



Help keep your bank account healthy while you heal.

Accident Insurance

Roanoke College

Accident Insurance, which we call Accidental Injury Benefits put money in your pocket in the event of a covered accident, helping alleviate financial stress so you can focus on getting better. Covered incidents include things like broken bones, lacerations, emergency transportation needs and more.

What are Accidental Injury Benefits?

To support your financial well-being, your company is offering Accidental Injury Benefits for all eligible employees. This coverage is paid by you and is available for yourself and your eligible dependents. It offers cash payments for a range of accidental injuries and the services incurred as a result. Cash benefits put you in control. You must be actively at work with your employer on the day your coverage takes effect. Use it for things like:

- **Childcare**
- **Groceries**
- **Utilities**
- **Medical Expenses**

Our Accidental Injury Benefits cover over 200 types of injuries. Here are some commonly covered benefits.

Benefit	Amount
	Plan
X-ray	\$150
Follow-up Care	\$150
Diagnostic Exam	\$400
Initial Physician Visit	\$200
Therapy	\$100
Urgent Care	\$200
Medical Appliance	\$300
Ground Ambulance	\$1,000



How Accidental Injury Benefits work:

Jayden's Story

Jayden played basketball all through high school and still played as often as he could. One Saturday during a pickup game he tripped and went down hard. When his wrist swelled up and he couldn't stand without feeling dizzy, his friends called an ambulance to transport him to the ER.

He went home with an arm in a cast and instructions on healing from a concussion. It took him some time to recover, but Jayden was able to rest easy. He'd checked the box for Accident Insurance, which we call Accidental Injury Benefits, during open enrollment at work. It paid him a cash benefit he used to help cover medical expenses, food and rent while he was recovering.

The plan pays a benefit amount for each covered service as a result of Jayden's accident.

Service	Accident Plan Pays
Ground Ambulance	\$1,000
ER	\$200
X-ray	\$150
CT Scan (Diagnostic exam)	\$400
Wrist Fracture	\$3,000
Accident Follow-up Care	\$450 (\$150/visit x3)
Chiropractor	\$750 (\$75/visit x10)
Physical Therapy	\$1,000 (\$100/visit x10)
Total	\$6,950

