NEW YORK LIFE GROUP BENEFIT SOLUTIONS

Offered by New York Life Insurance & Annuity Corporation

Employee-Paid Accident Insurance

Summary of Benefits

Prepared for: BENEFIT SUMMARY PROOF
Class 1

Eligibility:
All active, full-time and part-time Employees of the Employer regularly working a minimum of 30 hours per week in the United States, who are citizens or permanent resident aliens of the United States.
Employee: You will be eligible for coverage the first of the month following date of hire.
Spouse/Domestic Partner*: Is eligible as long as you apply for and are approved for coverage yourself.
Child(ren): Birth to age 26, as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

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What's Included?

Here are just some of the covered events...
Benefits reflected are one per Covered Person per Accident unless otherwise stated. See your Certificate of Coverage for further details.

	Standard
Accident Coverage Type:	On the Job & Off the Job Coverage
Fractures	$200 - $8,000
Dislocations	$250 - $6,000
Other Common Injuries	
Burns (2nd and 3rd Degree)	$1,000 - $10,000
Coma	$15,000
Concussion	$500
Paralysis	$15,000 - $30,000
Lacerations	$600 - $800
Emergency and Hospitalization Benefits	
Ambulance (ground and air)	$750/$1,000
Emergency Room	$250
Urgent Care	$250
Hospital Admission	$750
Hospital Confinement	$300 *(per day, up to 365 days per Accident)*
Intensive Care Unit (ICU) Admission	$1,500

	Standard
Intensive Care Unit (ICU) Confinement	$600 *(per day, up to 30 days per Accident)*
Initial Doctor Visit	$75
Follow-up Doctor Visit	$100 *(up to 3 per Accident)*
Chiropractic Visit	$35 *(up to 10 per Accident)*
Major Diagnostic Testing	$300
Minor Diagnostic Exam (X-Ray)	$150
Treatment and Other Services	
Medical Devices[1]	$250
Prosthesis (One; Two or More)	$750/$1,500
Surgery[2]	$150 - $1,500

[1] Medical Devices includes one of the following - Wheelchair; Knee Scooter; Body Jacket; Walking Boot; Walker; Crutches; Leg Brace; Cervical Collar; Cane; Ankle Brace, Cast, Splint, Sling.

[2] Surgery types only include Open Abdominal or Thoracic Surgery; Hernia Surgery; Tendon, Ligament, Rotator Cuff Surgery - Repair; Tendon, Ligament, Rotator Cuff Surgery - Exploratory; Knee Cartilage Surgery - Repair; Knee Cartilage Surgery - Exploratory; Ruptured Disc Surgery; Miscellaneous Surgery - with Anesthesia; Miscellaneous Surgery - with Conscious Sedation.

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Additional Features

Standard

Organized Sports - If you experience an Accident while participating in an organized sporting activity, as outlined in the certificate, the Common Injury Benefits (Fractures, Dislocation and Other Common Injuries) and Emergency Hospitalization and/or Treatment and Other Services Benefits will be increased by 25%, to a maximum additional benefit of $1,000.

Health Screening Benefit

Health Screening Benefit provides an annual benefit payment if you receive a health screening test. Annual Benefit Amount(s) are as follows -

$50.00

Accidental Death and Dismemberment

If you are severely injured or die as a result of a Covered Accident, an Accidental Death and Dismemberment benefit may be payable to you or your beneficiary.

Accidental Death Benefits	**Standard**
Employee	$50,000
Spouse	$25,000
Dependent Children	$12,500
Common Carrier	
Employee	$100,000
Spouse	$50,000
Dependent Children	$25,000

Accidental Death Benefits	Standard
Accidental Dismemberment	$750 - $100,000

Portability - If your employment is terminated, you can continue your accident insurance, and accident insurance for your insured spouse and dependent children, on a direct-bill basis. Your spouse and dependent children may also continue their accident insurance, following your death, following divorce, or when the child reaches the age limit. Coverage can be continued as outlined in the Group Policy. Refer to your certificate for details.

Your Bi-Weekly Cost of Coverage:	
Coverage Tier	**Standard**
Employee	$4.015
Employee + Spouse	$6.337
Employee + Child(ren)	$6.757
Family	$10.615

Standard: The rates above reflect the cost that you would be responsible for if you elect coverage for yourself. The employer pays for your dependent coverage.

Actual per pay period premiums may differ slightly due to rounding. Rates may be subject to change in the future.

Important Definitions and Policy Provisions:

When your coverage begins – Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable and elected by You, will not begin unless you are actively at work on the effective date.

When your coverage ends – Coverage ends on the earliest of the date you or your dependents, if applicable, are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Exclusions - disease or infirmity of body, or medical or surgical treatment for such disease or infirmity;
This exclusion does not apply in the event of a Hernia Surgery that occurs due to the Accident;

- an infection not occurring as a direct result or consequence of Injury;
- suicide or attempted suicide, while sane or insane;
- intentionally self-inflicted harm, while sane or insane;
- travel in or descent from an aircraft, if the Covered Person acted in a capacity other than as a passenger. Performing these acts as part of your employment with the <Client Name> is not excluded;
- travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the Earth's atmosphere. Performing these acts as part of your employment with the <Client Name> is not excluded;
- war or act of war, whether declared or undeclared;
- active participation in a riot, insurrection, or terrorist activity;
- an Accident occurring during any period of time while the Covered Person is incarcerated in any type of penal or detention facility;
- committing or attempting to commit a felony;
- voluntary intake or use by any means of:
  a. any drug, unless:
     i. prescribed or administered by a Doctor and taken in accordance with the Doctor's instructions; or
     ii. an over-the-counter drug, taken in accordance with the instructions.

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b. any poison, gas or fumes, unless a direct result of an occupational accident;

- operating a motorized vehicle while under the influence of alcohol, such that the Covered Person's blood alcohol content meets or exceeds the legal level established for Driving Under the Influence (DUI), Driving While Impaired (DWI), or other similar laws of the jurisdiction where the Accident occurred;
- riding or driving an air, land or water vehicle in a race;
- in the case of an Employee, as a result of active duty as a member of the armed forces of any nation.
- in the case of a Spouse or Dependent Child(ren), an Accident occurring while the Spouse or Dependent Child(ren) is on active duty as a member of the armed forces of any nation. We will refund, upon Written notice of such service, any Premium which has been accepted for any period not covered as a result of this exclusion;
- participation in any semi-professional or professional athletic contest in which any compensation is received;
- bungee jumping;
- an Accident occurring in the course of employment;
- dental or plastic surgery except when such surgery is performed to:
  a. treat an Injury;
  b. correct a disorder of normal bodily function that has been impaired due to Injury; or
  c. reconstruct a part of the body which was disfigured or removed as a result of Injury;
- participation in an illegal occupation or activity;
- rock or mountain climbing;
- aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing). Performing these acts as part of your employment with the <Client Name> is not excluded.

THIS POLICY PROVIDES LIMITED ACCIDENT-ONLY COVERAGE. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. IT DOES NOT COVER LOSSES CAUSED BY SICKNESS. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Accident insurance are set forth in Group Policy No. GAI0100017. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible injuries, their respective payments and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Please keep this material as a reference. This product is not health care insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. Policy provisions and product availability may vary by state. Policy forms: Accident: GBS-AI-1000.00. Coverage is underwritten by New York Life Insurance and Annuity Corporation, 51 Madison Avenue New York, NY 10010.

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