HM WORKSITE ADVANTAGE

SOLUTIONS THAT PROVIDE OPTIONS AND FLEXIBILITY

HM LIFE INSURANCE COMPANY

Accident
Product Specifications

ACCIDENT

Protecting Employees and Families After Unexpected Injuries

No one can predict when an accident will occur, but group Accident coverage from HM Life Insurance Company can help protect employees and their families in the event of an unexpected injury. While health insurance may cover the medical expenses involved, the HM Worksite Advantage Accident plan pays benefits directly to the insured, in addition to any other benefits paid by a health plan or other form of insurance for an accidental injury. There is no coordination of benefits. The benefit dollars may be used by the insured to help replace lost wages and cover bills, meals, child care, travel and any other living expense. Our Accident plan also can complement an employee's High Deductible Health Plan (HDHP) by providing dollars toward satisfying the deductible and help with other uncovered expenses.

Coverage

The HM Worksite Advantage Accident plan covers injuries ranging from fractures and lacerations to dismemberment and even accidental death. An annual health screening benefit is available. Three plan levels are available in the following ranges:

- Accident I – $15 to $50,000
- Accident II – $30 to $100,000
- Accident III – $45 to $200,000

Coverage Type

Both non-occupational and 24-hour coverages are available. With non-occupational coverage, benefit payments will be made for non-work-related accidents only. The 24-hour coverage pays benefits for accidents occurring both on and off the job. The insured may have benefits assigned to pay his or her medical provider, or the benefits may be paid directly to the insured.

Group Eligibility

Groups with as few as 10 eligible employees may qualify for coverage. Ten enrolled employees are required to issue the policy. This product is available through payroll deduction.

Guaranteed Issue

Coverage is guaranteed issue with no underwriting.

Age Guidelines

Employees and spouses* ages 18 to 69 years and dependent children under age 19 years (25 if a full-time student) may enroll for coverage. Benefit amounts are reduced by 50% at age 70.

Employee Eligibility

Employees working 15 hours per week or the equivalent hours per month and who have completed their employer-defined eligibility waiting period are eligible. Employees who purchase coverage may also purchase coverage for their spouse or dependent children.

Plan Tiers

- Employee
- Employee and spouse
- Employee and dependent child(ren)
- Employee, spouse and dependent child(ren)

Portability

Accident coverage is not portable.

Commissions

HM's commission structure provides heaped and level options.

Spouse may include domestic partner

Accident Benefits

Benefits are paid for the following conditions and/or services resulting from a covered accident. For dislocations and fractures, only the lowest (i.e., finger or toe) and highest amounts (i.e., hip) paid are shown; payments for other extremities fall within that range.

Benefit Summary

Benefit Range:	Accident I $15 - $50,000	Accident II $30 - $100,000	Accident III $45 - $200,000
Coverage for these conditions/services: Employee 100%, Spouse 50%, Dependent Child(ren) 25%			
Accidental Death	$15,000	$30,000	$45,000
Common Carrier Accidental Death	$50,000	$100,000	$200,000
Catastrophic Accident	$50,000	$100,000	$200,000
Single Dismemberment (loss of hand, foot or sight in one eye)	$5,000	$10,000	$15,000
Double Dismemberment (loss of hands, feet or sight in both eyes)	$15,000	$30,000	$45,000
Partial Amputation of Finger or Toe	$100	$200	$300
Loss of One or More Fingers or Toes	$500	$1,000	$1,500
Paralysis – Paraplegia	$2,500	$5,000	$7,500
Paralysis – Quadriplegia	$5,000	$10,000	$15,000
The Employee, Spouse and Dependent Child(ren) are covered at 100% for the following conditions/services.			
Accident Follow-up Treatment	$15 6 treatments per covered accident	$30 6 treatments per covered accident	$45 6 treatments per covered accident
Ambulance	$50	$100	$150
Air Ambulance	$250	$500	$750
Appliance	$50	$100	$150
Blood/Plasma	$100	$100	$100
Burns	$100-$10,000	$200-$20,000	$300-$30,000
Coma	$2,500	$5,000	$7,500
Concussion	$50	$100	$150
Dislocations (closed reduction)	$120 (Finger/Toe) $1,350 (Hip)	$240 (Finger/Toe) $2,700 (Hip)	$360 (Finger/Toe) $4,050 (Hip)
Dislocations (open reduction)	Two times amount shown for closed reduction	Two times amount shown for closed reduction	Two times amount shown for closed reduction
Emergency Dental Work	$50	$100	$150
Eye Injury (removal of foreign object)	$25	$50	$75
Eye Injury (requiring surgical repair)	$125	$250	$375
Exploratory Surgery (without repair)	$125	$250	$375
Family Lodging	$50 per night Max. 30 days per covered accident	$100 per night Max. 30 days per covered accident	$150 per night Max. 30 days per covered accident

