



Financial
Protection

Accident Protection Plan

Description of Benefits – Silver



Silver Plan Base Benefits

Accidental Death & Dismemberment		Initial Care		Hospital Care	
Life	\$20,000	Ground Ambulance	\$200	Hospital Admission	\$800
Both hands or feet or combination	20,000				
One hand or foot	10,000	Air Ambulance	1,200	Hospital Inpatient Stay (per day up to 365 days)	160
Two or more fingers or toes or combination	4,000				
One finger or toe	2,000				
<i>Child benefit – 50% of employee/spouse</i>					
Accidental Death Common Carrier¹	80,000	Emergency Room Treatment	100	Hospital Intensive Care Unit (ICU) Admission	2,500
<i>Child benefit – 50% of employee/spouse</i>					
Waiver of Premium	Yes	Physician Office/Urgent Care (per visit)	40	Hospital ICU Inpatient Stay (per day up to 30 days)	500

¹ A common carrier is a company that provides some sort of public transportation. For the types of public transportation covered by UnitedHealthcare's Accident Protection Plan, refer to the certificate of coverage.

This brochure is intended to provide general information and does not change any terms of the Accident Protection Plan Certificate of Coverage or Summary Plan Description. In the event of a conflict between the language in this brochure and the Accident Protection Plan Certificate of Coverage or Summary Plan Description, the Accident Protection Plan Certificate of Coverage and Summary Plan Description will prevail. Please refer to your Certificate of Coverage or contact UnitedHealthcare for information regarding exclusions and limitations under your policy and the terms under which your policy may be continued in force or discontinued.

Silver Plan Enhanced Benefits

Follow Up Care			
Major Diagnostic Exam		\$160	
Follow up Physician Visit		40	
Medical Appliances (equipment)		140	
Physical Therapy (per day up to six days)		30	
Prosthetic			
– One device		500	
– Two or more devices		1,000	
Rehabilitation Unit (per day up to 30 days)		80	
Common Injuries²			
Abdominal/Thoracic (abdomen/chest) Surgery			
– Surgery to repair		\$1000	
– Exploratory without repair		100	
Blood/Plasma/Platelets		280	
Burns			
– 2nd Degree (at least 36% of body surface)		\$500	
– 3rd Degree (9 to 34 sq. inches)		1,000	
– 3rd Degree (35 or more sq. inches)		8,000	
<i>Skin Graft – 25% of burn benefit</i>			
Coma		\$10,000	
Concussion (once per 12 month period)		\$140	
Dental Emergency			
– Broken teeth repaired with crown(s)		200	
– Broken teeth resulting in extractions		80	
Eye Surgery		200	
Dislocations		Open Reduction ³ / Closed Reduction ⁴ with Anesthesia	
Surgical correction type:			
– Hip		3,200 / 1,600	
– Knee (except patella or knee cap)		1,600 / 800	
– Ankle or Foot (other than toes)		1,280 / 640	
– Collar Bone (Sternoclavicular, treated near center of chest)		800 / 400	
– Lower jaw		480 / 240	
– Shoulder (Glenohumeral)		480 / 240	
– Elbow		480 / 240	
– Wrist		480 / 240	
– Hand (other than fingers)		480 / 240	
– Collar Bone (Acromoclavicular, treated near shoulder)		160 / 80	
– One Toe or Finger		160 / 80	
<i>Closed Reduction⁴ without Anesthesia – 25% of amount shown for Closed Reduction⁴ with Anesthesia</i>			
Fractures (broken bones)		Open Reduction ³ / Closed Reduction ⁴ with Anesthesia	
Surgical correction type:			
– Skull (except bones of face or nose)			
– Depressed (dented)		4,000 / 2,000	
– Simple (cracked)		1,600 / 800	
			– Hip, Thigh (femur) 2,400 / 1,200
			– Vertebrae (spinal bones) 1,280 / 640
			– Pelvis (except coccyx or tailbone) 1,280 / 640
			– Leg 1,280 / 640
			– Face or Nose 560 / 280
			– Upper Jaw (except Alveolar process, bone with teeth sockets) 560 / 280
			– Upper Arm (Elbow to Shoulder) 560 / 280
			– Lower Jaw (except Alveolar process, bone with teeth sockets) 480 / 240
			– Shoulder Blade or Collarbone 480 / 240
			– Vertebral Process (part of spinal bones) 480 / 240
			– Forearm, hand, wrist (except fingers) 480 / 240
			– Kneecap 480 / 240
			– Foot (excluding toes) 480 / 240
			– Ankle 480 / 240
			– Rib 400 / 200
			– Coccyx (tailbone) 320 / 160
			– Finger or toe 80 / 40
			For Chip Fractures: 25% of amounts shown for Closed Reduction ⁴ with Anesthesia
			Lacerations (cuts and scrapes)
			– Not requiring stitches, staples or glue 30
			Total of All Lacerations:
			– Not more than 5 cm 50
			– Greater than 5 cm but not more than 15 cm 200
			– Over 15 cm 400
			Paralysis
			– Quadriplegia (paralysis of all four limbs) 10,000
			– Paraplegia (paralysis of legs) 5,000
			– Hemiplegic (paralysis of one side of body) 5,000
			Ruptured Disc 400
			Tendons/Ligaments/ Rotator/ Knee Cartilage
			– Surgery to repair one 400
			– Surgery to repair more than one 800
			– Exploratory without repair 140
			Organized Sporting Activity Injury
			Increases amounts payable under Follow Up Care and Common Injuries sections by 25%, up to \$10,000
			Family Child Daycare (per day up to 30 days) 28
			Family Lodging (per day) 140
			Transportation (for special treatment more than 100 miles away, maximum three trips per accident) 400

² Common injuries are the listed injuries covered due to a qualified accident. For more information on the types of injuries covered by UnitedHealthcare's Accident Protection Plan, refer to the certificate of coverage.

³ Realignment with incision.

⁴ Realignment without incision.

UnitedHealthcare Accident product is provided by UnitedHealthcare Insurance Company. Coverage is provided on Form UHCAC-POL-1 (01/12) and in Texas on form UHCAC-POL-1-TX (01/12). The product may not be available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

