

## Accident Insurance

# A plan for the unexpected



**Accidents can happen to anyone, at any time.** Could you afford the financial hit if an accident happened to you or someone in your family? Accident insurance can help with costs after an accident, allowing you to get the care you need and get back to your daily routine.



### How it works

Accident insurance provides benefits to help cover out-of-pocket medical expenses related to an accidental injury.

Benefits are paid based on the type of injury or service performed and do not interfere or coordinate with your major medical plan.



### Why accident insurance?

Understanding how accident insurance fits into your overall benefits package can help you decide if it's right for you and your family.

Consider your health care out-of-pocket liability. Accident insurance can help you reach your deductible, copay or coinsurance requirements while paying little to nothing from your own pocket.

Accident insurance benefits can also be used to pay for additional costs triggered by an accident, such as child care or transportation during recovery.

[Continued >](#)

## What's covered?

Accident insurance helps pay for the following after an accidental injury:



### Emergency care and diagnostics

Benefits are provided for eligible expenses incurred during initial care and testing procedures.

**Examples:** *Ambulance rides, emergency room admission, X-rays*



### Hospitalization and surgeries

Benefits are provided for eligible expenses incurred while hospitalized or undergoing a surgical procedure.

**Examples:** *Hospital admission, ICU, surgery, rehabilitation*



### Follow-up care

Benefits are provided for eligible expenses incurred while receiving follow-up care or equipment after an accidental injury.

**Examples:** *Physical therapy, chiropractic visits, medical equipment, prosthetic devices*



### Common injuries

Benefits are provided for eligible expenses incurred while treating accidental injuries considered common.

**Examples:** *Fractures, dislocations, second- and third-degree burns, eye injuries*

**Benefits are paid regardless of any other coverage you have under your major medical or other health insurance policy.**

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**This is a brief description of our available benefits. For a complete list, please contact your benefits representative.**

## Claims example

### Meet Mike



Mike has an active lifestyle, so he knew that enrolling in his company's accident insurance was the right decision. Shortly after enrolling, Mike breaks his leg on a hiking trip with his friends. After a trip to the emergency room, Mike's thankful he has accident insurance to help with his out-of-pocket costs.

Treatment/services	Accident insurance pays
Emergency room visit	\$300
X-ray	\$60
Treatment for leg fracture	\$3,000
Five physical therapy sessions	\$375
<b>Total</b>	<b>\$3,735</b>

Because Mike has accident insurance, he now has **\$3,735** to help pay for:

- Medical expenses
- Other related costs such as:
  - Child care during recovery
  - Transportation to physical therapy sessions
- Any other expenses, medical-related or not



#### **DID YOU KNOW?**

In 2019, 25% of adults went without some form of medical care due to an inability to pay.<sup>1</sup>

## Why enroll?

Let's face it, our lives are busy. Whether we're going straight from work to the grocery store, or heading to after-school activities, we're not thinking about things taking an unexpected turn. But if they do, accident insurance can help. By receiving a fixed benefit amount after an accidental injury, you're able to focus on recovery—not your finances.

To learn more about how accident insurance can make a difference for you and your family, talk to your benefits representative.

In addition to a lower group rate, enrolling in Symetra accident insurance through your employer also means:

- **No medical questionnaires**
- **Easy enrollment**
- **Convenient payroll deduction**

## Get started

- ✓ Review your enrollment materials.
- ✓ Follow the steps outlined by your benefits team.
- ✓ Complete the enrollment process.

**Don't miss your opportunity to enroll in this valuable insurance at work.  
To get started, talk to your benefits representative.**

Monthly Premium	Premier
Single	\$20.87
Employee + Spouse	\$29.64
Employee + Child(ren)	\$35.07
Family	\$45.45



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Accident coverage, insured by Symetra Life Insurance Company, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004, is not available in all U.S. states or any U.S. territory. It pays a fixed amount and does not cover losses due to sickness, nor does it cover the cost of all hospital and medical services. It is not a replacement for major medical or other comprehensive coverage and does not satisfy the minimum essential coverage requirements of the Affordable Care Act. Certificate form number is SBC-03515 1/18.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, call your benefits representative.

**THIS POLICY IS ISSUED AS AN ACCIDENT-ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY ILLNESS.**

<sup>1</sup> "Report on the Economic Well-Being of U.S. Households in 2019, Featuring Supplemental Data from April 2020," Board of Governors of the Federal Reserve System. Published May 2020 on <https://www.federalreserve.gov/publications/2020-economic-well-being-of-us-households-in-2019-dealing-with-unexpected-expenses.htm>. Accessed January 14, 2021.

