

Benefit Plan Summary

Accident

FEATURE	DESCRIPTION			
	The Hartford's Accident plan(s) will pay each scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident while insurance is in effect, subject to any plan limitations and exclusions. State specific variations may apply to the benefits shown below.			
Plan Type	Low, Mid, High			
Policyholder Choice	The policyholder may select one plan design to offer to employees.			
Coverage Type	24-hour coverage			
Dependent Coverage Amounts	Dependent benefit amounts are the same as employee benefit amounts unless otherwise indicated within the package.			
Employee Contribution	100% Employee Paid			
Participation Requirement	4 enrolled lives			
Coverage Election Options	Employee Only; Employee & Spouse; Employee & Child; Employee & Family			
Emergency, Hospital & Treatment Care Package				
Treatment/Service	Detail (Per covered person)	Low	Mid	High
Accident Follow-Up	Up to 3 Treatments/accident within 90 Days	\$100	\$150	\$200
Acupuncture	Up to 10 visits/accident within 365 Days	\$50	\$75	\$100
Ambulance – Air	Once/accident within 72 Hours	\$1,500	\$2,000	\$2,500
Ambulance – Ground	Once/accident within 90 Days	\$750	\$1,000	\$1,250
Blood/Plasma/Platelets	Once/accident within 90 Days	\$300	\$400	\$500
Child Care	Up to 30 Days/accident while insured is confined	\$50	\$75	\$100
Chiropractic Care	Up to 10 visits/accident within 365 Days	\$50	\$75	\$100
Daily Hospital Confinement	Up to 365 Days/lifetime (Total daily and ICU)	\$250	\$500	\$750
Daily ICU Confinement	Up to 30 Days/accident (Subject to 365 Days/lifetime)	\$500	\$750	\$1,000
Diagnostic Exam	Once/accident within 90 Days	\$300	\$400	\$500
Emergency Dental – Crown	Highest benefit once/accident within 90 Days	\$300 *150 in NH	\$600 *300 in NH	\$900 *450 in NH
Emergency Dental – Extraction	Highest benefit once/accident within 90 Days	\$150	\$300	\$450
Emergency Room	Once /accident within 72 Hours	\$150	\$200	\$250
Hospital Admission	Once/accident within 90 Days	\$1,500	\$2,000	\$2,500

Initial Physician Office Visit	Once/accident within 90 Days	\$150	\$200	\$250
Lodging	Up to 30 Nights/lifetime	\$125	\$150	\$175
Medical Appliance	Once/accident within 90 Days	\$150	\$300	\$450
Physical Therapy	Up to 10 Visits/accident within 90 Days	\$75	\$100	\$125
Rehabilitation Facility	Up to 15 Days/lifetime within 90 Days	\$200	\$400	\$600
Transportation	Up to 3 Trips/accident	\$400	\$600	\$800
Urgent Care	Once /accident within 72 Hours	\$150	\$200	\$250
X-Ray	Once/accident within 90 Days	\$100	\$150	\$200
Specified Injury & Surgery Benefit Package:				
Injury/Treatment/Service	Detail (Per covered person)	Low	Mid	High
Abdominal/Thoracic Surgery	Once/accident within 90 Days	\$3,000	\$4,000	\$5,000
Arthroscopic Surgery	Once/accident within 90 Days	\$500	\$750	\$1,000
Burn – 2nd Degree (≥ 34% Of Body Surface)	Highest benefit once/accident within 72 Hours	\$1,000	\$1,500	\$2,000
Burn – 3rd Degree (≥ 18in² Of Body Surface)	Highest benefit once/accident within 72 Hours	\$10,000 *1,000 in NH	\$15,000 *1,500 in NH	\$20,000 *2,000 in NH
Burn – Skin Graft (For 3rd Degree Burn)	Once/accident	50% of burn benefit	50% of burn benefit	50% of burn benefit
Concussion	Up to 3 Concussions/year within 72 Hours	\$200	\$300	\$400
Eye Injury – Object Removal	Highest benefit once/accident within 90 Days	\$200 *500 in NH	\$400 *750 in NH	\$600 *1,000 in NH
Eye Injury – Surgery	Highest benefit once/accident within 90 Days	\$500	\$750	\$1,000
Hernia Repair	Once/accident within 365 Days	\$500	\$750	\$1,000
Joint Replacement	Once/accident within 90 Days	\$2,500	\$5,000	\$7,500
Knee Cartilage – With Repair	Highest benefit once/accident within 12 Months	\$1,000	\$2,000	\$3,000
Knee Cartilage – Without Repair	Highest benefit once/accident within 12 Months	\$250	\$500	\$750
Laceration – 2” To 6”	Highest benefit once/accident within 72 Hours	\$250	\$500	\$750
Laceration – 6” Or Greater		\$500 *250 in NH	\$1,000 *500 in NH	\$1,500 *750 in NH
Ruptured Disc	Once/accident within 365 Days	\$1,000	\$2,000	\$3,000
Tendon/Ligament/Cuff – Single	Highest benefit once/accident within 365 Days	\$1,000	\$1,500	\$2,000

