AIM INC
Summary of Benefits: Accident Protection Plan
Plan Effective Date: 10/01/2024

Help protect yourself from the unexpected cost of an accident with UnitedHealthcare.

The Accident Protection Plan helps protect employees from costly expenses associated with an accident. All benefits are paid directly to the insured and can be used towards any expense.

Your Accident Protection Plan highlights:

Class 1 - All Active Full Time Employees working a minimum of 30 hours per week

Benefits Payable*	Maximum Amount Payable per Insured
**All Benefits are payable once per covered accident unless otherwise noted*	
Initial Care	
Ground Ambulance	$300
Air Ambulance	$1,800
Emergency Room Treatment	$150
Physician Office/Urgent Care *(1 per covered accident)*	$150
Hospital Care	
Hospital Admission *(1 per covered accident)*	$1,200
Hospital Confinement *(up to 365 days per year)*	$250
Hospital ICU Admission *(1 per covered accident)*	$2,400
Hospital ICU Confinement *(up to 30 days per year)*	$750
[Second Opinion Benefit	$75
Follow Up Care	
Appliances Benefit	
- Wheelchair	$225
- Knee Scooter	$225
- Knee Immobilizer	$225
- Lumbar Spine Brace	$225
- Walking Boot	$150
- Walker	$150
- Crutches	$150
- Leg Brace	$150
- Cervical Collar	$150
- Cane	$75
- Ankle Brace	$75
- Ankle Boot	$75
- Air Cast	$75

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Follow up Physician Visit *(3 per covered accident)*	$75
Major Diagnostic Exam *(1 per plan year)*	
- MRI; CT; PET; EEG; ImPACT; or SPECT scan	$250
Minor Diagnostic Exam *(1 per plan year)*	
- X-ray; or a laboratory test	$75
Prosthetic	
- One Device	$750
- Two or More Devices	$1,500
Rehabilitation Facility *(per day up to 30 days)*	$150
Rehabilitation Therapy *(per visit up to 10 Visits)*	$30
Common Injuries	
Abdominal/Thoracic Surgery	
- Surgery to repair	$1,500
- Exploratory without repair	$150
Arthroscopic Surgery	$300
Cranial Surgery	$300
Eye Surgery	
- Removal of foreign body	$150
- Surgical Repair	$300
Hernia Surgery	$300
Non-Specific Surgery	
- General Anesthesia	$300
- Conscious Sedation	$150
Tendon / Ligament / Shoulder Cartilage / Rotator Cuff / Knee Cartilage Surgery	
- Surgery to repair one	$600
- Surgery to repair more than one	$1,200
- Exploratory without repair	$225
Blood/Plasma/Platelets	$400
Burns	
- 2nd Degree (at least 36% of body surface)	$750
- 3rd Degree (9 to 34 sq. inches)	$1,500
- 3rd Degree (35 or more sq. inches)	$12,000
- Skin Graft pays 25% of	

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burn benefit	
Coma	$15,000
Concussion	$200
Dislocations	**Surgically Corrected/Non-Surgically Corrected**
- Hip	$6,000 / $3,000
- Knee Cap (Patella)	$3,000 / $1,500
- Ankle	$2,000 / $1,000
- Foot (except toes)	$2,000 / $1,000
- Elbow	$1,200 / $600
- Collar Bone (Sternoclavicular)	$1,200 / $600
- Hand	$1,200 / $600
- Lower Jaw	$1,200 / $600
- Shoulder Blade	$1,200 / $600
- Wrist	$1,200 / $600
- Collar Bone (Acromioclavicular separation)	$665 / $335
- Finger	$665 / $335
- Toe	$665 / $335
Emergency Dental Work	
- Crown(s)	$300
- Extraction(s)	$150
Family Child Daycare	$45
- per day up to 30 days per covered accident	
Fractures	**Surgically Corrected/Non-Surgically Corrected**
	Chip Fractures: 25% of the Surgically Corrected Amount
- Skull (Depressed, except bones of face or nose)	$6,000 / $3,000
- Sternum	$6,000 / $3,000
- Hip, Thigh (Femur)	$6,000 / $3,000
- Skull (Simple, except bones of face or nose)	$3,335 / $1,665
- Leg (from top of tibia to ankle joint)	$3,335 / $1,665
- Pelvis (Excluding Coccyx)	$3,335 / $1,665
- Vertebrae (body of)	$3,335 / $1,665
- Sacral Sacrum	$1,200 / $600
- Face or Nose (except teeth)	$1,200 / $600
- Upper Arm (Elbow to Shoulder)	$1,200 / $600
- Upper Jaw (except Alveolar process)	$1,200 / $600
- Ankle	$1,200 / $600
- Foot (except Toes)	$1,200 / $600

