

Bloomington Schools

Accident Benefit – Effective July 1, 2013

Accident Benefit Summary

- Available to active employees working at least 20 hours per week or teachers working .5 FTE or more
- NO health questions asked – coverage is guarantee issue
- 24-hour coverage – accidents on OR off the job are eligible
- Employee, spouse and children coverage available
- Employee must elect coverage to enroll their spouse and/or kids
- Benefits are tax-free based on a schedule of benefits
- Benefits are paid regardless of other medical or disability benefits received – no coordination with other benefits and no offsets
- Sample Accident Benefits include but not limited to: *ambulance, emergency room treatment, initial doctor visit, stiches, hospital confinement, physical therapy, fractures, dislocations, burns, dislocations, concussions, eye injuries, torn ligaments & tendons, follow-up care, medical equipment, etc.*
- Employee uses Accident/Wellness benefit dollars as they see fit
- Multiple accident benefit payments available per person per year
- **Wellness Benefit** - \$100 annual calendar year benefit with health screening test for employee & spouse, \$50 annual benefit for children***
- Portable – take this coverage with you upon separation of employment
- Two year rate guarantee
- Open enrollment period from April 15th – April 29th
- Coverage effective July 1st, 2013

Accident Rate Illustration:

	Cost Per Pay Period*	Annual Premium	-	Annual Wellness Benefit	=	Net** Annual Cost
Employee Only (EE)	\$ 4.68	\$ 112.32	-	\$ 100	=	\$ 12.32
EE + Spouse (SP)	\$ 7.79	\$ 186.96	-	\$ 200	=	(\$ 13.04)
EE + 1 Child	\$ 8.82	\$ 211.68	-	\$ 150	=	\$ 61.68
EE + 2 Children	\$ 8.82	\$ 211.68	-	\$ 200	=	\$ 11.68
EE + 3 Children	\$ 8.82	\$ 211.68	-	\$ 250	=	(\$ 38.32)
EE + 4 or more Children***	\$ 8.82	\$ 211.68	-	\$ 300	=	(\$ 88.32)
EE + SP + 1 Child	\$11.93	\$ 286.32	-	\$ 250	=	\$ 36.32
EE + SP + 2 Children	\$11.93	\$ 286.32	-	\$ 300	=	(\$ 13.68)
EE + SP + 3 Children	\$11.93	\$ 286.32	-	\$ 350	=	(\$ 63.68)
EE + SP + 4 or more kids	\$11.93	\$ 286.32	-	\$ 400	=	(\$113.68)

* Assumes 24 pay periods

** Net annual costs in **red** reflect Wellness benefit dollars received **in excess of** annual premium paid.

*** Child Wellness maximum reimbursement is \$200 per calendar year; four child maximum @ \$50 each

Above is summary of benefits for illustrative purposes only. Please refer to policy for coverage details.



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