



# EQUITABLE

Group name: Nichols College

Policy number: 012787

Form created: 04/08/2024

## Protection for when the unexpected happens

### Accident insurance benefit summary



#### Accidents can happen at any time

Many would have a hard time paying for costs related to those injuries. With accident insurance, you can manage the costs and stress of falls, sports injuries, and other accidents. Our plan covers many types of accidents and pays a cash benefit if you or your dependents are injured as part of a covered accident. Benefits are paid directly to you, so you can use the money however you need to.

Watch this quick video to learn more



#### Did you know?

Americans visit the emergency room for injury-related visits

**35** million times each year,<sup>1</sup>

Two-thirds of Americans would struggle to pay

**\$1,000** in an emergency.<sup>2</sup>



## Benefit plan and Features

**Class definition:** Class 1 – All Active Full Time Employees

**Coverage Effective Date**  
July 01, 2022

**Coverage Basis**  
24-Hour

**Portability**  
To age 70

| <b>Life and dismemberment losses</b>   | <b>Employee</b>                        | <b>Spouse</b>   | <b>Child</b>    |
|--|--|-----------------|-----------------|
| Accidental Death   | \$50,000                               | \$50,000        | \$25,000        |
| Accidental Death Common Carrier  | \$100,000                              | \$100,000       | \$50,000        |
| Catastrophic loss: loss of arm or loss of hand — both arms or both hands, loss of leg or loss of foot — both legs or both feet, loss of hand and loss of foot or loss of arm and loss of leg — one hand and one foot or one arm and one leg, loss of an ear — both ears, irrecoverable loss of hearing — both ears, loss of an eye — both eyes, irrecoverable loss of sight — both eyes, irrecoverable loss of speech or ability to speak, or any combination equaling two or more losses from: loss of arm, loss of hand, loss of leg, loss of foot, loss of an ear or loss of an eye | \$15,000                               | \$15,000        | \$7,500         |
| <b>Accidental dismemberment</b>  | <b>Employee</b>                        | <b>Spouse</b>   | <b>Child</b>    |
| Loss of hand — one hand, Loss of foot — one foot, Loss of leg — one leg or loss of arm — one arm   | \$7,500                                | \$7,500         | \$3,750         |
| Loss of a finger or loss of a toe — two or more fingers or toes  | \$1,500                                | \$1,500         | \$750           |
| Loss of a finger or loss of a toe — one finger or one toe  | \$750                                  | \$750           | \$375           |
| Loss of hearing or loss of an ear — one ear  | \$7,500                                | \$7,500         | \$3,750         |
| Loss of sight or loss of an eye — one eye  | \$7,500                                | \$7,500         | \$3,750         |
| <b>Dislocations (Open reduction/Closed reduction)</b>  | <b>Employee</b>                        | <b>Spouse</b>   | <b>Child</b>    |
| Hip  | \$6,000/\$3,000                        | \$6,000/\$3,000 | \$6,000/\$3,000 |
| Knee, ankle or bones of the foot   | \$2,000/\$1,000                        | \$2,000/\$1,000 | \$2,000/\$1,000 |
| Elbow or wrist   | \$800/\$400                            | \$800/\$400     | \$800/\$400     |
| Shoulder   | \$1,000/\$500                          | \$1,000/\$500   | \$1,000/\$500   |
| Collarbone or bones of the hand  | \$1,600/\$800                          | \$1,600/\$800   | \$1,600/\$800   |
| Finger(s) or toe(s)  | \$200/\$100                            | \$200/\$100     | \$200/\$100     |
| Lower jaw  | \$800/\$400                            | \$800/\$400     | \$800/\$400     |
| Incomplete dislocation   | 25% of the applicable closed reduction |                 |                 |

