

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



More than 3.5 million children ages 14 and younger get hurt annually playing sports or participating in recreational activities.¹

COORSTEK, LLC

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit thehartford.com/benefits/coorstek

COVERAGE INFORMATION

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		CUSTOM PLAN
Coverage Type		On and Off-job (24 hour)
BENEFITS		
EMERGENCY, HOSPITAL & TREATMENT CARE		CUSTOM PLAN
Accident Follow-Up	Up to 3 visits per accident	\$50
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$25
Ambulance – Air	Once per accident	\$1,500
Ambulance – Ground	Once per accident	\$200
Daily Hospital Confinement	Up to 365 days per lifetime	\$200
Daily ICU Confinement	Up to 30 days per accident	\$400
Emergency Dental	Once per accident	Up to \$300
Emergency Room	Once per accident	\$150
Hospital Admission	Once per accident	\$1,000
Rehabilitation Facility	Up to 15 days per lifetime	\$50
Urgent Care	Once per accident	\$75
SPECIFIED INJURY & SURGERY		CUSTOM PLAN
Burn	Once per accident	Up to \$12,000
Burn – Skin Graft	Once per accident for third degree burn(s)	25% of burn benefit
Dislocation	Once per joint per lifetime	Up to \$6,000
Fracture	Once per bone per accident	Up to \$7,500
Laceration	Once per accident	Up to \$600
Ruptured Disc	Once per accident	\$500
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$750
CATASTROPHIC		CUSTOM PLAN
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$25,000
Common Carrier Death	Within 90 days	4 times death benefit

Coma	Once per accident	\$10,000
Dismemberment	Once per accident	Up to \$50,000
Home Health Care	Up to 30 days per accident	\$50
Prosthesis	Once per accident	Up to \$500
FEATURES		CUSTOM PLAN
Ability Assist® EAP ² – 24/7/365 access to help for financial, legal or emotional issues		Included
HealthChampion ^{SM2} – Administrative & clinical support following serious illness or injury		Included

PREMIUMS

The amounts shown are monthly amounts:

COVERAGE TIER	CUSTOM PLAN
Employee Only	\$6.36 (\$0.21 per day)
Employee & Spouse	\$9.99 (\$0.33 per day)
Employee & Child(ren)	\$10.49 (\$0.34 per day)
Employee & Family	\$16.53 (\$0.54 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis and are less than age 80.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll from October 16 to November 14, 2017.

WHEN DOES THIS INSURANCE BEGIN?

The initial effective date of this coverage is January 1, 2018. Subject to any eligibility waiting period established by your employer, if you enroll for coverage prior to this date, insurance will become effective on this date. If you enroll for coverage after this date, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances.

¹Sports Injury Statistics." Stanford Children's Health, n.d. Web. 30 June 2017. <http://www.stanfordchildrens.org/en/topic/default?id=sports-injury-statistics-90-P02787>

²HealthChampionSM and Ability Assist[®] services are provided through The Hartford by ComPsych[®]. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent