

Designed Especially for:  
Local 919 Stop and Shop



**ManhattanLife**<sup>™</sup>  
Standing By You. Since 1850.

# 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   | Premier |
|--|---------|
| <b>Urgent Care</b><br>Payable for initial treatment within 60 days of a covered accident.  | \$350   |
| <b>Doctor's Office Care</b><br>Payable for initial treatment within 60 days of a covered accident.   | \$250   |
| <b>Emergency Room Care*</b><br>Payable for initial treatment within 72 hours of a covered accident.  | \$350   |
| <b>Ground Ambulance</b><br>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. | \$300   |
| <b>Air Ambulance</b><br>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.   | \$1,000 |

#### DIAGNOSTIC BENEFITS

|  |   |
|--|---|
| <b>Diagnostic Benefits</b><br>Payable for x-ray, medical imaging (MRI, CT Scan) or EEG performed in a doctor's office or hospital. | <b>X-rays</b><br>\$200<br><b>MRI/CT Scan/EEG</b><br>\$400 |
|--|---|

\*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   | Premier |
|--|---------|
| <b>Hospital Confinement</b><br>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.  | \$400   |
| <b>First Hospitalization</b><br>Payable for the first hospital confinement in a calendar year.   | \$2,000 |
| <b>ICU Admission</b><br>Payable if ICU admission is within 48 hours of hospital admission. Limited to one per calendar year for each covered person.   | \$500   |
| <b>ICU Confinement</b><br>Payable for each day a covered person is confined to a hospital Intensive Care Unit for up to 30 days per accident.  | \$500   |
| <b>Rehabilitation Admission</b><br>Payable when a covered person is transferred to a Rehab Unit of a hospital.   | \$250   |
| <b>Rehabilitation Confinement</b><br>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  |         |
| <b>Physical Therapy</b><br>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. | \$100   |
| <b>Follow-up Treatment</b><br>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 two follow-up treatments per accident.     | \$150   |
| <b>Chiropractic Treatment</b><br>Available if started within 60 days and completed within 180 days. Pays up to six visits per accident.  | \$60    |
| MEDICALLY NECESSARY BENEFITS   |         |
| <b>Blood and Plasma</b><br>Payable if received within 90 days.   | \$500   |
| <b>Prosthesis - One</b><br>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.                              | \$1,250 |
| <b>Prosthesis - Multiple</b><br>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.                          | \$1,500 |
| <b>Medical Appliances</b><br>Payable for appliances used for aid in personal locomotion (crutches, wheelchairs, leg braces, back braces and walkers). Limited to one payment.  | \$250   |

## TRANSPORTATION/LODGING BENEFITS

| Benefit Name and Description  | Premier   |
|---|---|
| <b>Transportation</b><br>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 three trips. | <b>Train or Plane</b><br>\$750<br><b>Bus</b><br>\$500 |
| <b>Family Member Lodging</b><br>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.  | \$300   |

## MAJOR ACCIDENT BENEFITS

|  |                  |
|--|------------------|
| <b>Accidental Death</b><br>Payable to the named beneficiary. The member is the beneficiary for all covered dependents. Spouse receives 50% of amount shown and child receives 25% of amount shown. | \$50,000         |
| <b>Dismemberment</b><br>Payable according to a schedule based on the specific loss incurred. Spouse receives 50% of amount shown and child receives 25% of amount shown.                           | \$250 - \$25,000 |
| <b>Common Carrier</b><br>Provides an additional benefit if accident occurs while a fare paying passenger is on a commercial airline, passenger train or intercity bus line.                        | \$10,000         |

## BURN BENEFITS

|   |   |
|---|---|
| <b>Burns</b><br>Payable for second and third degree burns according to a schedule if treatment is received within 72 hours. | <b>2nd Degree</b><br>\$125 - \$1,250<br><b>3rd Degree</b><br>\$1,250 - \$25,000 |
|---|---|

## EMERGENCY DENTAL/VISION BENEFITS

|   |  |
|---|--|
| <b>Eye Injuries</b><br>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. | <b>Surgical Repair</b><br>\$350<br><b>Removal of Foreign Body</b><br>\$25      |
| <b>Emergency Dental Work</b><br>Payable for injury to sound natural teeth.  | <b>Repaired with Crown</b><br>\$350<br><b>Resulting in Extraction</b><br>\$200 |

## LACERATION BENEFITS

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|---|--|
| <b>Laceration Benefit</b><br>Payable according to schedule of length provided that treatment is received within 72 hours. | <b>Over 6 Inches</b><br>\$800<br><b>2 - 6 Inches</b><br>\$400<br><b>Under 2 Inches</b><br>\$150<br><b>Not Requiring Stitches</b><br>\$50 |
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## ORTHOPEDIC BENEFITS

| Benefit Name and Description  | Premier   |
|---|---|
| <p><b>Fracture</b><br/>Payable according to a schedule if diagnosed and treated by a doctor within 90 days.</p>   | <p><b>Minimum</b><br/>\$480<br/><b>Maximum</b><br/>\$6,000<br/>A chipped bone is 25% of scheduled benefit. Open reduction is 200% of closed reduction.</p>        |
| <p><b>Dislocation</b><br/>Payable according to a schedule if diagnosed and treated by a doctor within 90 days.</p>  | <p><b>Minimum</b><br/>\$400<br/><b>Maximum</b><br/>\$5,000<br/>A partial dislocation is 25% of scheduled benefit. Open reduction is 200% of closed reduction.</p> |
| <p><b>Repaired Ligaments</b><br/>Payable if treatment is received within 60 days and surgical repair is performed within 90 days.</p>   | <p><b>Single</b> \$750<br/><b>Multiple</b> \$750</p>  |
| <p><b>Repaired Knee Cartilage</b><br/>Payable if treatment is received within 60 days and surgical repair is performed within one year.</p>   | <p><b>Single</b> \$750<br/><b>Multiple</b> \$750</p>  |
| <p><b>Repaired Tendon</b><br/>Payable if treatment is received within 60 days and surgical repair is performed within 90 days.</p>  | <p><b>Single</b> \$750<br/><b>Multiple</b> \$750</p>  |
| <p><b>Repaired Rotator Cuff</b><br/>Payable if surgical repair is performed within one year.</p>  | <p><b>Single</b> \$625<br/><b>Multiple</b> \$750</p>  |
| <p><b>Ruptured Disc</b><br/>Payable if treatment is received within 60 days and surgical repair is performed within one year.</p>   | <p>\$750</p>  |
| <p><b>Exploratory Surgery Without Repair</b><br/>Payable if an injury received because of a covered accident requires exploratory surgery that doesn't require surgical repair.</p> | <p>\$100</p>  |

## HEAD AND SPINE BENEFITS

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|--|--------------|
| <p><b>Concussion</b><br/>Payable if diagnosed within 72 hours using medical imaging (such as x-ray, CT Scan or MRI).</p> | <p>\$500</p> |
|--|--------------|

## ADDITIONAL BENEFITS

|   |   |
|---|---|
| <p><b>Coma</b><br/>Payable if the comatose state lasts more than 30 days and diagnosis indicates that permanent neurological deficit is present.</p>  | <p>\$15,000</p>   |
| <p><b>Paralysis (Paraplegic/Quadriplegic)</b><br/>Payable if paralysis lasts more than 90 days and is diagnosed by a doctor within those 90 days.</p>   | <p><b>Paraplegia</b> \$5,000<br/><b>Quadriplegia</b> \$10,000</p> |
| <p><b>Total Disability Premium Waiver</b><br/>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.</p> | <p>Included</p>   |

## ADDITIONAL BENEFITS

| Benefit Name and Description   | Premier                                       |
|--|---|
| <p><b>Portability</b><br/>                     Portable if you leave the company prior to age 70 as long as the Master Policy remains in force.</p>  | Included                                      |
| <p><b>Accidental Ingestion of Controlled Substance Outpatient Treatment</b><br/>                     Pays a benefit if a covered person accidentally ingests or consumes a controlled substance and requires outpatient emergency medical care for such ingestion or consumption. We will pay up to the amount shown in the schedule of benefits for reasonable charges of treatment deemed necessary under generally accepted medical standards for each covered person, per calendar year.</p>   | Actual expenses up to \$500 per calendar year |
| <p><b>Home Health Care</b><br/>                     Pays the benefit amount shown on the schedule of benefits for each day that a covered person receives a home health care visit. Home health care includes services provided by a home health care agency in the residence of a covered person, including, but not limited to, nursing care, home health aide services, physical, occupational or speech therapy, medical supplies, drugs and medicine prescribed by a physician, and medical social services. Care provided by a home health care agency must be for an injury received as a result of a covered accident. The benefit will be payable only when the following requirements are met: services are rendered under a plan of care that is established and reviewed regularly by a physician and continued hospitalization would otherwise have been required if home health care was not provided, except in the case of a covered person diagnosed as terminally ill with a prognosis of six months or less to live. Limited up to 80 days per calendar year.</p> | \$25  |
| <p><b>On-the-Job (24 Hour Insurance) Benefit</b><br/>                     Pays a benefit for injuries, due to an accident, that are covered by Worker's Compensation or occupational disease law.</p>  | Included                                      |
| <p><b>Youth Organized Sports Benefit</b><br/>                     Pays an additional 25% of the total benefit paid when the dependent child suffers an injury received as a result of a covered accident, while the dependent child is participating in an organized sports event or scheduled practice. The dependent child is age 18 or younger. The certificate holder provides proof of the dependent child's registration in the organized sports event. The benefit is paid once per covered accident per dependent child. Applicable to dependent children only.</p>  | Up to \$1,500                                 |
| <p><b>Ambulatory Surgical</b><br/>                     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.</p>  | \$800   |
| <p><b>Anesthesia</b><br/>                     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 do an accident for which a Surgical Care benefit is paid.</p>  | \$200   |

## ADDITIONAL BENEFITS

| Benefit Name and Description  | Premier |
|---|---------|
| <b>Epidural Pain Management</b><br>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.                          | \$200   |
| <b>Open Abdominal/Thoracic/Cranial Surgery</b><br>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. | \$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](http://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

### Local 919 Stop and Shop

Displaying Monthly (12) and Weekly (52) payroll deductions including 24-Hour Coverage.

#### Monthly (12) Premium

| Benefit | Member Only | Member & Spouse | Member & Children | Family  |
|---------|-------------|-----------------|-------------------|---------|
| Premier | \$18.72     | \$27.67         | \$32.94           | \$41.89 |

#### Weekly (52) Premium

| Benefit | Member Only | Member & Spouse | Member & Children | Family |
|---------|-------------|-----------------|-------------------|--------|
| Premier | \$4.32      | \$6.39          | \$7.61            | \$9.67 |

**Note:** Final implementation rate may vary slightly due to rounding

Policy: M-8026

Underwritten by ManhattanLife Insurance and Annuity Company

L919SS-AIP\_0226



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