

Accident Indemnity Plus



Receive a Benefit if You Have an Accident

An Accident Indemnity Plan:

- Covers on and off-the-job accidents
- Can cover you, your spouse and your children
- Pays benefits directly to you, in addition to any other coverage you may have, unless otherwise designated
- No limit to the number of accidents covered in a specified time frame

Why Do I Need Accident Coverage?

“Nearly 40 percent of self-reported episodes of injury leading to hospitalization occurred during leisure activities, and 44 percent occurred in or around the home.”

— Source: <https://www.cdc.gov/nchs/fastats/accidental-injury.htm>

INITIAL CARE BENEFITS

Benefit Name and Description	Enhanced
Urgent Care Payable for initial treatment within 60 days of a covered accident.	\$150
Doctor's Office Care Payable for initial treatment within 60 days of a covered accident.	\$100
Emergency Room Care* Payable for initial treatment within 72 hours of a covered accident.	\$100
Ground Ambulance Payable when covered person receives transportation in an Ambulance by ground for an Injury received as a result of a covered accident. Must be to a hospital or from hospital to covered person's home. One trip per accident.	\$200
Air Ambulance Payable when covered person receives transportation in an Ambulance by air for an Injury received as a result of a covered accident. Must be to a hospital. One trip per accident.	\$800

DIAGNOSTIC BENEFITS

Diagnostic Benefits Payable for x-ray, medical imaging (MRI, CT Scan) or EEG performed in a doctor's office or hospital.	X-rays \$75 MRI/CT Scan/EEG \$150
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**Coverage for ER visits is limited to five per covered person per calendar year. Benefits and riders may vary by state and may not be available in all states.*

IN-PATIENT CARE BENEFITS	
Benefit Name and Description	Enhanced
Hospital Confinement Payable for each day a covered person is confined as an inpatient in a hospital. A day is defined as a 24-hour period. Confinement is up to 365 days per accident.	\$250
First Hospitalization Payable for the first hospital confinement in a calendar year.	\$1,000
ICU Admission Payable if ICU admission is within 48 hours of hospital admission.	\$2,000
ICU Confinement Payable for each day a covered person is confined to a hospital Intensive Care Unit for up to 30 days per accident.	\$500
Rehabilitation Admission Payable when a covered person is transferred to a Rehab Unit of a hospital.	\$1,000
Rehabilitation Confinement Payable for each day a covered person is confined to a Hospital Rehabilitation Unit for up to 30 days. Calendar year maximum 60 days.	\$150
FOLLOW-UP CARE/TREATMENT BENEFITS	
Physical Therapy Payable if: started within 90 days; completed within one year; prescribed by a doctor; rendered by a Physical Therapist; and performed in an office or on an outpatient basis. Pays up to 10 visits per accident.	\$30
Follow-up Treatment Payable if: initial treatment was received within 72 hours; it is doctor prescribed; and it occurs within 90 days of hospital discharge (if applicable). Maximum of four follow-up treatments per accident.	\$25
Chiropractic Treatment Available if started within 60 days and completed within 180 days. Pays up to three visits per accident.	\$30
MEDICALLY NECESSARY BENEFITS	
Blood and Plasma Payable if received within 90 days.	\$100
Prosthesis - One Payable for a covered device the covered person uses when needed, due to a covered accident. This includes one payment per accident based on the one or multiple prosthesis benefit.	\$500
Prosthesis - Multiple Payable for covered devices the covered person uses when needed, due to a covered accident. This includes one payment per accident based on the one or multiple prosthesis benefit.	\$1,000
Medical Appliances Payable for appliances used for aid in personal locomotion (crutches, wheelchairs, leg braces, back braces and walkers). Limited to one payment.	\$100

TRANSPORTATION/LODGING BENEFITS	
Benefit Name and Description	Enhanced
Transportation Payable if the covered person needs care not available locally. The benefit is payable if a covered person is injured and requires a doctor-recommended hospital treatment or diagnostic study that is not available in the covered person's resident city. Use of such transportation must begin within 90 days after the covered accident date. Hospital treatment or diagnostic study must be greater than 50 miles from the covered person's residence. Maximum one trip per accident.	Train or Plane \$300 Bus \$150
Family Member Lodging Payable per night for an adult family member if the covered person is hospitalized more than 100 miles from home for a maximum of 30 nights.	\$100
MAJOR ACCIDENT BENEFITS	
Accidental Death Payable to the named beneficiary. The employee is the beneficiary for all covered dependents. Spouse receives 50% of amount shown and child receives 25% of amount shown.	\$50,000
Dismemberment Payable according to a schedule based on the specific loss incurred. Spouse receives 50% of amount shown and child receives 25% of amount shown.	\$500 - \$50,000
Common Carrier Provides an additional benefit if accident occurs while a fare paying passenger is on a commercial airline, passenger train or intercity bus line.	\$100,000
BURN BENEFITS	
Burns Payable for second and third degree burns according to a schedule if treatment is received within 72 hours.	2nd Degree \$200 - \$2,000 3rd Degree \$1,000 - \$20,000
EMERGENCY DENTAL/VISION BENEFITS	
Eye Injuries Payable if surgical repair is performed within 90 days or a foreign body is removed from the eye, by a doctor, with or without anesthesia.	Surgical Repair \$250 Removal of Foreign Body \$50
Emergency Dental Work Payable for injury to sound natural teeth.	Repaired with Crown \$200 Resulting in Extraction \$60
LACERATION BENEFITS	
Laceration Benefit Payable according to schedule of length provided that treatment is received within 72 hours.	Over 6 Inches \$400 2 - 6 Inches \$200 Under 2 Inches or Not Requiring Stitches \$50

