



EQUITABLE



Accident Insurance

Benefit Summary

KinKaid Civil Construction, LLC

Policy Number: 015297

Class Definition: Class 1: All Active Full Time Employees working at least 30 hours per week

Plan: Accident Plan

Protection for when the unexpected happens

With accident insurance, you can manage the costs and stress of falls, sports injuries and other accidents.

Accidents can happen at any time

Americans visit the emergency room for injury-related visits 42.2 million times each year.¹

Many would have a hard time paying for costs related to those injuries

Two-thirds of Americans would struggle to pay \$1,000 in an emergency.²

The right accident insurance policy can help

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.

What it does

Pays a cash benefit directly to you if you or your dependents are injured as part of a covered accident, regardless of whether its covered by your medical insurance.

How it works

In the event of a covered accident, submit a claim to receive prompt payment. Payment is made directly to you, so you can use it as you see fit.

What it doesn't do

Provide payment for injuries or accidents that arent part of the covered list.

¹ Source: National Hospital Ambulatory Medical Care Survey: 2016 Emergency Department Summary Tables, # 1, 4, 11, 14, 24, 25.

https://www.cdc.gov/nchs/data/nhamcs/web_tables/2016_ed_web_tables.pdf

2 American Heart Association. Source: The Associated Press-NORC Center for Public Affairs Research.

<https://investedwallet.com/personal-finance-statistics>

What your benefits cover:

Life and Dismemberment Losses	Employee	Spouse	Child
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 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
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)			
Hip	\$6,000	\$6,000	\$6,000
Knee, ankle or bones of the foot	\$2,000	\$2,000	\$2,000
Elbow or wrist	\$800	\$800	\$800
Shoulder	\$1,000	\$1,000	\$1,000
Collarbone or bones of the hand	\$1,600	\$1,600	\$1,600
Finger(s) or toe(s)	\$200	\$200	\$200
Lower jaw	\$800	\$800	\$800
Dislocations (Closed Reduction)			
Hip	\$3,000	\$3,000	\$3,000
Knee, ankle or bones of the foot	\$1,000	\$1,000	\$1,000
Elbow or wrist	\$400	\$400	\$400
Shoulder	\$500	\$500	\$500
Collarbone or bones of the hand	\$800	\$800	\$800
Finger(s) or toe(s)	\$100	\$100	\$100
Lower jaw	\$400	\$400	\$400

Dislocations (Closed Reduction)			
Incomplete Dislocation	25% of the applicable Closed Reduction		
Fractures (Open Reduction)			
Hip or thigh	\$4,000	\$4,000	\$4,000
Skull-depressed	\$8,000	\$8,000	\$8,000
Skull-simple	\$3,000	\$3,000	\$3,000
Vertebral processes	\$700	\$700	\$700
Bones of face or nose	\$700	\$700	\$700
Leg (tibia or fibula)	\$2,000	\$2,000	\$2,000
Vertebrae (body of) or sternum	\$1,600	\$1,600	\$1,600
Pelvis (excluding coccyx)	\$1,600	\$1,600	\$1,600
Upper jaw or upper arm	\$750	\$750	\$750
Lower jaw	\$650	\$650	\$650
Knee cap	\$650	\$650	\$650
Ankle	\$650	\$650	\$650
Foot	\$650	\$650	\$650
Collarbone	\$650	\$650	\$650
Shoulder	\$650	\$650	\$650
Forearm	\$650	\$650	\$650
Hand	\$650	\$650	\$650
Wrist	\$650	\$650	\$650
Elbow	\$650	\$650	\$650
Heel	\$650	\$650	\$650
Rib, finger, toe or coccyx	\$350	\$350	\$350
Multiple ribs	\$1,000	\$1,000	\$1,000
Fractures (Closed Reduction)			
Hip or thigh	\$2,000	\$2,000	\$2,000
Skull-depressed	\$4,000	\$4,000	\$4,000
Skull-simple	\$1,500	\$1,500	\$1,500
Vertebral processes	\$350	\$350	\$350
Bones of face or nose	\$350	\$350	\$350
Leg (tibia or fibula)	\$1,000	\$1,000	\$1,000
Vertebrae (body of) or sternum	\$800	\$800	\$800
Pelvis (excluding coccyx)	\$800	\$800	\$800
Upper jaw or upper arm	\$375	\$375	\$375
Lower jaw	\$325	\$325	\$325
Knee cap	\$325	\$325	\$325
	\$325	\$325	\$325