Plan Summary for:

12628000 - University of North Alabama

## Scheduled Benefit Accident

EMERGENCY CARE & DIAGNOSTICS		Premier
Ambulance - Ground		\$400 pp/pa
Ambulance - Air		\$2,000 pp/pa
Emergency Room		\$300 pp/pa
Major Diagnostic Testing (MRI, CT Scan, CAT, MRI, EEG) 1 exam(s) per covered accident		\$300 pp/pa
X-Ray		\$60 pp/pa
Pain Management/Epidural 1 visit(s) per covered accident		\$100 pp/pa
Initial Doctor's Visit		\$100 pp/pa
ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS		
Hospital Admission		\$1,500 pp/pa
ICU Admission		\$3,000 pp/pa
Hospital Confinement Up to 365 day(s) per accident		\$300 per day
ICU Up to 30 day(s) per accident		\$600 per day
Rehabilitation/Skilled Nursing Facility Up to 90 day(s) per accident		\$150 per day
Blood/Plasma/Platelets		\$500 pp/pa
Surgery - Open Abdominal, Thoracic		\$3,000 per surgery
Surgery - Cranial		\$3,000 per surgery
Surgery - Hernia		\$1,500 per surgery
Surgery - Exploratory or Without Repair		\$400 per surgery
Outpatient/Miscellaneous Surgery		\$400 per surgery
Transportation Up to 3 trip(s) per accident		\$500 per trip
Family Lodging Up to 30 nights		\$125 per night
Coma After 7 day duration		\$8,000 pp/pa
FOLLOW UP CARE		
Follow Up Doctor's Visit		\$100 pp/pa
Physical Therapy Up to 10 visits per accident		\$75 per visit
Chiropractic Visit Up to 10 visits per accident		\$75 per visit
Medical Equipment		\$400 pp/pa
Prosthetic Device		\$2,500 pp/pa
COMMON INJURIES		
Burns - Second Degree 20 - 100 square centimeters		\$100 pp/pa
101 - 225 square centimeters		\$200 pp/pa
More than 225 square centimeters		\$800 pp/pa

<b>Burns - Third Degree</b> 20 - 100 square centimeters 101 - 225 square centimeters More than 225 square centimeters Skin Grafts	\$800 pp/pa \$6,000 pp/pa \$20,000 pp/pa 25% of burn benefit
<b>Paralysis</b> Quadriplegia Paraplegia Hemiplegia Uniplegia	\$20,000 pp/pa \$10,000 pp/pa \$10,000 pp/pa \$5,000 pp/pa
<b>Lacerations</b> Not requiring sutures Under 3 inches, required sutures 3 to 6 inches, requires sutures Over 6 inches, requires sutures	\$50 pp/pa \$80 pp/pa \$150 pp/pa \$400 pp/pa
<b>Emergency Dental Work</b> Crown Repair Extraction	\$200 pp/pa \$100 pp/pa
<b>Eye Injuries</b> Removal of Foreign Object Surgical Repair	\$60 pp/pa \$300 pp/pa
<b>Specific Injuries</b> Ruptured Disc Tendons/Ligaments 1 tear with surgical repair Tendons/Ligaments 2 or more tears with surgical repair Tendons/Ligaments Arthroscopic surgery with no repair Torn Knee Cartilage Exploratory surgery with no repair Torn Knee Cartilage Surgical repair Concussion	\$600 pp/pa \$800 pp/pa \$1,200 pp/pa \$300 pp/pa \$300 pp/pa \$800 pp/pa \$300 pp/pa
<b>Dislocations (Closed Reduction)</b> 3 dislocation benefits per person, per accident maximum Hip Knee (except patella) Shoulder Foot/Ankle Wrist Lower Jaw Elbow Bones of the Hand (except fingers) Collarbone 2 or more fingers 2 or more toes 1 finger or toe Open Reduction Partial Dislocation	\$5,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$2,000 per dislocation \$1,000 per dislocation \$1,000 per dislocation \$400 per dislocation \$400 per dislocation \$150 per dislocation 200% of dislocation benefit 25% of dislocation benefit

