

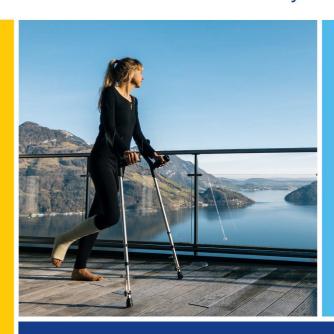
Group name: First Responders' Benefit Trust

Policy number: 020019 Form created: 06/18/2024



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.1

Two-thirds of Americans would struggle to pay

\$1,000 in an emergency.²

Benefit plan and Features - High Plan

Class definition: Class 1 – All Active members of the Fraternal Order of Police

Coverage Effective Date August 01, 2024	Coverage Basis 24-Hour	1	Portability To age 70
Life and dismemberment losses	Member	Spouse	Child
Accidental Death	\$50,000	\$50,000	\$12,500
Accidental Death Common Carrier	\$100,000	\$100,000	\$25,000
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
Accidental dismemberment	Member	Spouse	Child
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
Dislocations (Open reduction/Closed reduction)	Member	Spouse	Child
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
			\$800/\$400

Benefit plan and Features - High Plan

Fractures (Open reduction/Closed reduction)	Member	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	25% of the applicable	e closed reduction by open o	r closed reduction

reduced

Additional injuries	Member	Spouse	Child	
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	\$12,500	\$12,500	\$12,500	
Concussion	\$100	\$100	\$100	
Concussion lifetime maximum benefit	\$2,000	\$2,000	\$2,000	

Benefit plan and Features - High Plan

Lacerations	Member	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	Member	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	Member	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 applical	ole burn benefit	
Medical services	Member	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	\$50	\$50	\$50

Medical services	Member	Spouse	Child
(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
Hospital	Member	Spouse	Child
Hospital admission (once per benefit year)	\$1,300	\$1,300	\$1,300
Hospital confinement (per day up to 30 days per covered accident)	\$250	\$250	\$250
Intensive care unit admission (once per benefit year; payable instead of hospital admission benefit if confined immediately to ICU)	\$2,500	\$2,500	\$2,500
Intensive care unit confinement (per day up to 15 days; payable in addition to any hospital confinement benefit)	\$500	\$500	\$500
Ambulance (Ground)	\$200	\$200	\$200
Ambulance (Air)	\$2,000	\$2,000	\$2,000
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
Emergency dental	Member	Spouse	Child
Emergency dental extraction	\$65	\$65	\$65
Emergency dental crown	\$200	\$200	\$200
Wellness benefit	Member	Spouse	Child
Wellness screening benefit (once per benefit	\$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
- Hemoccult 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.

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: Out-of-pocket Rehab costs Utility or credit card bills medical costs, including Rent or mortgage payments Childcare deductibles and co-pays Groceries Other financial support
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 empl <u>www.equitable.com/employeebenefits</u> and log on to EB360® to view your account

details.

\$63.08

Monthly Cost Summary Cost Summary for Accident Insurance Member Only \$18.05 Member & Spouse \$39.89 Member & Child(ren) \$40.49



Member & Family

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

This includes questions on how we can provide language translation services at no cost to you and how we can assist the visually impaired with form completion and other information.

Email: Customer Service at EBCustomerService@equitable.com.



Members requiring assistance with hearing impairment can contact our TDD line directly at (800) 877-8973.

Visit equitable.com/employeebenefits and log on to EB360® to view your account details.

¹ National Hospital Ambulatory Medical Care Survey: 2016 Emergency Department Summary Tables, # 1, 4, 11, 14, 24, 25. cdc. gov/nchs/data/nhamcs/web_tables/2016_ed_web_tables.pdf.

² The Associated Press - NORC Center for Public Affairs Research. investedwallet.com/personal-financestatistics/.

Important Information

Limitations and exclusions. The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. Accident benefits may not be payable for injuries caused or contributed to by or incurred: physical or mental illness or disease or related medical treatment, infection not occurring as a direct result of accidental bodily injury, suicide or intentionally self-inflicted injury, war or act of war, while incarcerated, participating in a felony or illegal activity, intoxication, voluntary drug use unless administered by and used as instructed by a physician or for over-the-counter drugs in accordance with manufacturer's instructions, participation in certain activities involving an increased risk of injury as listed in the policy and certificate (e.g., mountain climbing, sky diving).

If you start working for your employer after the effective date - the waiting period is determined by your Employer's personnel policy.

An member who is employed on the effective date of the policy will receive credit toward satisfying the waiting period for time employed with the employer provided he or she was employed on the day prior to the effective date of the policy.

This policy provides limited benefits: This coverage does not constitute comprehensive health insurance coverage (often referred

to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. THIS POLICY IS NOT A MEDICARE SUPPLEMENT PLAN. The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. For costs and complete details of the coverage, please see the actual policy or contact your insurance broker. Plan documents are the final arbiter of coverage. Policy form [provide policy form nos.] and state variations. Availability is subject to state approvals.

Equitable policy strictly prohibits doing business with any person or entity involved with marijuana production, distribution or other ancillary operations. Marijuana-related businesses also include the marketing of marijuana-related products and services, persons and businesses that service and receive income from the marijuana industry, and business involving hemp and hemp-related ingredients.

Legal disclosures: Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc., including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY), Equitable Financial Life Insurance Company of America (Equitable America), an AZ stock company with an administrative office located in Charlotte, NC, and Equitable Distributors, LLC. Equitable Advisors is the brand name of Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI and TN). All group insurance products are issued either by Equitable Financial or Equitable America, which have sole responsibility for their respective insurance and backed solely by their claims-paying obligations. Some products are not available in all states.

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Policy number: 020019 Form created: 06/18/2024



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Accident insurance benefit summary





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Did you know?

Americans visit the emergency room for injury-related visits

35 million times each year.1

Two-thirds of Americans would struggle to pay

\$1,000 in an emergency.²

Benefit plan and Features - Low Plan

Class definition: Class 1 – All Active members of the Fraternal Order of Police

Coverage Effective Date August 01, 2024	Coverage Basis 24-Hour	100	Portability To age 70
Life and dismemberment losses	Member	Spouse	Child
Accidental Death	\$25,000	\$25,000	\$6,250
Accidental Death Common Carrier	\$50,000	\$50,000	\$12,500
Catastrophic loss: loss of arm or loss of hand — both arms or both hands, loss of leg or loss offoot — both legs or both feet, loss of hand and loss offoot 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	\$7,500	\$7,500	\$3,750
Accidental dismemberment	Member	Spouse	Child
Loss of hand — one hand, Loss of foot — one foot, Loss of leg — one leg or loss of arm — one arm	\$3,750	\$3,750	\$1,875
Loss of a finger or loss of a toe — two or more fingers or toes	\$750	\$750	\$375
Loss of a finger or loss of a toe — one finger or one toe	\$375	\$375	\$190
Loss of hearing or loss of an ear — one ear	\$3,750	\$3,750	\$1,875
Loss of sight or loss of an eye — one eye	\$3,750	\$3,750	\$1,875
Dislocations (Open reduction/Closed reduction)	Member	Spouse	Child
Hip	\$2,000/\$1,000	\$2,000/\$1,000	\$2,000/\$1,000
Knee, ankle or bones of the foot	\$1,000/\$500	\$1,000/\$500	\$1,000/\$500
Elbow or wrist	\$400/\$200	\$400/\$200	\$400/\$200
Shoulder	\$500/\$250	\$500/\$250	\$500/\$250
Collarbone or bones of the hand	\$800/\$400	\$800/\$400	\$800/\$400
Finger(s) or toe(s)	\$100/\$50	\$100/\$50	\$100/\$50

Benefit plan and Features - Low Plan

Fractures (Open reduction/Closed reduction)	Member	Spouse	Child
Hip or thigh	\$2,000/\$1,000	\$2,000/\$1,000	\$2,000/\$1,000
Skull — depressed	\$3,000/\$1,500	\$3,000/\$1,500	\$3,000/\$1,500
Skull — simple	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Vertebral processes	\$350/\$175	\$350/\$175	\$350/\$175
Bones of face or nose	\$350/\$175	\$350/\$175	\$350/\$175
Leg (tibia or fibula)	\$1,000/\$500	\$1,000/\$500	\$1,000/\$500
Vertebrae (body of) or sternum	\$800/\$400	\$800/\$400	\$800/\$400
Pelvis (excluding coccyx)	\$800/\$400	\$800/\$400	\$800/\$400
Upper jaw or upper arm	\$375/\$190	\$375/\$190	\$375/\$190
Lower jaw	\$325/\$170	\$325/\$170	\$325/\$170
Knee cap	\$325/\$170	\$325/\$170	\$325/\$170
Ankle	\$325/\$170	\$325/\$170	\$325/\$170
Foot	\$325/\$170	\$325/\$170	\$325/\$170
Collarbone	\$325/\$170	\$325/\$170	\$325/\$170
Shoulder	\$325/\$170	\$325/\$170	\$325/\$170
Forearm	\$325/\$170	\$325/\$170	\$325/\$170
Hand	\$325/\$170	\$325/\$170	\$325/\$170
Wrist	\$325/\$170	\$325/\$170	\$325/\$170
Elbow	\$325/\$170	\$325/\$170	\$325/\$170
Heel	\$325/\$170	\$325/\$170	\$325/\$170
Rib, finger, toe or coccyx	\$175/\$90	\$175/\$90	\$175/\$90
Multiple ribs	\$500/\$250	\$500/\$250	\$500/\$250
Chip fractures and other fractures not reduced	25% of the applicable closed reduction by open or closed reduction		r closed reduction