Benefit Summary *(Continued)*

	Accident I	Accident II	Accident III
Fractures (closed reduction)	$160 (Coccyx/Rib/ Finger/Toe) $2,000 (Hip)	$320 (Coccyx/Rib/ Finger/Toe) $4,000 (Hip)	$480 (Coccyx/Rib/ Finger/Toe) $6,000 (Hip)
Fractures (open reduction)	Two times amount shown for closed reduction	Two times amount shown for closed reduction	Two times amount shown for closed reduction
Health Screening	$50 One test per plan year	$50 One test per plan year	$50 One test per plan year
Hospital Admission	$500 One per plan year	$1,000 One per plan year	$1,500 One per plan year
Daily In-hospital Benefit (hospital stay)	$100 per day Max. 365 days per stay	$200 per day Max. 365 days per stay	$300 per day Max. 365 days per stay
Hospital Intensive Care	$100 per day Max. 30 days per stay	$200 per day Max. 30 days per stay	$300 per day Max. 30 days per stay
Internal Injuries (requiring surgery)	$500	$1,000	$1,500
Lacerations	$25-$200	$50-$400	$75-$600
Medical Fees	$50 Max. per accident	$100 Max. per accident	$150 Max. per accident
Physical Therapy	$15 6 treatments per covered accident	$30 6 treatments per covered accident	$45 6 treatments per covered accident
Prosthesis	$250	$500	$750
Ruptured Disc/Torn Knee Cartilage (requiring surgery)	$100	$200	$300
Skin Graft	25% of applicable burn benefit	25% of applicable burn benefit	25% of applicable burn benefit
Tendons and Ligaments (requiring surgery)	$200	$400	$600
Transportation	$75 Bus $150 Train or Plane Max. 3 trips per plan year	$150 Bus $300 Train or Plane Max. 3 trips per plan year	$225 Bus $450 Train or Plane Max. 3 trips per plan year

- Payment for Multiple Fractures is capped at 200% of the Scheduled Amount of the highest benefit payable for the plan selected.
- Chip Fractures are paid at 10% of the Scheduled Amount.
- Payment for Multiple Dislocations is capped at 200% of the Scheduled Amount of the highest benefit payable for the plan selected.
- Partial Dislocations are paid at 25% of the Scheduled Amount.
- Payment for a Fracture and Dislocation is capped at 200% of the Scheduled Amount of the highest benefit payable for the plan selected.
- Multiple lacerations are paid at the Scheduled Amount for the largest single laceration.
- If a Paralysis or Dismemberment Benefit is paid and the insured is eligible for the Catastrophic Accident benefit as a result of the same accident, we will pay the applicable Catastrophic Accident benefit, less any amounts paid under the Paralysis or Dismemberment benefit.
- If the Catastrophic Accident benefit is paid and the insured later dies within 365 days as a result of the same accident, we will pay the applicable Accidental Death benefit, less any amounts paid under this benefit.
- As used above, "hospital stay" means a confinement in a hospital, ordered by a physician or doctor, over one or more nights for at least 24 consecutive hours when room and board and general nursing care are provided at a per diem charge made by the hospital. Separate hospital stays due to the same accident or illness will be treated as one hospital stay unless separated by at least 90 days.
- After a covered person has been continuously insured for 12 months, we will pay the Scheduled Amount for a Health Screening test. This benefit is payable once per plan year.

Weekly Premium

The premium chart below should be viewed as a sample; premium amounts may vary by state.

Benefit Range:	Accident I $15 - $50,000	Accident II $30 - $100,000	Accident III $45 - $200,000
Weekly Premiums – 24-hour Rates			
Employee	$1.99	$3.65	$5.50
Employee and Spouse	$3.78	$6.91	$10.32
Employee and Dependent Child(ren)	$3.94	$7.17	$10.64
Employee, Spouse and Dependent Child(ren)	$5.73	$10.43	$15.46
Weekly Premiums – Non-occupational Rates			
Employee	$1.59	$2.92	$4.40
Employee and Spouse	$3.38	$6.18	$9.22
Employee and Dependent Child(ren)	$3.54	$6.44	$9.54
Employee, Spouse and Dependent Child(ren)	$5.33	$9.69	$14.36

Definitions, Exclusions and Limitations

This is only a product highlight document. It is not intended to be a complete or legal description of the coverage. Certain definitions, exclusions and limitations apply and may vary by state. Please refer to the Certificate of Coverage for complete details. A copy of the standard definitions, exclusions and limitations can be obtained by visiting our Web site at **www.hminsurancegroup.com**.

HM INSURANCE GROUP
A HIGHMARK COMPANY

800.328.5433
www.hminsurancegroup.com

IT'S OUR POLICY TO PROTECT.

HM Life Insurance Company, rated "A-" (Excellent) by A.M. Best, is a member of HM Insurance Group, providing health risk solutions to employers and employees.

Accident coverage is underwritten by HM Life Insurance Company, Pittsburgh, PA, under policy form series HM-ACC 308 or similar. This coverage may not be available in all states and is subject to all applicable state and federal laws.