<b>Fractures (Closed Reduction)</b>	
3 fracture benefits per person, per accident maximum	
Skull	\$5,000 per fracture
Hip/Thigh	\$5,000 per fracture
Vertbral Body (excluding vertebral processes)	\$5,000 per fracture
Pelvis	\$5,000 per fracture
Arm (upper)	\$3,000 per fracture
Shoulder Blade	\$3,000 per fracture
Leg	\$3,000 per fracture
Upper Jaw	\$2,000 per fracture
Vertebral Processes	\$2,000 per fracture
Knee Cap	\$2,000 per fracture
Collarbone	\$2,000 per fracture
Forearm	\$2,000 per fracture
Foot/Ankle	\$2,000 per fracture
Hand/Wrist	\$1,500 per fracture
Lower Jaw	\$1,500 per fracture
Ribs (2 or more)	\$1,000 per fracture
Facial Bones or Nose	\$1,000 per fracture
1 rib, finger, or toe	\$400 per fracture
Coccyx	\$400 per fracture
Open Reduction	200% of fracture benefit
Bone Chip	25% of fracture benefit
<b>CATASTROPHIC ACCIDENT BENEFITS</b>	
<b>Accidental Death<sup>1</sup></b>	\$50,000
<b>Common Carrier Accidental Death<sup>1</sup></b>	\$100,000
<b>AD&amp;D Benefits<sup>1</sup></b>	
Double Dismemberment	
Loss of both hands, both feet or sight in both eyes	\$50,000
Loss of Speech or Hearing in both ears	\$25,000
Loss of 1 hand and 1 foot	\$50,000
Loss of 1 eye	\$25,000
Loss of 1 hand or 1 foot	\$25,000
Loss of 2 or more fingers or toes	\$10,000
Loss of 1 finger or toe	\$2,500
<b>OPTIONAL BENEFITS</b>	
<b>Wellness Screening Benefit</b>	\$75 pp/pcy
<b>Occupational Coverage</b>	Included
<b>Portability</b>	Included
<b>Child Organized Sports</b>	Included
Additional 25% of accident benefits	
\$5,000 per person/per accident maximum	
<b>Monthly Premium</b>	
Single	\$20.87
Employee + Spouse	\$29.64
Employee + Child(ren)	\$35.07
Family	\$45.45

To Calculate: Weekly=Monthly cost x 12 ÷52; Bi-Weekly =Monthly cost x 12÷26; Semi-Monthly=Monthly cost x 12 ÷24

<sup>1</sup>Benefit Amounts: Employee 100%, Spouse 50%, Child 25%

<sup>2</sup>pp/pa = per person/per accident

Scheduled Benefit Accident insurance policies are for accident only insurance and do not provide coverage for sickness. Select Benefits insurance policies are not a replacement for a major medical policy or other comprehensive coverage and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. They are designed to provide benefits at a preselected, fixed-dollar amount. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. Select Benefits policies are insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, and are not available in all U.S. states or any U.S. territory.

Coverage is provided under policy form number SBC-03510.



**Description of Benefits for:**

**12628000 - University of North Alabama**

## **Scheduled Benefit Accident**

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### **EMERGENCY CARE & DIAGNOSTICS**

#### **Ambulance Transportation Benefit**

This benefit pays for ground or air ambulance transportation as shown in the Schedule of Benefits. It will be paid for transportation by a licensed ground or air ambulance transportation service from the place of injury to the nearest accredited hospital where adequate treatment facilities are available. Air ambulance transportation must be within 96 hours of the accident. Ground transportation must be within 90 days of the accident. One ground ambulance trip and one air ambulance trip are payable per accident.

#### **Emergency Room Benefit**

The benefit amount shown in the Schedule of Benefits will be paid for treatment in an emergency room for an injury. Emergency room services must be incurred within 30 days from the Accident. This benefit is payable once per person, per accident.

#### **Major Diagnostic Testing Benefit**

The benefit amount shown in the Schedule of Benefits will be paid if for any of the following major diagnostic tests as the result of the injury. Tests must be administered by a provider within 365 days of the accident. This benefit is payable once per person, per accident. If multiple tests are performed, only one benefit will be paid. The following tests are covered: magnetic resonance imaging (MRI), computed tomography (CT, Cat Scan), electrocardiogram (EKG) and electroencephalogram.

#### **X-Ray Benefit**

The benefit amount shown in the Schedule of Benefits will be paid if an x-ray is performed as a result of the injury. The x-ray must be performed by a provider within 365 days of the accident. This benefit is payable once per person, per accident.