## Benefit plan and Features

| Fractures (Open reduction/Closed reduction)    | Employee   | Spouse          | Child           |
|--|--|-----------------|-----------------|
| Hip or thigh                                   | \$4,000/\$2,000  | \$4,000/\$2,000 | \$4,000/\$2,000 |
| Skull — depressed                              | \$8,000/\$4,000  | \$8,000/\$4,000 | \$8,000/\$4,000 |
| Skull — simple                                 | \$3,000/\$1,500  | \$3,000/\$1,500 | \$3,000/\$1,500 |
| Vertebral processes                            | \$700/\$350  | \$700/\$350     | \$700/\$350     |
| Bones of face or nose                          | \$700/\$350  | \$700/\$350     | \$700/\$350     |
| Leg (tibia or fibula)                          | \$2,000/\$1,000  | \$2,000/\$1,000 | \$2,000/\$1,000 |
| Vertebrae (body of) or sternum                 | \$1,600/\$800  | \$1,600/\$800   | \$1,600/\$800   |
| Pelvis (excluding coccyx)                      | \$1,600/\$800  | \$1,600/\$800   | \$1,600/\$800   |
| Upper jaw or upper arm                         | \$750/\$375  | \$750/\$375     | \$750/\$375     |
| Lower jaw                                      | \$650/\$325  | \$650/\$325     | \$650/\$325     |
| Knee cap                                       | \$650/\$325  | \$650/\$325     | \$650/\$325     |
| Ankle  | \$650/\$325  | \$650/\$325     | \$650/\$325     |
| Foot   | \$650/\$325  | \$650/\$325     | \$650/\$325     |
| Collarbone                                     | \$650/\$325  | \$650/\$325     | \$650/\$325     |
| Shoulder                                       | \$650/\$325  | \$650/\$325     | \$650/\$325     |
| Forearm  | \$650/\$325  | \$650/\$325     | \$650/\$325     |
| Hand   | \$650/\$325  | \$650/\$325     | \$650/\$325     |
| Wrist  | \$650/\$325  | \$650/\$325     | \$650/\$325     |
| Elbow  | \$650/\$325  | \$650/\$325     | \$650/\$325     |
| Heel   | \$650/\$325  | \$650/\$325     | \$650/\$325     |
| Rib, finger, toe or coccyx                     | \$350/\$175  | \$350/\$175     | \$350/\$175     |
| Multiple ribs                                  | \$1,000/\$500  | \$1,000/\$500   | \$1,000/\$500   |
| Chip fractures and other fractures not reduced | 25% of the applicable closed reduction by open or closed reduction |                 |                 |
| <b>Additional injuries</b>                     | <b>Employee</b>  | <b>Spouse</b>   | <b>Child</b>    |
| Eye injury                                     | \$250  | \$250           | \$250           |
| Gunshot wound                                  | \$500  | \$500           | \$500           |
| Brain injury                                   | \$150  | \$150           | \$150           |
| Paralysis — monoplegia                         | \$1,000  | \$1,000         | \$1,000         |
| Paralysis — diplegia                           | \$5,000  | \$5,000         | \$5,000         |
| Paralysis — hemiplegia                         | \$5,000  | \$5,000         | \$5,000         |
| Paralysis — paraplegia                         | \$25,000   | \$25,000        | \$25,000        |
| Paralysis — quadriplegia                       | \$50,000   | \$50,000        | \$50,000        |
| Coma   | \$10,000   | \$10,000        | \$10,000        |
| Concussion                                     | \$200  | \$200           | \$200           |
| Concussion lifetime maximum benefit            | \$2,000  | \$2,000         | \$2,000         |

