

When an accident happens, most of us aren't financially prepared for the overwhelming costs of care — even if we have medical coverage. Accident coverage can help take care of those unexpected costs and provide peace of mind.

You can benefit from accident coverage if you:

- Have children who are active or play sports.
- Work at a physically demanding job.
- Participate in active hobbies.
- Enjoy working around the house.

#### How the accident plan works

If you or a covered family member is injured because of a qualifying accident, the plan pays out a cash benefit in one lump sum. The injury doesn't have to be severe. Some commonly covered accidental injuries include broken bones or dislocations, burns, and dental and eye injuries.

You decide how to use the benefits to best support your recovery. Use them to help pay for:

- Out-of-pocket medical costs, like your deductible, copays, or coinsurance (your percentage of the costs).
- Other medical costs, such as ambulance fees, physical therapy, X-rays, or crutches.
- Daily expenses, like rent, food, transportation, or help around the house.





### **Key plan features**

- Cash benefit is paid directly to you in a lump-sum payment.
- No medical questions or exam needed to enroll.
- No limitations for preexisting conditions.1
- Coverage is available for yourself, your spouse, and dependent children.
- You can take your coverage with you even if you leave your employer.<sup>2</sup>





# Connected benefits make things easier for you

When you have supplemental health coverage, you will have to submit a claim to be paid for your qualifying accidental injury. If you have a medical plan and accident coverage with us, we'll automatically let you know when you may have an eligible accident claim to file, based on the medical claims we see filed by your healthcare professionals. Just make sure you've created an account on the Sydney<sup>SM</sup> Health mobile app or anthem.com/ca and are signed up for email alerts.

### Important: This is a fixed indemnity policy, NOT health insurance.

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying for the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

## Looking for comprehensive health insurance?

- Visit HealthCare.gov or call 1-800-318-2596 (TY: 1-855-889-4325) to find health coverage options.
- To find out if you get health insurance through your job, or a family member's job, contact the employer.

## Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



### Accident Medium Accident Plan

Accident coverage provides a cash benefit for qualifying accidental losses. It can help pay for out-of-pocket medical costs, costs that may not be covered under your medical plan, or daily expenses.

#### 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 employer.1
- No limitations for pre-existing conditions.<sup>2</sup>

#### On the job accidents are not covered

Coverage Options	Employee Only	Employee + 1	Employee + 2 or more
Monthly Cost <sup>3</sup>	\$7.52	\$12.48	\$19.65

**Hospital and Emergency Benefits** 

Benefit	Payment Limitation	Amount
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 Benefits** 

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Benefit	Payment Limitation	Amount	
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	
Transportation	Up to 3 trips/accident	\$300	
Initial Physician Office Visit	Once/accident within 90 days	\$75	
Lodging	Up to 30 nights/lifetime	\$125	
Medical Appliance	Once/accident within 90 days	\$500	
Physical Therapy	Up to 10 visits/accident within 90 days	\$50	
Rehabilitation Facility	Up to 15 days/lifetime within 90 days	\$150	

Specified Injury & Surgery Benefits

Benefit	Amount
Abdominal/Thoracic Surgery	\$1,000
Arthroscopic Surgery	\$300
Concussion	\$200
Emergency Dental – Crown	\$300
Emergency Dental – Extraction	\$100
Eye Injury – Object Removal	\$150
Eye Injury – Surgery	\$450
Knee Cartilage – with repair	\$750
Knee Cartilage – without repair	\$150
Laceration – 2" to 6"	\$150
Laceration – 6" or greater	\$300
Ruptured Disc	\$750
Tendon/Ligament/Cuff – single	\$750
Tendon/Ligament/Cuff – 2 or more	\$1,000
Hernia	\$100

#### **Catastrophic Benefits**

Benefit	Amount
Coma (≥ 168] continuous hours)	\$10,000
Burn – 2nd degree (≥ 34% of body surface)	\$1,000
Burn – 3rd degree (≥ 18 sq. in. of body surface)	\$10,000
Burn – skin graft (for 3rd degree burn)	50% of 3rd Degree Burn Benefit
Home Health Care	\$50
Paralysis – quadriplegia	\$10,000
Paralysis – paraplegia	\$5,000
Prosthesis – single	\$750
Prosthesis – 2 or more	\$1,500

#### **Accidental Death & Dismemberment**

Benefit	Payment Limitation	Amount
Accidental Death	Within 90 Days	\$50,000
Common Carrier Death	Spouse benefit payable at 50% of employee benefit	\$150,000
Both hands or both feet	Child(ren) benefit payable at 25% of employee benefit	\$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**

Benefit	Payment Limitation	Amount
Ankle, foot bones (except toes)	- Closed/non-surgical benefit is 50% of open benefit shown	\$1,400
Collarbone – acromio/separation	- Benefit for dependent spouse is 100% of the amount shown	\$320
Collarbone – sternoclavicular	- Benefit for dependent child(ren) is 100% of the amount shown	\$500
Elbow	- Incomplete dislocations and dislocation without anesthesia are 25% of the benefit shown	\$640
Finger, toe	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$320
Hip		\$3,800
Knee		\$1,800
Lower Jaw		\$640
Shoulder (glenohumeral )		\$1,400
Wrist		\$1,400
Hand Bones (except fingers)		\$640

#### Fractures Schedule

Benefit         Payment Limitation         Amount           Ankle         - Closed/non-surgical benefit is 50% of open benefit shown         \$1,800           Foot Bones (except toes)         - Benefit for dependent spouse is 100% of the amount shown         \$1,800           Coccyx         - Benefit for dependent child(ren) is 100% of the amount shown         \$500           Collarbone/clavicle or sternum         - Chip fracture is 25% of the Closed benefit         \$1,800           Finger, toe         - Multiple dislocations and fractures are payable up to 200% of the highest benefit         \$320           Forearm – radius or ulna         Hip, thigh/femur         \$4,000           Kneecap/patella         Lower jaw/mandible (exc. alv. process)         \$1,400           Lower jaw/mandible (exc. alv. process)         \$1,400           Lower jaw/mandible (exc. alv. process)         \$2,200           Nose, facial bones (except jaw bones)         \$2,200           Pelvis (except coccyx)         \$3,600           Vertebrae – processes         \$1,800           Shull – depressed         \$1,800           Skull – non-depressed/simple         \$1,800           Upper jaw/maxilla (exc. alveolar process)         \$1,800           Upper jaw/maxilla (exc. alveolar process)         \$1,800           Wrist, hand bones (except fingers)         \$1,800	Fractures Schedule		
Benefit for dependent spouse is 100% of the amount shown   \$1,800	Benefit	Payment Limitation	Amount
Benefit for dependent child(ren) is 100% of the amount shown   \$500	Ankle	- Closed/non-surgical benefit is 50% of open benefit shown	\$1,800
Collarbone/clavicle or sternum   Chip fracture is 25% of the Closed benefit   \$1,800	Foot Bones (except toes)	- Benefit for dependent spouse is 100% of the amount shown	\$1,800
Finger, toe   Forearm – radius or ulna   \$1,800   \$1,80	Coccyx	- Benefit for dependent child(ren) is 100% of the amount shown	\$500
Forearm - radius or ulna	Collarbone/clavicle or sternum	- Chip fracture is 25% of the Closed benefit	\$1,800
Hip, thigh/femur	Finger, toe	- Multiple dislocations and fractures are payable up to 200% of the highest benefit	\$320
State   Stat	Forearm – radius or ulna		\$1,800
St.   Lower jaw/mandible (exc. alv. process)   S1,400	Hip, thigh/femur		\$4,000
Summarian	Kneecap/patella		\$1,800
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	Lower jaw/mandible (exc. alv. process)		\$1,400
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	Lower leg – fibula or tibia		\$2,200
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	Nose, facial bones (except jaw bones)		\$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	Pelvis (except coccyx)		\$3,600
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	Vertebrae – processes		\$640
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	Rib		\$500
Skull – non-depressed/simple         \$1,000           Upper arm/humerus         \$1,800           Upper jaw/maxilla (exc. alveolar process)         \$1,400           Vertebrae – body         \$3,600	Shoulder blade/scapula		\$1,800
Upper arm/humerus         \$1,800           Upper jaw/maxilla (exc. alveolar process)         \$1,400           Vertebrae – body         \$3,600	Skull – depressed		\$3,600
Upper jaw/maxilla (exc. alveolar process)  Vertebrae – body  \$1,400 \$3,600	Skull – non-depressed/simple		\$1,000
Vertebrae – body \$3,600	Upper arm/humerus		\$1,800
	Upper jaw/maxilla (exc. alveolar process)		\$1,400
Wrist, hand bones (except fingers) \$1,800	Vertebrae – body		\$3,600
	Wrist, hand bones (except fingers)		\$1,800

#### How to file claims

You can file claims online at <a href="https://supplemental-health.anthem.com">https://supplemental-health.anthem.com</a> or you can print a claim form from that website and file it by mail or fax. Contact us with any questions: In California (800) 604-4381; in upstate New York (800) 608-3813; in downstate New York (800) 604-5379; if you are in any other state, please call (888) 828-2432.

#### **Exclusions**

The information provided below is applicable in most states; however, please be aware that state variations may apply.

A benefit is not payable for an injury that results from or is caused by:

- · Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- · War or act of war, declared or undeclared
- · A nuclear, chemical, biological, or radiological event
- · A covered person's participation in a felony, riot or insurrection
- · A covered person's service in the armed forces or units auxiliary to them
- A covered person's taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed or administered by a Physician
- · A covered person's being intoxicated as defined by the jurisdiction in which the cause of the loss was incurred
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests.
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft. Aircraft includes those which are not motor-driven. This exclusion does not apply where the Covered Person is riding as a fare-paying passenger on a regularly scheduled commercial airline or as a passenger for transportation only and not as a pilot or crew member
- · Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

#### THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE AND IT DOES NOT PAY BENEFITS FOR LOSS FROM SICKNESS

Accident means a sudden, unforeseeable event that causes an Injury and that: 1) occurs while this Certificate is in force; 2) occurs while the Covered Person's insurance is effective; and 3) is not subject to any exclusion in the Policy.

- 1 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.
- <sup>2</sup> Covered accidents or illness must occur after the effective date of coverage.
- <sup>3</sup> Actual deductions may vary slightly due to rounding and payroll frequency.

In Colorado and Georgia, 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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