



# Trustmark Accident - Group Insurance

## Coverage for when life takes a tumble.



**Accidents happen.** And the sudden **out-of-pocket costs** associated with them can be pricey.

Trustmark Accident insurance helps by paying **cash directly to you**, for covered accidents and the services to help treat them. The plan pays **regardless of other coverage** you have, and there are no restrictions on how you may use the money.

### Why Trustmark Accident?

1. Helps **pay for what health insurance might not**, like copays and deductibles, and can also help with your everyday bills.
2. **Peace of mind** for your active lifestyle: having a slip-up won't break the bank.
3. After an accident, you can **focus less on your wallet** and more on your recovery.
4. You can get affordable coverage for your **entire family**, including active kids.

### Cash Benefits for Injuries and Services

Accident insurance offers **24-hour coverage** for a wide array of covered **accidental injuries** and related **services**, including but not limited to:

#### Initial Care

- Hospital admissions and stays
- Ambulance transport
- Emergency room visits
- X-rays and diagnostic tests
- Initial doctor's office visit
- Surgeries
- Lodging and transportation

#### Injuries

- Fractures (broken bones)
- Dislocations
- Lacerations
- Burns
- Concussions
- Tendon/ligament injuries
- Eye injuries
- Emergency dental

## Follow-Up Care

- Follow-up visits
- Physical therapy
- Appliances (e.g.: crutches or knee scooter)
- Prosthetics and artificial limbs

Benefits paid will depend upon the type of injury/injuries suffered and services received. A complete schedule of benefits and payout amounts will be included in your certificate.

## Additional Value-Adding Benefits

**Wellness Benefit – Get paid a benefit** just for taking steps to help yourself stay well! Your Wellness Benefit **pays you cash** directly when you get certain screening tests or other wellness exams. Each covered person can collect a benefit **once per year** in each of these categories:

**Routine Visit Benefit** – Payable for any of the following:

- Routine physical
- Sports physical
- Biometric screening
- Immunization
- Vision test
- Blood test for triglycerides
- Fasting blood glucose test
- Lipid panel
- Low-dose mammography or routine mammogram
- Pap smear (for women over age 18)
- Chest x-ray
- Invasive colonoscopy
- Noninvasive colon screening, including CT colonoscopy
- Electrocardiogram (EKG/ECG)
- Human papillomavirus (HPV) vaccination
- Serum cholesterol test for HDL and LDL

You can file a claim for your Wellness benefits 24/7 at **TrustmarkVB.com**.

**Accidental Death Benefit** – Provides an **additional benefit for an accidental death** that occurs within 90 days of a covered accident. The benefit doubles if the death is due to a common carrier – a paid form of public transportation operating on a regular schedule.

**Catastrophic Accident Benefit** – Pays a benefit that can help with the transitional period following a **catastrophic loss**: for example, the loss of use of both arms or both legs, or total blindness.

## Plan Features

**Automatic Acceptance** – No health questions to answer, and you can't be turned down for coverage based on your health.

**Family Coverage** – Coverage is available for employees, their spouses, their children and their financially dependent grandchildren.

**Renewability and Portability** – You can keep your coverage as long as your premiums are paid. If you leave your employer or retire, you can still keep your plan on a direct-bill basis.

**You can manage your coverage or easily file online claims 24/7  
at [TrustmarkVB.com](https://TrustmarkVB.com)!**



*NOTE: If you have previously elected Trustmark accident coverage, your existing policy may differ from what is described here.*

*This is a brief description of benefits under forms AO 620 C and AO 620 C MET. This is accident-only coverage with limited benefits and does not pay benefits for diseases, sickness, or for loss from sickness. This is not a workers' compensation policy or a substitute for medical expense insurance, major medical insurance or a health benefit plan alternative. It is also not a Medicare Supplement policy. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Elimination periods may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademark of Trustmark Insurance Company.*

*<sup>1</sup>The additional benefit amount applies to covered treatment benefits and does not apply to an Accidental Death or Catastrophic Accident benefit if included in the plan. <sup>2</sup>An AM Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A (3<sup>rd</sup> out of 16 possible ratings ranging from A++ to Suspended).*

ACC-G\_24\_WELL-1-RPIV\_ADB\_CAT



# Trustmark Accident - Group insurance

## Benefits and Rates for Cumberland County Schools

### Medium Plan - 24 Hour Coverage

#### 10-Pay Rates

(assumes deductions of 10 times per year)

	Employee Only	Employee + Spouse	Employee + Child	Family
<b>Rate</b>	\$ 15.01	\$ 24.71	\$ 31.08	\$ 43.87

#### Hospital Care Benefits

#### Amount

Hospital First Day Stay Benefit	\$1,500
Hospital Daily Stay Benefit	\$200
Hospital Daily Stay Benefit - ICU	\$400
Blood, Plasma, Platelets Benefit	\$100
Coma Benefit	\$10,000
Pain Management/Epidural Benefit	\$100

#### Initial Care Benefits

#### Amount

Initial Doctor's Office Benefit (includes clinic & teledem)	\$125
Urgent Care Benefit	\$125
Emergency Room Treatment Benefit	\$125
Ambulance Benefit - Air	\$500
Ambulance Benefit - Ground	\$100
Major Diagnostic Testing Benefit	\$125
X-Ray Benefit	\$125

#### Follow-Up Care Benefits

#### Amount

Accident Follow-Up Treatment Benefit (up to 6 visits)	\$25
Therapy Benefit	\$25
Appliance Benefit - Major Appliance	\$100
Appliance Benefit - Minor Appliance	\$100
Prosthetic Device or Artificial Limb Benefit - Single	\$500
Prosthetic Device or Artificial Limb Benefit - Multiple	\$1,000
TrekCheck - Lodging (per night up to 30 nights)	\$100
TrekCheck - Transportation (50 miles up to 3 trips)	\$300

