

Accident 24 Hour Medium Plan

Accident coverage provides a cash benefit in one lump sum if you or a covered family member is injured because of an accident. Use accident coverage to help pay for out-of-pocket medical costs, such as ambulance fees, physical therapy, X-rays or daily expenses like rent, food, transportation. This plan covers accidents that occur both at and outside of the workplace.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- No medical questions or exam needed to enroll.
- You can take your coverage with you even if you leave your employer¹
- No limitations for pre-existing conditions.²

Coverage Options	Employee Only	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
Monthly Cost	\$7.42	\$11.67	\$12.27	\$19.35

Convenience

We are here to help. To file a claim, start with the claim form available from your employer. Follow the instructions on the form to submit and contact the Anthem Supplemental Contact Center with any questions.

	Benefit	Payment Limitation	Amount
Hospital and emergency	Hospital admission	Once/accident within 90 days	\$1,000
	Daily hospital confinement	Up to 365 days/lifetime (total daily and ICU)	\$200
	Daily ICU confinement	Up to 30 days/accident (subject to 365 Days/lifetime)	\$400
	Ambulance – air	Once/accident within 72 Hours	\$1,000
	Ambulance – ground	Once/accident within 90 Days	\$300
	Blood/plasma/platelets	Once/accident within 90 Days	\$300
	Emergency room	Once /accident within 72 Hours	\$200
	Diagnostic exam	Once/accident within 90 Days	\$150
	Urgent care	Once /accident within 72 Hours	\$150
	X-ray	Once/accident within 90 Days	\$150
Follow-up care	Accident follow-up	Up to 3 treatments/accident within 90 days	\$75
	Acupuncture	Up to 10 visits/accident within 365 days	\$25
	Child care	Up to 30 days/accident while insured is confined	\$25
	Chiropractic care	Up to 10 visits/accident within 365 days	\$25
	Initial doctor office visit	Once/accident within 90 days	\$75
	Lodging	Up to 30 nights/lifetime	\$125
	Medical appliance	Once/accident within 90 days	\$150
	Physical therapy	Up to 10 visits /accident within 90 days	\$50
	Rehabilitation facility	Up to 15 days/lifetime within 90 days	\$150
	Transportation	Up to 3 trips/accident	\$300

	Benefit	Payment Limitation	Amount
Specified injury & surgeries	Abdominal/thoracic surgery	Once/accident within 90 Days	\$1,000
	Arthroscopic surgery	Once/accident within 90 Days	\$300
	Concussion	Up to 3 Concussions/year within 72 Hours	\$200
	Emergency dental – crown	Highest benefit once/accident within 90 Days	\$300
	Emergency dental – extraction	Highest benefit once/accident within 90 Days	\$100
	Eye injury – object removal	Highest benefit once/accident within 90 Days	\$150
	Eye injury – surgery	Highest benefit once/accident within 90 Days	\$450
	Knee cartilage – with repair	Highest benefit once/accident within 12 Months	\$750
	Knee cartilage – without repair	Highest benefit once/accident within 12 Months	\$150
	Laceration – 2 to 6 inches	Highest benefit once/accident within 72 Hours	\$150
	Laceration – 6-inch or greater	Highest benefit once/accident within 72 Hours	\$300
	Ruptured disc	Once/accident within 365 Days	\$750
	Tendon/ligament/rotator cuff – single	Highest benefit once/accident within 365 Days	\$750
	Tendon/ligament/rotator cuff –two or more	Highest benefit once/accident within 365 Days	\$1,000
Catastrophic	Coma (≥ 168 continuous hours)	Once/accident within 90 days	\$10,000
	Burn – 2nd degree (≥ 34% of body surface)	Highest benefit once/accident within 72 Hours	\$1,000
	Burn – 3rd degree (≥ 18 sq. in. of body surface)	Highest benefit once/accident within 72 Hours	\$10,000
	Burn – skin graft (3rd-degree burn)	Once/accident. 25% of 3rd-degree burn benefit	
	Home health care	Per Day, Up to 30 days/accident	\$50
	Paralysis – quadriplegia	Highest benefit once/accident within 90 days	\$10,000
	Paralysis – paraplegia	Highest benefit once/accident within 90 Days	\$5,000
	Prosthesis – single	Highest benefit once/accident within 365 days	\$750
	Prosthesis – 2 or more	Highest benefit once/accident within 365 Days	\$1,500
Accidental death and dismemberment	Accidental death	- Within 90 days, payable once/accident - 50% benefit for covered spouse - 25% benefit for covered child(ren)	\$50,000
	Common carrier death		\$150,000
	Both hands or both feet		\$50,000
	Sight – both eyes		\$50,000
	Speech & hearing (both ears)		\$50,000
	1 Hand & 1 foot		\$25,000
	1 Hand/foot & sight of 1 eye		\$50,000
	1 Hand or 1 foot		\$25,000
	Sight – 1 eye		\$25,000
	Speech or hearing (both ears)		\$25,000
	Thumb & index finger (same hand)		\$5,000
Dislocation schedule	Ankle, Foot Bones (Except Toes)	- Payable for either Open or Closed/Non-Surgical Dislocation - Benefit for dependent spouse or child(ren) are 100% of the amount shown - Incomplete dislocations and dislocation without anesthesia are 25% of the benefit shown - Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$1,400
	Collarbone – Acromio/Separation		\$320
	Collarbone – Sternoclavicular		\$500
	Elbow		\$640
	Finger, Toe		\$320
	Hip		\$3,800
	Knee		\$1,800
	Lower Jaw		\$640
	Shoulder (Glenohumeral)		\$1,400
	Wrist		\$1,400
	Hand Bones (Except Fingers)		\$640

	Benefit	Payment Limitation	Amount
Fractures schedule	Ankle	<ul style="list-style-type: none"> - Amount shown is payable for either Open or Closed Fracture - Benefit for dependent spouse or child(ren) are 100% of the amount shown - Chip fracture is payable at 25% of the benefit shown - Multiple dislocations and fractures are payable up to 200% of the highest benefit 	\$1,800
	Foot Bones (Except Toes)		\$1,800
	Coccyx		\$500
	Collarbone/Clavicle Or Sternum		\$1,800
	Finger, Toe		\$320
	Forearm – Radius Or Ulna		\$1,800
	Hip, Thigh/Femur		\$4,000
	Kneecap/Patella		\$1,800
	Lower Jaw/Mandible (Exc. Alv. Process)		\$1,400
	Leg – Fibula Or Tibia		\$2,200
	Nose, Facial Bones (Except Jaw Bones)		\$640
	Pelvis (Except Coccyx)		\$3,600
	Vertebrae – Processes		\$640
	Rib		\$500
	Shoulder Blade/Scapula		\$1,800
	Skull – Depressed		\$3,600
	Skull – Non-Depressed/Simple		\$1,000
	Upper Arm/Humerus		\$1,800
	Upper Jaw/Maxilla(Exc. Alveolar Process)		\$1,400
	Vertebrae – Body		\$3,600
	Wrist, Hand Bones (Except Fingers)		\$1,800

1 Not available in all states. Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

2 Covered accidents or illness must occur after the effective date of coverage.

Members must be enrolled in comprehensive health benefits from a group health insurance plan, an employer sponsored plan, an HMO plan, or an individual health plan that provides essential health benefits.

Group Accident benefits provided by policy form SAI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

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