Employee Accident Option Plus

Employee Accident Insurance

24 Hour Coverage

- **A limited supplemental policy providing Accident insurance**
- **24-hour coverage for accidents, on or off the job**
- **Guaranteed Renewable for life**

Protection for the Unexpected!

LIFE INSURANCE COMPANY OF BOSTON & NEW YORK

Approved for use in: NY

LIFE INSURANCE COMPANY OF BOSTON & NEW YORK – 4300 Camp Road - PO Box 331 • Athol Springs, NY 14010

Policy Form WS-ACC 8/08 NY
SH - Rider 8/08 NY, Sp Acc - Rider 8/08 NY, CA - Rider 8/08 NY, ERR - Rider 8/08 NY, EPO - Rider 8/08 NY

NY-575 11/18

Eligibility and Premium Rates

ELIGIBILITY FOR BASE PLAN

You must be between ages 18-70 and working a minimum of 20 hours a week to be eligible for participation in the Accident Insurance plan. You may also insure your spouse *(ages 18-70)*. Children under the age of 26 are also eligible regardless of marital or dependency status.

GUARANTEED RENEWABLE

Coverage is guaranteed renewable for life as long as premiums are paid.

EFFECTIVE DATE OF COVERAGE

Coverage becomes effective at 11:59 PM on the date of the signed application.

PORTABILITY

This policy is fully portable. If you leave the group, you can keep this policy at the same premium rate which other insureds are paying.

ELIGIBILITY FOR RIDERS

You, your spouse and/or children enrolled in the base plan are eligible for the following riders. These riders must be purchased on all enrolled family members.

- Enhanced Emergency Room Benefit Rider
- Enhanced Physician Office/Urgent Care Treatment Benefit Rider

You and your spouse *(ages 18-64)* and/or children enrolled in the base plan are eligible for the following rider. This rider must be purchased on all enrolled family members.

- Sickness - Hospital Confinement Benefit Rider

PLAN WEEKLY CONTRIBUTIONS

	Primary Insured Only	Primary Insured & Spouse Only	Primary Insured & Children Only	Primary Insured Spouse & Children
Base Plan - ***24 hour coverage***	**$3.65**	**$5.47**	**$6.65**	**$8.47**
Enhanced Emergency Room Benefit Rider - per $100 benefit ***(max 3 units)***	**$ .27**	**$ .51**	**$ .82**	**$1.06**
Sickness-Hospital Confinement Benefit Rider $100 benefit	**$ .69**	**$1.38**	**$1.15**	**$1.85**
Enhanced Physician Office/Urgent Care Treatment Benefit Rider - per $25 benefit ***(max 2 units)***	**$ .17**	**$ .33**	**$ .36**	**$ .52**

Life of Boston's Accident Policy Provides the Following Benefits:

Air Ambulance	$500	*Within 48 hours after the covered accident.*
Ambulance	$100	*Within 90 days of the covered accident.*
Appliance	$100	*Within 90 days after the covered accident. For mobility and personal locomotion.*
Blood/Plasma/Platelets	$300	*Within 90 days of the covered accident.*
Burns	$750 to $10,000	*Treated by a physician within 72 hours after the covered accident. Scheduled amount based on degree of burn. Skin grafts are 25% of the burn benefit.*
Concussion	$100	*Diagnosed by a physician within 72 hours after the covered accident.*
Dislocations *(Separated Joint)*	$50 to $8,000	*Based on the type of surgery and joint involved.*
Emergency Dental Work	$50 to $150	*Based on whether tooth is extracted or crowned.*
Emergency Room Treatment	$50	*Examination and treatment within 72 hours after the covered accident.* ***Can be increased by $100, $200 or $300 with the Enhanced Emergency Room Benefit Rider.***
Eye Injury	$200	*Within 90 days of the covered accident.*
Follow-Up Physician Treatment	$50	*Within 90 days of the covered accident.*
Fractures	$25 to $10,000	*Based on the type of surgery and bone involved.*
Hospital Admission	$1,000	***($2,000 if immediately admitted into Intensive Care Unit)*** *Within 6 months after the covered accident.*
Hospital Confinement	$240 per day up to 365 days $165 per day if outside metropolitan area	*Within 6 months after the covered accident. Not payable if Hospital Intensive Care Benefit is paid for the same day.*
Hospital Intensive Care	$500 per day up to 30 days	*The confinement must begin within 30 days after the covered accident.*
Initial Physician's Office/Urgent Care Visit	$50	*Within 60 days after the covered accident.* ***Can be increased by $25 or $50 with the Enhanced Physician Office/Urgent Care Treatment Benefit Rider.***
Lacerations	$25 to $400	*Repaired by a physician within 72 hours after the covered accident. Paid based on the total length of all lacerations received in any one covered accident.*
Lodging	$100 per night	*Up to 30 days per covered accident. Hospital must be more than 100 miles from the insured person's residence.*
Major Diagnostic Exams	$150	*Per calendar year for CT scan, MRI or EEG as the result of a covered accident.*
Physical Therapy	$25 per day	*Maximum of 6 days. Within 6 months of covered accident.*
Prosthetic Device/Artificial Limb	$500 to $1,000	*Within 1 year of the covered accident.*
Rehabilitation Unit	$150 per day	*When confined in a rehab unit following hospitalization. Up to 30 days.*
Ruptured Disc	$400	*Treated by a physician within 60 days after the covered accident and repaired through surgery within 1 year after the covered accident.*
Surgery *(Abdominal or thoracic)*	$1,000	*Within 72 hours after the covered accident. Benefit is $100 if exploratory surgery with no repair. Hernia repair will not be covered.*
Tendon/Ligament/Rotator Cuff	$150, $600 or $900	*Must be repaired within 90 days after the covered accident. The benefit is based on the number of repairs needed and repaired through surgery.*
Torn Knee Cartilage	$750	*Treated by a physician within 60 days and repaired through surgery within 6 months after the covered accident. Benefit is $150 if exploratory arthroscopic surgery with no repair.*
Transportation	$300 per round trip	*Up to 3 round trips per covered accident. For treatment more than 100 miles roundtrip from your home.*

Accidental Death and Dismemberment

This Accident policy will provide the following benefits for injuries that are the result of a covered accident and cause death or dismemberment within 90 days from the date of the accident.

ACCIDENTAL DEATH BENEFITS:

COVERED PERSON	COMMON CARRIER	OTHER
Named Insured	$100,000	$50,000
Spouse	$100,000	$50,000
Child(ren)	$20,000	$10,000

The **Dismemberment Benefit** is paid based on the number of limbs lost and/or the specific limb(s) lost.
Loss of Finger, Toe, Hand, Foot or Sight of Eye ..... $1,500 to $30,000 *(schedule amount depending on loss)*

Catastrophic Accident

We can help with catastrophic injuries by providing a benefit for the life-altering loss that results from an accident. Catastrophic loss is an injury that within 365 days of the covered accident results in the total and irrecoverable loss of:

- both hands or both feet, or
- one hand or one foot, or
- both arms or both legs *(or loss of use)*, or
- one arm or one leg *(or loss of use)*, or
- sight of both eyes, or
- hearing in both ears, or
- the ability to speak

The **Catastrophic Accident Benefit** is payable after a 365 day elimination period and is reduced by 50% beginning on the day that the insured person reaches age 70.

COVERED PERSON	BENEFIT AMOUNT PER LIFETIME
Named Insured	$100,000
Spouse	$100,000
Child(ren)	$50,000

General Information

All benefits are subject to limitations as explained in the policy. They are payable once per covered accident and treatment and/or loss must occur within 90 days of the covered accident unless noted otherwise. This brochure provides a general description of the important features of Policy Form WS-ACC 8/08 NY.

This brochure is not the insurance contract and only the actual policy provisions will control. Before purchasing coverage, refer to the Policy or Disclosure Statement for state-specific description of benefit provisions, exclusions and limitations.