Plan Information		Plan Design Option			
Coverage Type		24 Hour (On and off-job)			
Dependent Benefit Amounts		Dependent benefit amounts are the same as employee benefit amounts unless otherwise indicated within the package.			
Accident Benefits					
The Hartford's Accident plan(s) will pay each scheduled benefit for treatment, injury or services incurred by a covered person who is injured in an accident while insurance is in effect, subject to any plan limitations and exclusions. State specific variations may apply to the benefits shown below.					
Emergency, Hospital & Treatment Care Package³:					
Treatment/Service	Detail (Per covered person)	Benefit Amount			
ACCIDENT FOLLOW-UP	Up to 3 Treatments/accident within 90 Days	\$150			
ACUPUNCTURE	Up to 10 visits/accident within 365 Days	\$75			
AMBULANCE – AIR	Once/accident within 72 Hours	\$2,000			
AMBULANCE – GROUND	Once/accident within 90 Days	\$1,000			
BLOOD/PLASMA/PLATELETS	Once/accident within 90 Days	\$400			
CHILD CARE	Up to 30 Days/accident while insured is confined	\$75			
CHIROPRACTIC CARE	Up to 10 visits/accident within 365 Days	\$75			
DAILY HOSPITAL CONFINEMENT	Up to 365 Days/lifetime (Total daily and ICU)	\$500			
DAILY ICU CONFINEMENT	Up to 30 Days/accident (Subject to 365 Days/lifetime)	\$750			
DIAGNOSTIC EXAM	Once/accident within 90 Days	\$400			
EMERGENCY DENTAL – CROWN	Highest benefit once/accident within 90 Days	\$600			
EMERGENCY DENTAL – EXTRACTION	Highest benefit once/accident within 90 Days	\$300			
EMERGENCY ROOM	Once /accident within 72 Hours	\$200			
HOSPITAL ADMISSION	Once/accident within 90 Days	\$2,000			
ICU ADMISSION	Once/accident within 90 Days	\$4,000			
INITIAL PHYSICIAN OFFICE VISIT	Once/accident within 90 Days	\$200			
LODGING	Up to 30 Nights/lifetime	\$150			
MEDICAL APPLIANCE	Once/accident within 90 Days	\$300			
PHYSICAL THERAPY	Up to 10 Visits/accident within 90 Days	\$100			
REHABILITATION FACILITY	Up to 15 Days/lifetime within 90 Days	\$400			
TRANSPORTATION	Up to 3 Trips/accident	\$600			
URGENT CARE	Once /accident within 72 Hours	\$200			
X-RAY	Once/accident within 90 Days	\$150			
Specified Injury & Surgery Benefit Package:					
Injury/Treatment/Service	Detail (Per covered person)	Benefit Amount			
ABDOMINAL/THORACIC SURGERY	Once/accident within 90 Days	\$4,000			
ARTHROSCOPIC SURGERY	Once/accident within 90 Days	\$750			
BURN – 2ND DEGREE (\geq 34% OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$1,500			
BURN – 3RD DEGREE (\geq 18IN ² OF BODY SURFACE)	Highest benefit once/accident within 72 Hours	\$15,000			
BURN – SKIN GRAFT (FOR 3RD DEGREE BURN)	Once/accident	50% of burn benefit			
CONCUSSION	Up to 3 Concussions/year within 72 Hours	\$300			
EYE INJURY – OBJECT REMOVAL	Highest benefit once/accident within 90 Days	\$400			
EYE INJURY – SURGERY	Highest benefit once/accident within 90 Days	\$750			
HERNIA REPAIR	Once/accident within 365 Days	\$750			

JOINT REPLACEMENT	Once/accident within 90 Days	\$5,000
KNEE CARTILAGE – WITH REPAIR	Highest benefit once/accident within 12 Months	\$2,000
KNEE CARTILAGE – WITHOUT REPAIR		\$500
LACERATION – 2" TO 6"	Highest benefit once/accident within 72 Hours	\$500
LACERATION – 6" OR GREATER	Highest benefit once/accident within 72 Hours	\$1,000
ORGANIZED AMATEUR SPORTS INJURY	--	25% increase of non-catastrophic benefits
RUPTURED DISC	Once/accident within 365 Days	\$2,000
TENDON/LIGAMENT/CUFF – SINGLE	Highest benefit once/accident within 365 Days	\$1,500
TENDON/LIGAMENT/CUFF – 2 OR MORE		\$3,000

Specified Injury & Surgery Benefit Package: Dislocations (dollar amounts shown are for Open Surgical injuries)

Injury	Detail (Per covered person)	Benefit Amount
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
ANKLE, FOOT BONES (EXCEPT TOES)	Once/joint/lifetime (Open or closed)	\$5,000
COLLARBONE – ACROMIO/SEPARATION		\$1,000
COLLARBONE – STERNOCLAVICULAR		\$2,000
ELBOW		\$2,000
FINGER, TOE		\$500
HIP		\$10,000
KNEE		\$5,000
LOWER JAW		\$2,000
SHOULDER (GLENOHUMERAL)		\$2,000
WRIST		\$2,000
HAND BONES (EXCEPT FINGERS)		\$1,500
CLOSED (NON-SURGICAL)		50% of open benefit
INCOMPLETE/WITHOUT ANESTHESIA		25% of closed benefit
MULTIPLE DISLOCATIONS/FRACTURES	--	≤ 200% of highest benefit

Specified Injury & Surgery Benefit Package: Fractures (dollar amounts shown are for Open Surgical injuries)