Fractures (Closed Reduction)			
Ankle			
Foot	\$325	\$325	\$325
Collarbone	\$325	\$325	\$325
Shoulder	\$325	\$325	\$325
Forearm	\$325	\$325	\$325
Hand	\$325	\$325	\$325
Wrist	\$325	\$325	\$325
Elbow	\$325	\$325	\$325
Heel	\$325	\$325	\$325
Rib, finger, toe or coccyx	\$175	\$175	\$175
Multiple ribs	\$500	\$500	\$500
Chip Fractures and other Fractures not reduced by Open or Closed Reduction	25% of the applicable Closed Reduction		
Additional Injuries			
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
Lacerations			
Lacerations(s) with no sutures and treated by Physician	\$35	\$35	\$35
Single lacerations under 5 centimeters with sutures	\$65	\$65	\$65
Lacerations 5 - 15 centimeters with sutures (total of all lacerations)	\$250	\$250	\$250
Lacerations greater than 15 centimeters with sutures (total of all lacerations)	\$500	\$500	\$500
Burns			
21 - 40 square centimeters 2nd degree	\$400	\$400	\$400
21 - 40 square centimeters 3rd degree	\$1,000	\$1,000	\$1,000
41 - 65 square centimeters 2nd degree	\$800	\$800	\$800
41 - 65 square centimeters 3rd degree	\$2,000	\$2,000	\$2,000
66 - 160 square centimeters 2nd degree	\$1,200	\$1,200	\$1,200

Burns			
66 - 160 square centimeters 3rd degree	\$6,000	\$6,000	\$6,000
161 - 225 square centimeters 2nd degree	\$1,600	\$1,600	\$1,600
161 - 225 square centimeters 3rd degree	\$14,000	\$14,000	\$14,000
More than 225 square centimeters 2nd degree	\$2,000	\$2,000	\$2,000
More than 225 square centimeters 3rd degree	\$20,000	\$20,000	\$20,000
Skin graft	50% of the applicable Burn Benefit		
Medical Services			
Diagnostic Exam (1 time per Benefit Year):			
Arteriogram, angiogram, CT, CAT, EKG, EEG, or MRI	\$200	\$200	\$200
X-ray	\$30	\$30	\$30
Accident Emergency Treatment (non-Emergency Room or non-Urgent Care Facility) (1 time per Covered Accident)	\$100	\$100	\$100
Physician's follow-up Treatment office visit (per visit, up to 10 times per Covered Accident)	\$25	\$25	\$25
Physical and occupational therapy (per visit, up to 10 visits 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			
Hospital admission (once per Benefit Year)	\$1,500	\$1,500	\$1,500
Hospital Confinement (per day, up to 365 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
Emergency Room admission or Urgent Care Facility	\$150	\$150	\$150
Rehabilitation Unit (per day up to 30 days per Covered Accident)	\$100	\$100	\$100
Transportation (100 or more miles up to 3 times per Covered Accident)	\$500	\$500	\$500
Family lodging	\$100	\$100	\$100

Hospital			
Maximum Lodging Night Stays: 1 benefit per day, 30 days per Benefit Year			
Surgery			
Miscellaneous Surgery requiring general anesthesia that is 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
Emergency Dental			
Emergency dental extraction	\$65	\$65	\$65
Emergency dental crown	\$200	\$200	\$200
Wellness Benefit			
Annual benefit for covered wellness exams & screenings	\$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

Qualifying exams and screenings for Wellness Screening Benefit

- Hemocult stool analysis
- Serum protein electrophoresis
- Carotid Doppler
- Echocardiogram
- Immunizations
- Interscholastic Sports Physical Exam

Coverage Details	
Coverage Basis	Non-Occupational
Portability	Unlimited
Age Reduction	No Age Reductions
Annual Maximum Payout	No Annual Maximum Payout
Lifetime Maximum Payout	No Lifetime Maximum Payout

Manage Your Benefits

Go to www.equitable.com/employeebenefits and log on to **EB360**[®] to view your account details.

If you have any questions, please don't hesitate to contact us at 1-866-274-9887.

We look forward to helping you manage your benefits with confidence and ease.

More about your Accident coverage

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

An Employee who is employed on the effective date of the policy will receive credit towards 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.

What is not covered?

Exclusions: No benefits will be payable for any loss that is the result of a covered accident that is due to or results from:

- war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism);

- active participation in a war (declared or undeclared);
- active military duty;
- riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while intoxicated;
- intoxication;
- operating, learning to operate, serving as a crew member of, jumping or falling from any aircraft, including those which are not motor-driven. This does not include:
 1. flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline;
 2. flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
 3. flying in your Employer's corporate aircraft as a passenger or crew member; or
 4. flying in a life-saving medevac or similar medical air transport service;
- injuries sustained from any aviation activities, other than riding as a fare paying passenger;
- operating a taxi or any other delivery service for any kind of compensation or profit;
- engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering;
- participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating;
- committing of or attempting to commit an assault, felony or other criminal act;
- active Participation in a riot, rebellion or insurrection;
- committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally;
- voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless administered on the advice of a physician and used as directed;
- use of any drug, unless used as prescribed by a physician or as directed;
- improper or illegal use of inhalents or huffing;
- a sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a covered accident;
- incarceration in a penal institution of any kind;
- if Coverage Basis is Non-Occupational, an Injury arising out of or in the course of any work for pay or profit.

No benefits will be payable relating to or resulting from services or Treatment rendered or Confinement outside the United States.

This policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form MOEBP19ACC; AXEBP19 ACC; and state variations.

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.

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