## Benefit plan and Features

| Lacerations  | Employee                           | Spouse   | Child    |
|--|------------------------------------|----------|----------|
| Laceration(s) with no sutures and treated by a physician   | \$35                               | \$35     | \$35     |
| Single laceration under 5 cm with sutures  | \$65                               | \$65     | \$65     |
| Lacerations 5–15 cm with sutures (total of all lacerations)  | \$250                              | \$250    | \$250    |
| Lacerations greater than 15 cm with sutures (total of all lacerations)   | \$500                              | \$500    | \$500    |
| Surgery  | Employee                           | Spouse   | Child    |
| Miscellaneous surgery requiring general anesthesia not otherwise listed (once per 24-hour period, even though multiple surgical procedures may be performed) | \$300                              | \$300    | \$300    |
| Open surgery   | \$1,250                            | \$1,250  | \$1,250  |
| Exploratory surgery or debridement   | \$250                              | \$250    | \$250    |
| Laparoscopic surgery or hernia repair  | \$300                              | \$300    | \$300    |
| Tendon/Ligament/Rotator cuff tear  | \$750                              | \$750    | \$750    |
| Torn knee cartilage  | \$750                              | \$750    | \$750    |
| Ruptured/herniated disc  | \$750                              | \$750    | \$750    |
| Burns  | Employee                           | Spouse   | Child    |
| 21–40 sq. cm second degree   | \$400                              | \$400    | \$400    |
| 21–40 sq. cm third degree  | \$1,000                            | \$1,000  | \$1,000  |
| 41–65 sq. cm second degree   | \$800                              | \$800    | \$800    |
| 41–65 sq. cm third degree  | \$2,000                            | \$2,000  | \$2,000  |
| 66–160 sq. cm second degree  | \$1,200                            | \$1,200  | \$1,200  |
| 66–160 sq. cm third degree   | \$6,000                            | \$6,000  | \$6,000  |
| 161–225 sq. cm second degree   | \$1,600                            | \$1,600  | \$1,600  |
| 161–225 sq. cm third degree  | \$14,000                           | \$14,000 | \$14,000 |
| More than 225 sq. cm second degree   | \$2,000                            | \$2,000  | \$2,000  |
| More than 225 sq. cm third degree  | \$20,000                           | \$20,000 | \$20,000 |
| Skin graft   | 50% of the applicable burn benefit |          |          |
| Medical services   | Employee                           | Spouse   | Child    |
| Diagnostic exam (one-time per benefit year):   | \$200                              | \$200    | \$200    |
| • Arteriogram, angiogram, CT, CAT, EKG, EEG or MRI X-ray   | \$30                               | \$30     | \$30     |
| Accident emergency treatment (non-ER or non-urgent care facility) (one time per covered accident)  | \$100                              | \$100    | \$100    |
| Physician's follow-up treatment office visit   | \$25                               | \$25     | \$25     |



## Benefit plan and Features

| <b>Medical services</b>   | <b>Employee</b> | <b>Spouse</b> | <b>Child</b> |
|---|-----------------|---------------|--------------|
| (per visit, up to 10 times per covered accident)  |                 |               |              |
| Physical and occupational therapy (per visit, up to 10 times per covered accident)  | \$35            | \$35          | \$35         |
| Medical devices   | \$125           | \$125         | \$125        |
| Epidural pain management (up to 2 times per covered accident)   | \$50            | \$50          | \$50         |
| Prescription drug   | \$25            | \$25          | \$25         |
| Prosthesis (one)  | \$750           | \$750         | \$750        |
| Prosthesis (two)  | \$1,500         | \$1,500       | \$1,500      |
| Anesthesia  | \$50            | \$50          | \$50         |
| Blood, plasma or platelet transfusion   | \$200           | \$200         | \$200        |
| <b>Hospital</b>   | <b>Employee</b> | <b>Spouse</b> | <b>Child</b> |
| Hospital admission (once per benefit year)  | \$1,500         | \$1,500       | \$1,500      |
| Hospital confinement (per day up to 30 days per covered accident)   | \$400           | \$400         | \$400        |
| Intensive care unit admission (once per benefit year; payable instead of hospital admission benefit if confined immediately to ICU) | \$3,000         | \$3,000       | \$3,000      |
| Intensive care unit confinement (per day up to 15 days; payable in addition to any hospital confinement benefit)                    | \$800           | \$800         | \$800        |
| Ambulance (Ground)  | \$600           | \$600         | \$600        |
| Ambulance (Air)   | \$4,000         | \$4,000       | \$4,000      |
| ER admission or urgent care facility  | \$150           | \$150         | \$150        |
| Family Lodging  |                 |               |              |
| Maximum Lodging night stays: one benefit per day, 30 days per benefit year  | \$100           | \$100         | \$100        |
| Transportation (100 or more miles up to three times per covered accident)   | \$500           | \$500         | \$500        |
| Rehabilitation unit (per day, up to 30 days per covered accident)   | \$100           | \$100         | \$100        |
| <b>Emergency dental</b>   | <b>Employee</b> | <b>Spouse</b> | <b>Child</b> |
| Emergency dental extraction   | \$65            | \$65          | \$65         |
| Emergency dental crown  | \$200           | \$200         | \$200        |
| <b>Wellness benefit</b>   | <b>Employee</b> | <b>Spouse</b> | <b>Child</b> |
| Wellness screening benefit (once per benefit year)  | \$50            | \$50          | \$50         |