Tendon/Ligament/Cuff – 2 Or More		\$2,000	\$3,000	\$4,000	
Specified Injury & Surgery Benefit Package: Dislocations (dollar amounts shown are for Open Surgical injuries)					
Injury	Detail (Per covered person)	Low	Mid	High	
Spouse Benefit Amounts		100% of Employee's Coverage Amount			
Child(Ren) Benefit Amounts		100% of Employee's Coverage Amount			
Ankle, Foot Bones (Except Toes)	Once/joint/lifetime (Open or closed)	\$2,500	\$5,000	\$7,500	
Collarbone – Acromio/Separation		\$500	\$1,000	\$1,500	
Collarbone – Sternoclavicular		\$1,000	\$2,000	\$3,000	
Elbow		\$1,000	\$2,000	\$3,000	
Finger, Toe		\$250	\$500	\$750	
Hip		\$8,000	\$10,000	\$12,000	
Knee		\$2,500	\$5,000	\$7,500	
Lower Jaw		\$1,000	\$2,000	\$3,000	
Shoulder (Glenohumeral)		\$1,000	\$2,000	\$3,000	
Wrist		\$1,000	\$2,000	\$3,000	
Hand Bones (Except Fingers)		\$1,000	\$1,500	\$2,000	
Closed (Non-Surgical)			Up to 50% of open benefit		
Incomplete/Without Anesthesia			25% of closed benefit		
Multiple Dislocations/Fractures			≤ 200% of highest benefit		
Specified Injury & Surgery Benefit Package: Fractures (dollar amounts shown are for Open Surgical injuries)					
Injury	Detail (Per covered person)	Low	Mid	High	
Spouse Benefit Amounts		100% of Employee's Coverage Amount			
Child(Ren) Benefit Amounts		100% of Employee's Coverage Amount			
Ankle	Once/bone/accident within 90 Days	\$1,500	\$3,000	\$4,500	
Foot Bones (Except Toes)		\$1,500	\$3,000	\$4,500	
Coccyx		\$1,000	\$1,500	\$2,000	