reduced

Additional injuries	Member	Spouse	Child
Eye injury	\$125	\$125	\$125
Gunshot wound	\$250	\$250	\$250
Brain injury	\$75	\$75	\$75
Paralysis — monoplegia	\$500	\$500	\$500
Paralysis — diplegia	\$2,500	\$2,500	\$2,500
Paralysis — hemiplegia	\$2,500	\$2,500	\$2,500
Paralysis — paraplegia	\$12,500	\$12,500	\$12,500
Paralysis — quadriplegia	\$25,000	\$25,000	\$25,000
Coma	\$10,000	\$10,000	\$10,000
Concussion	\$100	\$100	\$100
Concussion lifetime maximum benefit	\$1,500	\$1,500	\$1,500

Benefit plan and Features - Low Plan

Lacerations	Member	Spouse	Child
Laceration(s) with no sutures and treated by a physician	\$20	\$20	\$20
Single laceration under 5 cm with sutures	\$35	\$35	\$35
Lacerations 5–15 cm with sutures (total of all lacerations)	\$125	\$125	\$125
Lacerations greater than 15 cm with sutures (total of all lacerations)	\$250	\$250	\$250
Surgery	Member	Spouse	Child
Miscellaneous surgery requiring general anesthesia not otherwise listed (once per 24-hour period, even though multiple surgical procedures may be performed)	\$150	\$150	\$150
Open surgery	\$625	\$625	\$625
Exploratory surgery or debridement	\$125	\$125	\$125
Laparoscopic surgery or hernia repair	\$150	\$150	\$150
Tendon/Ligament/Rotator cuff tear	\$300	\$300	\$300
Torn knee cartilage	\$300	\$300	\$300
Ruptured/herniated disc	\$300	\$300	\$300
Burns	Member	Spouse	Child
21–40 sq. cm second degree	\$200	\$200	\$200
21–40 sq. cm third degree	\$500	\$500	\$500
41–65 sq. cm second degree	\$400	\$400	\$400
41–65 sq. cm third degree	\$1,000	\$1,000	\$1,000
66–160 sq. cm second degree	\$600	\$600	\$600
66–160 sq. cm third degree	\$3,000	\$3,000	\$3,000
161–225 sq. cm second degree	\$800	\$800	\$800
161–225 sq. cm third degree	\$7,000	\$7,000	\$7,000
More than 225 sq. cm second degree	\$1,000	\$1,000	\$1,000
More than 225 sq. cm third degree	\$10,000	\$10,000	\$10,000
Skin graft	50% of the applica	ble burn benefit	
Medical services	Member	Spouse	Child
Diagnostic exam (one-time per benefit year):	\$100	\$100	\$100
• Arteriogram, angiogram, CT, CAT, EKG, EEG or MRI X-ray	\$25	\$25	\$25
Accident emergency treatment (non-ER or non-urgent care facility) (one time per covered accident)	\$75	\$75	\$75
Physician's follow-up treatment office visit	\$50	\$50	\$50