ORTHOPEDIC BENEFITS

Benefit Name and Description	Enhanced
Fracture Payable according to a schedule if diagnosed and treated by a doctor within 90 days.	Minimum \$320 Maximum \$4,000 A chipped bone is 25% of scheduled benefit. Open reduction is 200% of closed reduction.
Dislocation Payable according to a schedule if diagnosed and treated by a doctor within 90 days.	Minimum \$240 Maximum \$2,700 A partial dislocation is 25% of scheduled benefit. Open reduction is 200% of closed reduction.
Repaired Ligaments Payable if treatment is received within 60 days and surgical repair is performed within 90 days.	Single \$400 Multiple \$600
Repaired Knee Cartilage Payable if treatment is received within 60 days and surgical repair is performed within one year.	Single \$400 Multiple \$600
Repaired Tendon Payable if treatment is received within 60 days and surgical repair is performed within 90 days.	Single \$400 Multiple \$600
Repaired Rotator Cuff Payable if surgical repair is performed within one year.	Single \$250 Multiple \$500
Ruptured Disc Payable if treatment is received within 60 days and surgical repair is performed within one year.	\$400
Exploratory Surgery Without Repair Payable if an injury received because of a covered accident requires exploratory surgery that doesn't require surgical repair.	\$200

HEAD AND SPINE BENEFITS

Concussion Payable if diagnosed within 72 hours using medical imaging (such as x-ray, CT Scan or MRI).	\$200
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ADDITIONAL BENEFITS

Coma Payable if the comatose state lasts more than 30 days and diagnosis indicates that permanent neurological deficit is present.	\$10,000
Paralysis (Paraplegic/Quadriplegic) Payable if paralysis lasts more than 90 days and is diagnosed by a doctor within those 90 days.	Paraplegia \$5,000 Quadriplegia \$10,000
Total Disability Premium Waiver Waives premiums after being disabled for three consecutive months and disability starts before the Certificate anniversary prior to the 65th birthday. Limit of 12 months per disability.	Included

ADDITIONAL BENEFITS

Benefit Name and Description	Enhanced
Portability Portable if you leave the company prior to age 70 as long as the Master Policy remains in force.	Included
On-the-Job (24 Hour Insurance) Benefit Pays a benefit for injuries, due to an Accident, that are covered by Worker's Compensation or occupational disease law.	Included
Wellness Screening Pays a cash benefit when a member has one or more of the 21 covered screening tests. This screening benefit is payable once per covered person per calendar year.	\$50
Ambulatory Surgical Pays a benefit for the day surgery is performed in an Ambulatory Surgical Center Facility or Outpatient Hospital Facility on an insured person because of a covered accident. This benefit is payable only once per covered accident. Two or more surgeries performed during the same ambulatory surgery session are considered one surgery. Employer selectable rider.	\$200
Anesthesia Pays the benefit shown on the schedule page if any insured person receives general anesthesia administered by a nurse anesthetist or doctor within 90 days of an accident for surgery due to an accident for which a Surgical Care benefit is paid. Employer selectable rider.	\$200
Epidural Pain Management Pays a benefit if any insured person is prescribed, receives and incurs a charge for an epidural administered for pain management in a hospital or doctor's office for injuries sustained in an accident. This benefit is not payable for an epidural administered during a surgical procedure. The benefit is paid once per accident per insured person. Employer selectable rider.	\$100
Open Abdominal/Thoracic/Cranial Surgery Pays a benefit if any insured person has an open abdominal, thoracic or cranial surgery provided by a doctor to repair an internal injury within 72 hours of the accident. This benefit is payable once per accident. Two or more surgeries performed during the same ambulatory surgery session will be considered one surgery. Hernia repair will not be covered. Employer selectable rider.	\$2,000

Benefits and riders may vary by state and may not be available in all states.

IMPORTANT NOTICE: The Insurance coverage provided under the policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and it does not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Act. This is not a complete disclosure of plan qualifications and limitations. For a complete list of limitations and exclusions, please refer to www.ManhattanLife.com/Disclosure. Please review this information before applying for coverage. The benefits provided depend on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS.

Accident Rates

Tennessee State Employee's Associations

Displaying Monthly (12) payroll deductions including 24-Hour Coverage.



Monthly (12) Premium

Benefit	Employee Only	Employee & Spouse	Employee & Children	Family
Enhanced	\$11.70	\$19.50	\$24.31	\$32.29

Note: Final implementation rate may vary slightly due to rounding

Policy: M-8026

Underwritten by ManhattanLife Insurance and Annuity Company

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www.manhattanlife.com