Collarbone/Clavicle Or Sternum	Once/bone/accident within 90 Days	\$2,000	\$4,000	\$6,000
Finger, Toe		\$250	\$500	\$750
Forearm – Radius Or Ulna		\$1,500	\$3,000	\$4,500
Hip, Thigh/Femur		\$4,000	\$8,000	\$12,000
Kneecap/Patella		\$1,500	\$3,000	\$4,500
Lower Jaw/Mandible (Exc. Alv. Process)		\$1,500	\$3,000	\$4,500
Lower Leg – Fibula Or Tibia		\$2,000	\$4,000	\$6,000
Nose, Facial Bones (Except Jaw Bones)		\$1,500	\$3,000	\$4,500
Pelvis (Except Coccyx)		\$8,000	\$10,000	\$12,000
Vertebrae – Processes		\$1,500	\$3,000	\$4,500
Rib		\$500	\$750	\$1,000
Shoulder Blade/Scapula		\$2,000	\$4,000	\$6,000
Skull – Depressed		\$8,000	\$10,000	\$12,000
Skull – Non-Depressed/Simple		\$2,000	\$4,000	\$6,000
Upper Arm/Humerus		\$1,500	\$3,000	\$4,500
Upper Jaw/Maxilla (Exc. Alveolar Process)		\$1,500	\$3,000	\$4,500
Vertebrae – Body		\$1,500	\$3,000	\$4,500
Wrist, Hand Bones (Except Fingers)		\$1,000	\$2,000	\$3,000
Closed (Non-Surgical)		Up to 50% of open benefit		
Chip Fracture		25% of closed benefit		
Multiple Fractures/Dislocations	≤ 200% of highest benefit			
Catastrophic Benefits Package:				
Injury/Treatment/Service	Detail (Per covered person)	Low	Mid	High
Accidental Death – Employee	Within 90 Days	\$50,000	\$75,000	\$100,000
Accidental Death – Spouse		50% of employee benefit		
Accidental Death – Child(Ren)		25% of employee benefit		
Common carrier death	Within 90 Days	3 times death benefit	3 times death benefit	3 times death benefit

Coma (≥ 168] continuous hours)	Once/accident within 90 Days	\$10,000	\$15,000	\$20,000
Home health care	Up to 30 Days/accident	\$75	\$100	\$125
Paralysis – quadriplegia	Highest benefit once/accident within 90 Days	\$50,000	\$75,000	\$100,000
Paralysis – paraplegia		\$25,000	\$37,500	\$50,000
Prosthesis – single	Highest benefit once/accident within 365 Days	\$1,500	\$2,000	\$2,500
Prosthesis – 2 or more		\$3,000	\$4,000	\$5,000
Catastrophic Benefits Package:				
Injury	Detail (Per covered person)	Low	Mid	High
Spouse Benefit Amounts		100% of Employee's Coverage Amount		
Child(Ren) Benefit Amounts		100% of Employee's Coverage Amount		
Both Hands Or Both Feet	Within 90 Days	\$50,000	\$75,000	\$100,000
Sight – Both Eyes		\$50,000	\$75,000	\$100,000
Speech & Hearing (Both Ears)		\$50,000	\$75,000	\$100,000
1 Hand & 1 Foot	Once/accident within 90 Days	\$50,000	\$75,000	\$100,000
1 Hand/Foot & Sight Of 1 Eye		\$50,000	\$75,000	\$100,000
1 Hand Or 1 Foot		\$25,000	\$37,500	\$50,000
Sight – 1 Eye		\$25,000	\$37,500	\$50,000
Speech Or Hearing (Both Ears)		\$50,000	\$75,000	\$100,000
Thumb & Index Finger (Same Hand)		\$5,000	\$10,000	\$15,000
Policy Age Limit	Not Included			
Portability	Included; (Extended continuation offered instead of portability in AK, CO, IN, KY, MI, MT, NH, VT)			
Enrollment Method	Annual Open Enrollment***			
Continuation & Continuity of Coverage	Included			
Initial Rate Guarantee	2 years or 3 years, as applicable (1 year in FL for groups with fewer than 51 eligible employees)			

*Hospital does not include: (a) convalescent homes, or convalescent, rest or nursing facilities; (b) facilities affording primarily custodial, educational or rehabilitative care; or (c) facilities for the aged, drug addicts or alcoholics.
**Confinement means being an inpatient in a medical facility for a period of at least 1 days due to an injury sustained in an accident.
***Assumes all eligible employees can enroll in the plan and/or increase existing benefits without providing evidence of insurability during the scheduled initial enrollment period and subsequent scheduled enrollment periods occurring annually thereafter.
THIS IS AN ACCIDENT-ONLY POLICY.

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.thehartford.com. © 2023 The Hartford