#### **Pain Management/Epidural Benefit**

The benefit amount shown in the Schedule of Benefits will be paid if medical pain management services, including the application of epidural injections, are administered for treatment of injury. Services must be administered by a provider within 365 days of the accident. Services may be provided at the doctor's office, outpatient hospital clinic or urgent care facility. This benefit is paid one time per person, per accident.

#### **Initial Doctor Visit Benefit**

The benefit amount shown in the Schedule of Benefits will be paid for the first day of treatment from a doctor for an injury. The initial visit must occur within 365 days of the accident. Services must be provided at the doctor's office, an outpatient hospital clinic or urgent care facility. This benefit is payable once per person, per accident.

## **ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS**

### **Hospital Admission Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for the first calendar day of confinement and admission to a hospital as the result of an injury for a minimum of 24 consecutive hours or if a charge is made for room and board. Hospital admission must occur within 365 days from the date of the accident. The benefit is payable once per person, per accident. This benefit is payable regardless of other hospital benefits available.

### **Intensive Care Unit (ICU) Admission Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for the first calendar day of confinement and admission to an ICU as the result of an injury for a minimum of 24 consecutive hours or a charge is made for room and board. ICU admission must occur within 365 days from the date of the accident. The benefit is payable once per person, per accident. This benefit is payable regardless of other ICU benefits available.

### **Hospital Confinement Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for confinement to a hospital for treatment of injury. Hospital confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 365 days.

### **Intensive Care Unit (ICU) Confinement Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for confinement to an ICU for treatment of injury. ICU confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 30 days.

### **Rehabilitation/Skilled Nursing Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for confinement to a rehabilitation facility or skilled nursing facility for treatment of an injury. Confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 90 days.

### **Blood/Plasma/Platelets Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for transfusion of blood, plasma or platelets for a surgical procedure. This benefit is paid one time per person, per accident.

### **Surgery Benefit**

This benefit will pay the amount shown in the Schedule of Benefits based on the type of surgical procedure performed. Surgery must be performed within 365 days of date of the accident. If more than one surgical procedure is performed on the same day, the benefit paid will be based on the surgery that provides the largest benefit amount.

**Outpatient/Miscellaneous Surgery Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for an outpatient surgical procedure or an inpatient surgical procedure not otherwise covered. Surgery must be required due to injury and performed within 365 days of the accident. This benefit is payable once per person, per accident.

**Transportation Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for each day an insured must travel to or from a health care facility more than 50 miles away from the primary residence for treatment of injury. Travel must occur within 365 days after the accident and is payable for up to 3 trips per accident.

**Family Lodging Benefit**

This benefit will pay the amount shown in the Schedule of Benefits each day an expense is incurred for lodging by an adult family member or companion accompanying the insured who is confined as the result of an injury more than 50 miles away from the primary residence. This benefit is payable up to 30 nights per accident.

**Coma Benefit**

This benefit will pay the amount shown in the Schedule of Benefits if an insured lapses into a coma as the result of an injury. The coma must occur within 365 days of injury and last for a minimum of 7 days.

**FOLLOW UP CARE****Follow Up Doctor's Visit Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for a follow up visit with a doctor for the treatment of an injury. Treatment must be provided at a doctor's office, an outpatient hospital facility or urgent care facility and occur after initial treatment in a doctor's office or emergency room. Benefits are payable for one follow up visit for the same injury and must be completed within one year from the date of the accident.

**Physical Therapy Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for any day the insured receives physical therapy in a health care facility as the result of an injury. Physical therapy must begin within 365 days after the accident. This benefit is payable for up to 10 visits per accident.

**Chiropractic Visit Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for each day the insured receives chiropractic care as the result of an injury. Chiropractic care must begin within 365 days after the date of the accident. This benefit is payable for up to 10 visits per accident.

**Medical Equipment Benefit**

This benefit will pay the amount shown in the Schedule of Benefits if the insured rents or buys durable medical equipment as the result of an injury. The medical equipment must be prescribed by a doctor within 365 days after the injury occurs. This benefit is payable one time per person, per accident.

**Prosthetic Device Benefit**

This benefit will pay the amount shown in the Schedule of Benefits if the insured purchases a prosthetic device as the result of an injury. The prosthetic device must be prescribed by a doctor within 365 days after the injury occurs. This benefit is payable one time per person, per accident.

**COMMON INJURIES****Burn Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for second or third degree burns sustained due to an accident. Benefits are based on the severity of the burn. Only one benefit is payable per person, per accident. If multiple burns are sustained as the result of the same accident, the highest eligible benefit will be paid.

**Paralysis Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for paralysis due to an accident. The benefit amount is based on the type of paralysis. Paralysis must be diagnosed by a doctor within 365 days of the accident. This benefit is payable only once per person, per accident.

**Laceration Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for lacerations sustained as the result of an accident. The benefit amount is based on the type of laceration. Lacerations must be repaired within 96 hours after an accident. Only one laceration benefit will be paid per person, per accident. If multiple lacerations are sustained, the benefit amount applicable to the total length of all lacerations will be paid.

**Emergency Dental Work Benefit**

This benefit will pay the amount shown in the Schedule of Benefits if emergency dental treatment is required as the result of an accident. This includes the repair of a broken sound, natural tooth or crown and the extraction of a broken sound, natural tooth. The benefit amount is based on the type of procedure. Dental work must occur within 365 days after the accident. This benefit will be paid once per person, per accident regardless of the number of teeth involved.

**Eye Injury Benefit**

This benefit will pay the amount shown in the Schedule of Benefits if an eye injury is sustained as the result of an accident. The injury must require surgery or removal of a foreign object by a doctor within 365 days after the accident. One eye injury benefit is payable per person per accident.

**Specific Injury Benefit**

This benefit will pay the amount shown in the Schedule of Benefits if one of the specific injuries listed is sustained as the result of an accident. Benefit amounts are based on the type of injury sustained. The injury must require surgery or medical treatment within 365 days after the accident. Only one benefit is payable per person per accident.

**Dislocations Benefit**

This benefit will pay the amount shown in the Schedule of Benefits if a dislocation is sustained as the result of an accident. Benefit amounts are based on the type of dislocation sustained and must be treated by a doctor within 365 days after the accident. This benefit will be paid for up to 3 dislocations per person per accident.

**Fractures Benefit**

This benefit will pay the amount shown in the Schedule of Benefits if a fracture is sustained as the result of an accident. Benefit amounts are based on the type of fracture sustained and must be treated by a doctor within 365 days after the accident. This benefit will be paid for up to 3 fractures per person per accident.

**CATASTROPHIC ACCIDENT BENEFITS****Accidental Death Benefit**

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in loss of life. The loss must be a direct result of the accident, independent of all other causes and occur within 365 days of the accident.

**Common Carrier Accidental Death Benefit**

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in loss of life while on or occupying a common carrier. The loss must be a direct result of an accident, independent of all other causes and occur within 365 days of the accident. This benefit is payable in lieu of the Accidental Death benefit.

**Accidental Dismemberment Benefit**

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in a loss as described in the Schedule of Benefits. The loss must be a direct result of the accident, independent of all other causes and occur within 365 days of the accident.

**OPTIONAL RIDERS****Wellness Screening Benefit**

This benefit will pay the amount shown in the Schedule of Benefits for any of the wellness screening tests listed. The benefit will be paid once per person during a calendar year regardless of the number of screening tests administered during that year.

**Child Organized Sports Benefit**

Provides an additional 25% benefit (up to a specified cap), for benefits payable under the Policy, if the Accident occurred while an Insured Dependent child is participating in an organized sport. The child must be insured by the Policy on the date the Accident occurred.

**Screening Tests**

Abdominal aortic aneurysm ultrasonography  
Baseline testing for Concussion  
Blood test for lipids, including total cholesterol, LDL, HDL and triglycerides  
Bone density screening  
Bone marrow testing  
Breast MRI  
Breast ultrasound  
CA 15-3 blood test for breast cancer  
CA 125 blood test for ovarian cancer  
Carotid Doppler  
CEA blood test for colon cancer  
Chest X-ray  
Child sports physicals  
Colonoscopy or virtual colonoscopy  
CT angiography  
Electrocardiogram  
Fasting blood glucose test  
Flexible sigmoidoscopies  
Mammograms  
Pap smears  
Prostate-specific antigen (PSA) test  
Serum cholesterol test to determine level of HDL and LDL  
Stress test on a bicycle or treadmill  
Testicular ultrasound  
Thermography  
Thin Prep Pap Test

**Portability/Extension of Coverage**

Allows coverage to continue following termination of employment or loss of eligibility. Review the certificate of coverage to understand the full details of this provision.

If there is any conflict between this information and the policy issued, the terms of the policy will prevail.

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