

Receive a Benefit if You Have an Accident



Accident



Why do I need accident coverage?

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

~ National Center for Health Statistics

An Accident Plan:

- Covers 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
- Has no limit to the number of accidents covered in a specified time frame*

What does accident coverage do?

Benefit	Description	Low Option Level 2	High Option Level 3
Accident medical expense	<ul style="list-style-type: none"> • Pays actual charges, up to the amount selected • Pays for doctor's treatment or treatment in an emergency room 	\$1,000	\$2,000
Ambulance	<ul style="list-style-type: none"> • Pays actual charges, up to the amount selected 	\$150/\$300	\$300/\$600
Hospital confinement	<ul style="list-style-type: none"> • Pays a daily benefit • Payable for up to 30 days per accident 	\$150/day	\$300/day
First hospitalization	<ul style="list-style-type: none"> • Pays upon initial hospitalization • Payable once per calendar year 	\$500	\$1,000
Bone fracture and dislocation	<ul style="list-style-type: none"> • Pays a percentage of the benefit according to schedule 	\$1,500	\$3,000
AD&D	<ul style="list-style-type: none"> • Pays a benefit due to an accidental death • Pays a percentage of the benefit according to schedule for dismemberment or loss of sight 	\$50,000	\$75,000

*Coverage for ER visits is limited to three per person per calendar year.

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. 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.

Policy: M-8016

Underwritten by ManhattanLife Assurance Company of America

QCACC-Sum 0918



Accident Rates



AL, AR, AZ, CT, FL(51+), GA, HI, IL, IA, KS, KY, LA, MA, ME, MS, MT, MO, NE, NJ, NC, NV, OK, PA, SD, VT, WV, WI and WY

Displaying Monthly payroll deductions.

Benefit:	Level Two Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-70	\$19.75	\$29.73	\$34.64	\$45.67

Benefit:	Level Three Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-70	\$28.86	\$42.45	\$50.74	\$71.09

DE, MD, ND, OH, SC and TN

Displaying Monthly payroll deductions.

Benefit:	Level Two Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-70	\$13.80	\$22.57	\$28.73	\$39.38

Benefit:	Level Three Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-70	\$22.34	\$38.36	\$49.49	\$68.88

CO, IN, MI and TX

Displaying Monthly payroll deductions.

Benefit:	Level Two Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-70	\$19.16	\$28.84	\$33.60	\$44.30

Benefit:	Level Three Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-70	\$28.00	\$41.17	\$49.22	\$68.96

NM

Displaying Monthly payroll deductions.

Benefit:	Level Two Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-70	\$12.39	\$20.20	\$25.65	\$35.11

Benefit:	Level Three Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-70	\$19.25	\$32.76	\$42.00	\$58.34

Accident Rates MN



Displaying Monthly payroll deductions.

Benefit:	Level Two Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-70	\$8.69	\$13.08	\$15.24	\$20.09

Benefit:	Level Three Benefit			
AGE	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
18-70	\$15.87	\$23.35	\$27.91	\$39.10

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