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- Forearm, Hand, Wrist (except Fingers)	$1,200 / $600
- Kneecap	$1,200 / $600
- Lower Jaw (except Alveolar process)	$1,200 / $600
- Shoulder Blade or Collarbone	$1,200 / $600
- Vertebral Process	$1,200 / $600
- Coccyx	$935 / $465
- Finger or Toe	$400 / $200
Lacerations	
- Greater Than 15 cm	$45
- 5 cm - 15 cm	$75
- Less Than 5 cm	$300
- Not Requiring Sutures	$600
Lodging	$225
- per day up to *30 days per covered accident for treatment more than 100 miles away*	
Medical Supplies	$20
- Over-the-counter (1 time per plan year)	
Paralysis	
- Hemiplegia	$7,500
- Paraplegia	$7,500
- Quadriplegia	$15,000
Ruptured / Herniated Disc	$600
Transportation	
- 3 trips per covered accident for treatment more than 100 miles away	$300
Organized Sporting Activity Injury	
Payable for all covered persons	Increases Follow Up Care and Common Injuries benefits by 25%
Additional Benefits	
Wellness *See Wellness Details page for covered exams*	$50
Plan Provisions	
Portability	Included

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UnitedHealthcare

Accident Protection Plan Wellness Benefit for AIM INC

Effective Date: 10/01/2024

Class 1 - All Active Full Time Employees working a minimum of 30 hours per week

Wellness Benefits Covered Exams
Blood test for triglycerides
Bone marrow testing
Breast ultrasound
CA 15-3 (blood test for breast cancer)
CA 125 (blood test for ovarian cancer)
CEA (blood test for colon cancer)
Chest X-ray
Colonoscopy
Fasting blood glucose test
Flexible sigmoidoscopy
Hemoccult stool analysis
Mammography
Pap smear
PSA (blood test for prostate cancer)
Serum Protein Electrophoresis (blood test for myeloma)
Serum cholesterol test to determine level of HDL and LDL
Stress test on a bicycle or treadmill
Thermography
Virtual Colonoscopy

Benefit paid upon completion of a covered wellness exam or health screening test. One covered test per plan year per Employee and Spouse

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Frequently Asked Questions about your Accident Protection Plan (APP)

Am I eligible for coverage?	You are eligible if you are working a minimum of working a minimum of 30 hours per week and considered benefit eligible by your employer.
What does Accident Coverage provide me?	Accident coverage helps to provide financial protection against the unexpected expense of a covered accident.
What is considered an accident?	An Accident is an unforeseen event that occurs suddenly as the result of trauma and results in bodily injury. For a benefit to be payable, the accident must occur while coverage is in force.
Who pays for my coverage?	Your employer has made coverage available to all eligible employees on a voluntary basis, which means you pay your premiums if you elect the coverage.
When does my coverage go into effect?	You must be Actively at Work with your employer, as defined in your plan, on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.
Can I receive a benefit for more than one accident per plan year?	Yes. Benefits are payable per accident, regardless of the number of accidents that occur.
I had an accident that resulted in a broken leg before I elected the Accident Protection Plan and am still seeing my doctor and undergoing physical therapy. Would I be eligible for any of the benefits on the plan?	For a benefit to be payable, coverage must be in force on the date of the accident. Therefore, in this situation, because the accident occurred prior to the coverage effective date, a benefit would not be payable.

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Other Important Details:

This Summary of Benefits sheet is an overview of the coverage being offered and is provided for illustrative purposes only. This is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

If you need to file a claim:

- Contact the employer.
- Complete, sign and date the necessary forms.
- Send the completed forms via fax or mail to the contact details listed on the claim form. You may also email the completed forms to **fpcustomersupport@uhc.com**.

Exclusions and Limitations*

We will not pay a benefit for a loss contributed to or caused by:

1. disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an Accidental wound);
2. suicide or intentionally self-inflicted Injury;
3. with respect to the Accidental Death or Accidental Death and Dismemberment benefits only, You or Your Dependent committing a felony, or participating in a felony;
4. an act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature;
5. with respect to the Accidental Death or Accidental Death and Dismemberment benefits only, the consequence of You or Your Dependent being under the influence of any narcotic unless prescribed for You by a Physician and taken as prescribed;
6. with respect to the Accidental Death or Accidental Death and Dismemberment benefits only, the consequence of You or Your Dependent being intoxicated;
7. engaging in the following hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian Roulette, bungee jumping, base jumping or using off-road vehicles that are not registered for use on-road based on applicable state law;
8. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
9. travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
10. travel or flight in, or descent from any aircraft, except if employment duties require You to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
11. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received; or
12. Injury arising out of or in the course of any occupation or employment for pay or profit, or any Injury or Sickness for which You or Your Dependent are entitled to benefits under any Workers' Compensation Law, Employers' Liability Law or similar law, unless this insurance is issued on an 24 hour basis as shown in the Schedule;

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13. an Accident that occurs outside of the United States.

In addition to the exclusions shown above, no payment will be made for Treatment received outside of the United States.

**The above list is intended for illustrative purposes only. State specific exclusions and language may apply. Please refer to your Certificate of Coverage for detailed information.*

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Accident Protection Plan Cost Summary

Monthly Rates	Voluntary *
Quoted Rates - Per Employee Per Month	Option A
Employee Only	$8.67
Employee & Spouse	$13.85
Employee & Children	$17.11
Employee & Spouse & Children	$26.46

*Cost Includes Wellness Benefit

UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company on form UHI-ACC-POL (2018) et al., in Texas on form UHI-ACC-POL-TX (2018) and in Virginia on form UHI-ACC-POL-VA (2018). The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

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