Injury	Detail (Per covered person)	Benefit Amount
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
ANKLE	Once/bone/accident within 90 Days	\$3,000
FOOT BONES (EXCEPT TOES)		\$3,000
COCCYX		\$1,500
COLLARBONE/CLAVICLE OR STERNUM		\$4,000
FINGER, TOE		\$500
FOREARM – RADIUS OR Ulna		\$3,000
HIP, THIGH/FEMUR		\$8,000
KNEECAP/PATELLA		\$3,000

LOWER JAW/MANDIBLE (EXC. ALV. PROCESS)	\$3,000
LOWER LEG – FIBULA OR TIBIA	\$4,000
NOSE, FACIAL BONES (EXCEPT JAW BONES)	\$3,000
PELVIS (EXCEPT COCCYX)	\$10,000
VERTEBRAE – PROCESSES	\$3,000
RIB	\$750
SHOULDER BLADE/SCAPULA	\$4,000
SKULL – DEPRESSED	\$10,000
SKULL – NON-DEPRESSED/SIMPLE	\$4,000
UPPER ARM/HUMERUS	\$3,000
UPPER JAW/MAXILLA (EXC. ALVEOLAR PROCESS)	\$3,000
VERTEBRAE – BODY	\$3,000
WRIST, HAND BONES (EXCEPT FINGERS)	\$3,000
CLOSED (NON-SURGICAL)	50% of open benefit
CHIP FRACTURE	25% of closed benefit
MULTIPLE FRACTURES/DISLOCATIONS	-- ≤ 200% of highest benefit

Catastrophic Benefits Package:

Injury/Treatment/Service	Detail (Per covered person)	Benefit Amount
ACCIDENTAL DEATH – EMPLOYEE	Within 90 Days	\$75,000
ACCIDENTAL DEATH – SPOUSE		50% of employee benefit
ACCIDENTAL DEATH – CHILD(REN)		25% of employee benefit
COMMON CARRIER DEATH	Within 90 Days	3 times death benefit
COMA (\geq 168 CONTINUOUS HOURS)	Once/accident within 90 Days	\$15,000
HOME HEALTH CARE	Up to 30 Days/accident	\$100
PARALYSIS – QUADRIPLEGIA	Highest benefit once/accident within 90 Days	\$75,000
PARALYSIS – PARAPLEGIA		\$37,500
PROSTHESIS – SINGLE	Highest benefit once/accident within 365 Days	\$2,000
PROSTHESIS – 2 OR MORE		\$4,000

Catastrophic Benefits Package: Dismemberments		
Injury	Detail (Per covered person)	Benefit Amount
SPOUSE BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
CHILD(REN) BENEFIT AMOUNTS	--	100% of Employee's Coverage Amount
BOTH HANDS OR BOTH FEET		\$75,000
SIGHT – BOTH EYES	Within 90 Days	\$75,000
SPEECH & HEARING (BOTH EARS)		\$75,000
1 HAND & 1 FOOT		\$75,000
1 HAND/FOOT & SIGHT OF 1 EYE		\$75,000
1 HAND OR 1 FOOT	Once/accident within 90 Days	\$37,500
SIGHT – 1 EYE		\$37,500
SPEECH OR HEARING (BOTH EARS)		\$75,000
THUMB & INDEX FINGER (SAME HAND)		\$10,000
Additional Plan Features & Services:		
POLICY AGE LIMIT	Not Included	
PORTABILITY	Included	
CONTINUATION OF COVERAGE	Included	
CONTINUITY OF COVERAGE	Included	
ABILITY ASSIST® ¹	Included	
HEALTH CHAMPION SM ¹	Included	
THE HARTFORD'S CLAIMS CONNECTIONS	Auto-Submission/Auto-Adjudication ⁵ – When possible based on core claim events, claims for employees are initiated, filed and adjudicated automatically; If essential data elements to enable auto-adjudication are not readily available, claims for employees will be automatically submitted with follow-up as needed to employees	



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Accident Form Series includes GBD-3300, GBD 3500, GBD-2000, GBD-2300, or state equivalent. Not available in all states.

In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

¹This case illustration is fictitious and for illustrative purposes only.

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