Medical services	Member	Spouse	Child
(per visit, up to 10 times per covered accident)			
Physical and occupational therapy (per visit, up to 10 times per covered accident)	\$25	\$25	\$25
Medical devices	\$100	\$100	\$100
Epidural pain management (up to 2 times per covered accident)	\$25	\$25	\$25
Prescription drug	\$15	\$15	\$15
Prosthesis (one)	\$250	\$250	\$250
Prosthesis (two)	\$500	\$500	\$500
Anesthesia	\$25	\$25	\$25
Blood, plasma or platelet transfusion	\$100	\$100	\$100
Hospital	Member	Spouse	Child
Hospital admission (once per benefit year)	\$1,000	\$1,000	\$1,000
Hospital confinement (per day up to 30 days per covered accident)	\$200	\$200	\$200
Intensive care unit admission (once per benefit year; payable instead of hospital admission benefit if confined immediately to ICU)	\$2,000	\$2,000	\$2,000
Intensive care unit confinement (per day up to 15 days; payable in addition to any hospital confinement benefit)	\$400	\$400	\$400
Ambulance (Ground)	\$200	\$200	\$200
Ambulance (Air)	\$2,000	\$2,000	\$2,000
ER admission or urgent care facility	\$75	\$75	\$75
Family Lodging			
Maximum Lodging night stays: one benefit per day, 30 days per benefit year	\$50	\$50	\$50
Transportation (100 or more miles up to three times per covered accident)	\$250	\$250	\$250
Rehabilitation unit (per day, up to 30 days per covered accident)	\$50	\$50	\$50
Emergency dental	Member	Spouse	Child
Emergency dental extraction	\$30	\$30	\$30
Emergency dental crown	\$100	\$100	\$100
Wellness benefit	Member	Spouse	Child

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

- Skin Cancer Screening
- Diabetes tests (fasting blood glucose test, hemoglobin A1c)
- Cardiac exercise stress test
- Electrocardiogram (ECG)-resting or stress
- Chest x-ray
- Hemoccult stool analysis
- Serum protein electrophoresis
- **Carotid Doppler**
- Echocardiogram
- **Immunizations**
- Interscholastic Sports Physical Exam

Understanding your benefits

Commonly Used Terms	
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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: Out-of-pocket Rehab costs Utility or credit card bills medical costs, including Rent or mortgage payments Childcare deductibles and co-pays Groceries Other financial support
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 www.equitable.com/employeebenefits and log on to EB360® to view your account

details.

Monthly Cost Summary Cost Summary for Accident Insurance Member Only Member & Spouse \$11.79 Member & Spouse \$19.15 Member & Child(ren) \$23.02 Member & Family \$30.51



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

This includes questions on how we can provide language translation services at no cost to you and how we can assist the visually impaired with form completion and other information.

Email: Customer Service at EBCustomerService@equitable.com.



Members requiring assistance with hearing impairment can contact our TDD line directly at (800) 877-8973.

Visit equitable.com/employeebenefits and log on to EB360® to view your account details.

¹ National Hospital Ambulatory Medical Care Survey: 2016 Emergency Department Summary Tables, # 1, 4, 11, 14, 24, 25. cdc. gov/nchs/data/nhamcs/web_tables/2016_ed_web_tables.pdf.

² The Associated Press - NORC Center for Public Affairs Research. investedwallet.com/personal-financestatistics/.

Important Information

Limitations and exclusions. The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. Accident benefits may not be payable for injuries caused or contributed to by or incurred: physical or mental illness or disease or related medical treatment, infection not occurring as a direct result of accidental bodily injury, suicide or intentionally self-inflicted injury, war or act of war, while incarcerated, participating in a felony or illegal activity, intoxication, voluntary drug use unless administered by and used as instructed by a physician or for over-the-counter drugs in accordance with manufacturer's instructions, participation in certain activities involving an increased risk of injury as listed in the policy and certificate (e.g., mountain climbing, sky diving).

If you start working for your employer after the effective date - the waiting period is determined by your Employer's personnel policy.

An member who is employed on the effective date of the policy will receive credit toward satisfying the waiting period for time employed with the employer provided he or she was employed on the day prior to the effective date of the policy.

This policy provides limited benefits: This coverage does not constitute comprehensive health insurance coverage (often referred

to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. THIS POLICY IS NOT A MEDICARE SUPPLEMENT PLAN. The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. For costs and complete details of the coverage, please see the actual policy or contact your insurance broker. Plan documents are the final arbiter of coverage. Policy form [provide policy form nos.] and state variations. Availability is subject to state approvals.

Equitable policy strictly prohibits doing business with any person or entity involved with marijuana production, distribution or other ancillary operations. Marijuana-related businesses also include the marketing of marijuana-related products and services, persons and businesses that service and receive income from the marijuana industry, and business involving hemp and hemp-related ingredients.

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