## NJ PBA Local 105 Accident



Accident plan with no annual maximums. Benefits start all over with each accident, and are paid in addition to any other coverage the employee may have.

## **Coverage Type**

Accident Insurance that provides expense reimbursement for actual charges up to policy maximum. Provides coverage for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the insured, spouse, and children.

BENEFITS & FEATURES	
Accident Medical Expense Pays the actual expenses up to the amount selected for diagnosis or treatment by a physician or in an emergency room. Emergency room visits are limited to three per calendar year.	\$1,000
Ground Ambulance Pays actual expenses up to the amount selected if injury requires group ambulance transportation. Limit one trip per accident.	\$300
Air Ambulance Pays actual expenses up to the amount selected if injury requires air ambulance transportation. Limit one trip per accident.	\$600
Hospital Indemnity Pays a benefit equal to the amount selected if an injury requires inpatient hospital confinement, including a room charge, which starts within 30 days after the accident. The benefit is limited to 30 days per accident.	\$300
First Hospitalization Pays a benefit once per year per covered person for an accident; must be admitted for at least 24 hours.	\$1,000
Accidental Death, Dismemberment, and Loss of Sight (AD&D) Employee benefit amounts listed below. Spouse benefit is 50% and dependent child(ren) benefit is 25% of the employee amounts.	
Loss of life	\$25,000
<ul> <li>Any combination of two or more hands, feet, or eyes</li> </ul>	\$25,000
<ul> <li>Loss of single hand, foot, or eye</li> </ul>	\$12,500
<ul> <li>Multiple fingers and/or toes</li> </ul>	\$2,500
Single finger or toe	\$1,250
Common Carrier Accidental Death, Dismemberment, and Loss of Sight (Death Benefit Displayed)	\$50,000

<b>Fracture and Dislocation Benefit</b>		\$3,000
	lasted based upon the	fracture or dislocation. For any one accident that causes
	-	it applicable to the injuries sustained.
FRACTURES:	or and rendered activities	DISLOCATIONS:
• Hip bone (pelvis) or femur: 100%		• Hip: 100%
• Vertebra: 75%		<ul> <li>Knee (does not include dislocation of the patella): 50%</li> </ul>
• Skull (depressed or ping-pong fra-	cture): 65%	<ul> <li>Foot (does not include dislocation of the toes), ankle,</li> </ul>
• Leg (tibia or fibula): 50%	,	or shoulder: 35%
<ul> <li>Bones of the foot, ankle, kneecap or forearm (radius of ulna): 40%</li> </ul>	(patella), hand, wrist,	<ul> <li>Hand (does not include dislocation of fingers), lower jaw, wrist, or elbow: 20%</li> </ul>
• Lower jaw, shoulder blade,collar b	oone: 35%	• Finger, toe: 6%
<ul> <li>Upper arm, upper jaw, skull(simpl fracture): 25%</li> </ul>	e, non-depressed	
• Facial bones (or nose): 20%		
• Finger, toe, rib: 6%		
Total disability premium waiver	If the insured becomes disabled before age 60 and as the result of injuries suffered in an accident, premiums will be waived after six months of total and continuous disability.	
Portability	Prior to age 70, employees can take their coverage with them if they leave thei employer regardless of whether the master policy remains in effect.	
ADDITIONAL FEATURES		
On-the-job coverage	Provides coverage for accidental injuries covered by Workers' Compensation o occupational disease law.	
	Pays a \$600 daily benefit when a covered person is confined to a hospital intensive care unit as a result of injuries suffered in a covered accident. The benefit is payable for a maximum of 30 days for any one accident. Benefits are paid per day at:	
Hospital intensive care unit benefit	intensive care unit as	s a result of injuries suffered in a covered accident. The
Family member travel / lodging	intensive care unit as benefit is payable for paid per day at:  \$200 per day for up for an insured's cove miles from residence	s a result of injuries suffered in a covered accident. The r a maximum of 30 days for any one accident. Benefits are to 30 days for lodging of a family member due to travel accident, payable up to three trips per year. 100 e. Expenses include: mileage of personal car; fares of
-	intensive care unit as benefit is payable for paid per day at: \$200 per day for up for an insured's cove miles from residence common carrier; med ambulance.  Benefit pays for 21 c stress tests. Indemnis	s a result of injuries suffered in a covered accident. The ramaximum of 30 days for any one accident. Benefits are to 30 days for lodging of a family member due to travel accident, payable up to three trips per year. 100
Family member travel / lodging benefit	intensive care unit as benefit is payable for paid per day at:  \$200 per day for up for an insured's cover miles from residence common carrier; meanbulance.  Benefit pays for 21 c stress tests. Indemnit Coverage is same for	s a result of injuries suffered in a covered accident. The ramaximum of 30 days for any one accident. Benefits are to 30 days for lodging of a family member due to travel accident, payable up to three trips per year. 100 e. Expenses include: mileage of personal car; fares of als; and lodging. Does not cover expenses of air or ground overed tests including mammograms, colonoscopies, and ity based and payable once per calendar year per insured.

Age 70 unless actively at work, then on last day of active employment.

**Termination age**