#### Surgical Care Benefits

#### Amount

Arthroscopic Surgery	\$500
Cranial Surgery	\$1,250
Hernia Surgery	\$500
Herniated Disc Surgery	\$400
Open Abdominal and Thoracic Surgery	\$1,000
Open Abdominal or Thoracic Surgery Exploratory	\$250
Tendon/Ligament/Rotator Cuff Surgery (more than one)	\$600
Tendon/Ligament/Rotator Cuff Surgery (one)	\$400
Tendon/Ligament/Rotator Cuff Surgery Exploratory	\$250
Torn Knee Cartilage	\$400
Torn Knee Cartilage Exploratory	\$250
Other (General Anesthesia)	\$200
Other (Conscious Sedation)	\$200

#### Dislocation Benefits continued

#### Amount

Open Reduction	
Hip	\$6,000
Knee	\$3,900
Ankle Bone or Bones of the Foot (Other Than Toes)	\$2,400
Collarbone (Sternoclavicular)	\$750
Lower Jaw	\$1,800
Shoulder (Glenohumeral)	\$2,700
Elbow	\$1,200
Wrist	\$1,500
Bone or Bones of the Hand (Other than Fingers)	\$2,100
Collarbone (Acromioclavicular and Separation)	\$150
One Toe or One Finger	\$480

#### Fracture Benefits

#### Amount

Closed Reduction	
Skull (Depressed)	\$3,375
Skull (Simple, Non-depressed)	\$1,575
Hip / Thigh	\$4,500
Body of Vertebrae	\$4,050
Pelvis	\$3,600
Leg	\$2,700
Bones of Face or Nose	\$1,350
Upper Jaw	\$1,575
Upper Arm	\$1,575
Lower Jaw	\$1,800
Shoulder Blade, Collarbone, Sternum	\$1,800
Vertebral Processes	\$900
Forearm, Hand	\$2,250
Wrist	\$2,250
Kneecap	\$2,250
Foot (Except Toes)	\$2,250
Ankle	\$2,250
Rib	\$375
Coccyx	\$360
Finger, Toe	\$360
Chip Fracture	
Percent of Closed Benefit	10%
Open Reduction	
Skull (Depressed)	\$5,100
Skull (Simple, Non-depressed)	\$2,400
Hip / Thigh	\$6,750
Body of Vertebrae	\$6,100
Pelvis	\$5,400
Leg	\$4,050
Bones of Face or Nose	\$2,025

(Continued)

**Injuries Benefits** **Amount**

Burn Benefit	
2nd deg. up to 9% BSA	\$100
3rd deg. up to 9% BSA, 2nd deg. 9%-18% BSA	\$200
3rd deg. 9%-18% BSA, 2nd deg. more than 18% BSA	\$1,000
3rd deg. more than 18% BSA	\$10,000
Skin Graft Benefit	25%
Concussion Benefit	\$200
Emergency Dental Benefit - Crown	\$150
Emergency Dental Benefit - Extraction	\$50
Eye Injury Benefit	\$250
Laceration Benefit	
Not Requiring Repair	\$25
Less Than 2 in	\$50
2 in - 6 in	\$200
Greater Than 6 in	\$400
Traumatic Brain Injury Benefit	\$1,000

**Dislocation Benefits** **Amount**

Closed Reduction	
Hip	\$4,000
Knee	\$2,600
Ankle Bone or Bones of the Foot (Other Than Toes)	\$1,600
Collarbone (Sternoclavicular)	\$500
Lower Jaw	\$1,200
Shoulder (Glenohumeral)	\$1,800
Elbow	\$800
Wrist	\$1,000
Bone or Bones of the Hand (Other than Fingers)	\$1,400
Collarbone (Acromioclavicular and Separation)	\$100
One Toe or One Finger	\$320
Partial Dislocation	
Percent of Closed Benefit	25%

**Fracture Benefits continued** **Amount**

Upper Jaw	\$2,363
Upper Arm	\$2,363
Lower Jaw	\$2,700
Shoulder Blade, Collarbone, Sternum	\$2,700
Vertebral Processes	\$1,350
Forearm, Hand	\$3,375
Wrist	\$3,375
Kneecap	\$3,375
Foot (Except Toes)	\$3,375
Ankle	\$3,375
Rib	\$360
Coccyx	\$360
Finger, Toe	\$360

**Accidental Death and Catastrophic Benefits** **Amount**

Accidental Death Benefit - Child	\$5,000
Accidental Death Benefit Common Carrier - Employee	\$100,000
Accidental Death Benefit Common Carrier - Spouse	\$50,000
Accidental Death Benefit Common Carrier - Child	\$15,000
Catastrophic Accident Benefit - Employee	\$25,000
Catastrophic Accident Benefit - Spouse	\$10,000
Catastrophic Accident Benefit - Child	\$5,000

**Wellness Benefits** **Amount**

Routine Screening Benefit - Employee	\$75
Routine Screening Benefit - Spouse	\$75
Routine Screening Benefit - Child	\$75

*This is a brief description of benefits under forms AO 620 C and AO 620 C MET. Sample rates are shown for illustrative purposes only; rates may vary. An application for insurance must be completed to obtain coverage. Benefit amounts shown are samples and not a guarantee. Benefit amount payable varies by injury/service and may vary by state. Benefits are payable only as the result of a covered accident. Most benefits are paid once per person per covered accident according to the provisions of the certificate. Your certificate will contain a complete schedule. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Elimination periods may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademark of Trustmark Insurance Company. NOTE: If you have previously elected Trustmark accident coverage, your existing policy may differ from what is described here.*