## Qualifying exams and screenings for Wellness Screening Benefit

- CA15-3 (blood test for breast cancer)
- Breast Cancer Screening (clinical breast exam, mammography, MRI, thermography, ultrasound)
- CA 125 (blood test for ovarian cancer)
- Colorectal Cancer Screening (fecal occult blood test, colonoscopy, sigmoidoscopy)
- CEA (blood test for colon cancer)
- Lipid panel(cholesterol, triglycerides, HDL, LDL)
- Pap smear
- Prostate Cancer Screening (digital rectal exam, PSA blood test)
- Skin Cancer Screening
- Diabetes tests (fasting blood glucose test, hemoglobin A1c)
- Cardiac exercise stress test
- Electrocardiogram (ECG)-resting or stress
- Chest x-ray
- Hemocult stool analysis
- Serum protein electrophoresis
- Carotid Doppler
- Echocardiogram
- Immunizations
- Interscholastic Sports Physical Exam

## Understanding your benefits

### Commonly Used Terms

|                  |  |
|------------------|--|
| Accident         | An event that an average person would consider sudden and unforeseeable and which causes injury to an insured. Illnesses of any kind are not considered an accident. |
| Common carrier   | A phrase referring to commercial airplanes, trains, buses, subways, ferries, etc.  |
| Open reduction   | Surgical treatment or repair of an injury.   |
| Closed reduction | Non-surgical treatment or repair of an injury.   |

### Frequently Asked Questions

|   |   |
|---|---|
| When can I enroll?                                | You can enroll when you are initially eligible for benefits and any subsequent annual enrollment or life status change.   |
| Are my dependent children eligible for coverage?  | Yes, dependent children are eligible up to the end of the month they reach age 26. If any dependent children are developmentally disabled, you are able to continue coverage beyond age 26.   |
| Do benefits have to be used for medical expenses? | You decide how to use your benefit payment: <ul style="list-style-type: none"> <li>• Out-of-pocket</li> <li>• Rehab costs</li> <li>• Utility or credit card bills medical costs, including</li> <li>• Rent or mortgage payments</li> <li>• Childcare deductibles and co-pays</li> <li>• Groceries</li> <li>• Other financial support</li> </ul> |
| What is accident insurance?                       | Group accident insurance provides cash benefits for unexpected injuries resulting from a covered accident. Our plan covers many types of injuries, treatments and services.   |
| Why should I buy accident insurance?              | Accident insurance helps cover unexpected expenses related to an accidental injury, which can be costly. Accident insurance can help protect against unexpected costs not typically covered under a medical plan, such as deductibles, copays or out-of-network costs.  |
| What is a wellness benefit?                       | Insureds are eligible to receive an annual benefit amount (default is \$50) when they undergo any eligible exam or screening from the covered list.   |
| How do I learn more about my benefits?            | Visit <a href="http://www.equitable.com/employeebenefits">www.equitable.com/employeebenefits</a> and log on to EB360® to view your account details.   |

If I have additional questions, who can I talk to?

Please don't hesitate to contact us at phone number (866) 274-9887.

## Monthly Cost Summary

| Cost Summary for Accident Insurance | Monthly Premium |
|-------------------------------------|-----------------|
| Employee Only                       | \$15.22         |
| Employee & Spouse                   | \$27.05         |
| Employee & Child(ren)               | \$29.68         |
| Employee & Family                   | \$41.51         |



Contact us at  
**(866) 274-9887**  
with any questions  
you may have.

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