This policy provides insurance only for ACCIDENTS. It does not provide basic hospital, basic medical or major medical insurance, as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 50%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.

EXCLUSIONS – WHAT WE WILL NOT PAY FOR:

1. Benefits will not be paid for services rendered by a member of the Immediate Family of an Insured Person.
2. We will not pay benefits for an accident or sickness that is caused by or occurs as a result of an Insured Person(s):
   a. being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician and taken according to the Physician's instructions *(the term intoxicated refers to that condition as defined by the law of the jurisdiction in which the accident occurred)*; or due to alcoholism;
   b. participating in an illegal activity that is defined as a felony *("felony" is as defined by law of the jurisdiction in which the activity takes place);*
   c. intentionally self-inflicting a bodily injury or attempting suicide;
   d. having cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect;
   e. having dental treatment, except for such care or treatment due to accidental Injury to sound natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly; or
   f. being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary hereto. (If You are a member of a reserve component of the armed forces of the United States, including the National Guard, You may continue or suspend this Policy during a period of active duty. The period of active duty should be no longer than five years. When You notify Us to suspend this Policy, We will refund any premium paid for the coverage after the date We receive notice. We will reinstate this Policy when Your active duty ends without evidence of insurability when We receive (1) Your written request to reinstate this Policy, and (2) the premium for the period from the date Your active service ends to the next premium due date. The reinstated Policy will contain no new exclusions or waiting periods and will be effective as of the date Your active duty ends. If We do not receive both Your written request and the required premium within sixty (60) days after Your active duty ends, You may still apply for reinstatement. In this case, You must comply with the Reinstatement provision).

Optional Benefit Riders

SICKNESS - HOSPITAL CONFINEMENT BENEFIT RIDER

SH-Rider 8/08 NY - Available for additional premium

We will pay $100 per day for hospital confinement of up to 30 days if an insured person is confined in a hospital as the result of a covered sickness. This benefit is not payable concurrently with the Hospital Confinement Benefit or the Hospital Intensive Care Unit Confinement Benefit in the policy.

Exclusions and Benefit Limitations:

The Exclusions contained in the policy apply to this rider. In addition, the following apply to this rider.

We will not pay benefits for a hospital confinement that is caused by or occurs as the result of the insured person(s):

1) injury;
2) treatment for dental care or dental care procedures; or
3) elective procedures and/or cosmetic surgery or reconstructive surgery unless it is a result of infection, or other diseases.

We will not pay for any hospital confinement of a newborn child following birth unless the child has a covered sickness.

Pre-Existing Conditions-Limitations For Certain Conditions:

The benefits of this rider will not be payable for any pre-existing conditions during the first 12 months this rider is in force. A pre-existing condition means a sickness or physical condition for which an insured person was treated, received medical advice or had taken medication within 12 months before the Rider Effective Date.

ENHANCED PHYSICIAN OFFICE/ URGENT CARE TREATMENT BENEFIT RIDER

EPO-*Rider 8/08 NY - Available for additional premium*

We will pay an additional $25 or $50 benefit amount when an insured person requires initial examination and treatment by a Physician in a physician's office or urgent care facility. The treatment must be within 60 days of the covered accident and the services provided must be the result of a covered accident and not for routine examinations or preventative testing. Payable once per Covered Accident. This benefit is paid in addition to the $50 Physician's Office/Urgent Care benefit in the base policy.

ENHANCED EMERGENCY ROOM BENEFIT RIDER

ERR-Rider 8/08 NY - Available for additional premium

We will pay an additional $100, $200 or $300 benefit amount when an insured person is treated in a hospital emergency room within 72 hours after the covered incident. This amount is paid in addition to the base policy Emergency Room benefit of $50.

New York Compensation Disclosure

The individual presenting this insurance coverage is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and *(if applicable)* compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

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4300 Camp Road - PO Box 331 • Athol Springs, NY 14010

800-645-2317

www.lifeofboston.com