech, or hearing. By pairing it with your medical plan, you can extend your protection to help with those unexpected costs, so you can focus on healing.

ACCIDENT INSURANCE

Accident medical expense and accidental death and dismemberment (AD&D)

ACCIDENT ONLY				
Accident Medical Expense Benefit	Up to \$2,500	Up to \$5,000	Up to \$7,500	Up to \$10,000
Accident Medical Expense Deductible per Occurrence	\$0 or \$250, per plan chosen	\$0 or \$250, per plan chosen	\$0 or \$250, per plan chosen	\$0 or \$250, per plan chosen
Accidental Death and Accidental Dismemberment & Covered Loss of Use Benefits **	Up to \$5,000	Up to \$10,000	Up to \$15,000	Up to \$20,000
ACCIDENT ONLY	PLAN 1	PLAN 2	PLAN 3	PLAN 4
*MONTHLY COST- ZERO DEDUCTIBLE				
Member	\$17.72	\$21.40	\$25.80	\$28.78
Member + Spouse/Domestic Partner	\$28.72	\$35.00	\$42.41	\$46.35
Member + Dependent Child(ren)	\$36.18	\$44.32	\$53.85	\$59.08
Member + Family	\$45.20	\$55.40	\$67.30	\$73.84
ACCIDENT ONLY	PLAN 5	PLAN 6	PLAN 7	PLAN 8
*MONTHLY COST- \$250 DEDUCTIBLE				
Member	\$16.80	\$20.32	\$24.50	\$27.35
Member + Spouse	\$27.27	\$33.25	\$40.32	\$44.03
Member + Child(ren)	\$34.36	\$42.14	\$51.25	\$56.18
Member + Family	\$42.95	\$52.68	\$64.05	\$70.22
ACCIDENTAL DISMEMBERMENT & COVERED LOSS OF USE SCHEDULE OF LOSSES***				
PRIMARY MEMBER PRINCIPAL SUM AMOUNT FOR ACCIDENTAL:				
Loss of Life	100% of Principal Sum			
Loss of Speech and Loss of Hearing (both ears)	100% of Principal Sum			
Loss of Hand or Foot plus Loss of Sight in One Eye	100% of Principal Sum			
Loss of Hearing and one of Loss of Hand, Loss of Foot, or Loss of Sight in One Eye	100% of Principal Sum			
Loss of Hands (Both), Loss of Feet (Both), Loss of Sight or One Hand plus One Foot	100% of Principal Sum			
Loss of Use of Four Limbs; Loss of Use of Three Limbs	100% of Principal Sum			
Loss of Use of Two Limbs	75% of Principal Sum			
Loss of Use of One Limb	50% of Principal Sum			
Loss of Hand, Loss of Foot, or Loss of Sight of One Eye (Any one of each)	50% of Principal Sum			
Loss of Speech or Loss of Hearing (both ears)	50% of Principal Sum			
Loss of Thumb and Index Finger of the same Hand	25% of Principal Sum			

*Monthly cost includes billing and administrative fees and insurance premium; monthly Association dues not included.

**AD&D benefits reduce 50% at age 67.

***The benefit for a covered spouse is equal to 50% of the Primary Member's benefit amount. The benefit for a covered child is equal to 25% of the Primary Member's benefit amount.

LIMITATIONS & EXCLUSIONS

A loss will not be a Covered Loss if it is the direct result of:

1. War or any Act of War, whether declared or undeclared; or the release of radiation which is the result of war;
2. involvement in any type of active military service.
3. illness or disease, regardless of how contracted,; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
4. participation in the commission or attempted commission of any felony, an assault, insurrection or riot;
5. parasailing, bungee jumping, heli-skiing, scuba diving or any other activity that would reasonably be deemed extra-hazardous;
6. being legally intoxicated.
 - a. Covered Person will be conclusively presumed to be legally intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the state in which the Accident occurred, to be intoxicated, if operating a motorized vehicle.
 - b. an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Covered Person's intoxication;
7. intentional use of illegal drugs or intentional misuse of prescription or over the counter drugs (not taken as directed);
8. travel or flight in any aircraft except to the extent stated in SECTION IV Δ HAZARDS and SECTION V Δ COVERAGES;
9. a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident;
10. alcoholism

Additionally for the Accident Medical Expense benefit, we will not cover the following:

Cosmetic, plastic or restorative surgery unless Medically Necessary for the treatment of the Injury; any medical expenses related to pregnancy unless Medically Necessary for the treatment of the Injury; any expenses for a Pre-existing Condition; Injury for which the Covered Person is entitled to benefits under Workers Compensation Benefits, Employer Liability Law, or other similar law; personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals; treatment by any person Related to the Covered Person; expenses incurred for dental care, treatment, repair or replacement of Sound Natural Teeth unless Medically Necessary for the treatment of the Injury; expenses incurred for eye examinations, eye glasses, contact lenses or hearing aids or the fitting, repair or replacement of these items unless Medically Necessary for the treatment of the Injury; routine physical examinations and related medical services, or elective treatment or surgery, or experimental or investigative treatments or procedures; a Medical Repatriation; expenses incurred for psychological or psychiatric counseling of any kind or any expense for treatment of mental or nervous diseases or disorders; expenses which the Covered Person is not legally obligated to pay; expenses for Custodial Services or services provided by a private duty nurse unless such expenses are incurred as a result of an Injury; expenses related to the repair or replacement of existing artificial limbs, eyes, or other prosthetic appliances, or rental of existing medical equipment unless for the purpose of modifying the item because the Injury has caused further impairment in the underlying bodily condition; treatment involving conditions caused by repetitive motion injuries or cumulative trauma and not a result of an Injury; intentional use of illegal drugs or intentional misuse of prescription or over the counter drugs (not taken as directed); treatment of Osgood-Schlatter's Disease.

Limitation on Multiple Covered Losses:

If a Covered Person suffers more than one Covered Loss as a result of the same Accident, We will pay only one benefit, the largest benefit. Limitation on Multiple Coverages and Benefits: If a Covered Person suffers a Covered Loss which is payable under more than one benefit as a result of the same Accident, the most We will pay for these benefits in total is the Covered Person's Principal Sum. The Accident Medical Expense benefit is not subject to these limitations.

This product is only available to AFEUSA Members.

AD&D benefit amounts for covered Spouse/Domestic Partner are 50% of your benefit amount. Benefit amounts for covered Dependent Children are 20% of your benefit amount.

The insurance benefits described are underwritten by Zurich American Insurance Company (Zurich), 1299 Zurich Way, Schaumburg, Illinois 60196, 1 800 987 3373 (NAIC # 16535). This website provides a general description of certain provisions and features of this insurance program for informational purposes only and does not revise or amend the applicable policies. In the event of a discrepancy between this document and your certificate of insurance or the group policy, the terms of the group policy shall apply. All benefits are subject to the terms and conditions of the group policy. Please refer to your certificate of insurance for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination.

Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. Benefits decrease at age 67. Coverage terminates at age 75. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative, it is intended to help supplement Comprehensive coverage. This insurance does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.