



EQUITABLE

Group name: Idaho AGC Benefit Trust

Policy number: 020715

Effective Date: 01/01/2025

# Protection for when the unexpected happens

## Accident insurance benefit summary



### Accidents can happen at any time

Many would have a hard time paying for costs related to those injuries. With accident insurance, you can manage the costs and stress of falls, sports injuries, and other accidents. 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.

Watch this quick video to learn more



### Did you know?

Americans visit the emergency room for injury-related visits

**35** million times each year.<sup>1</sup>

Two-thirds of Americans would struggle to pay

**\$1,000**

in an emergency.<sup>2</sup>

# Benefit plan and Features

**Class definition:** Class 1 – All Active Full Time Employees

<b>Coverage Effective Date</b> January 01, 2025	<b>Coverage Basis</b> 24-Hour	<b>Portability</b> To age 70
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<b>Life and dismemberment losses</b>	<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
Accidental Death	\$25,000	\$25,000	\$12,500
Accidental Death Common Carrier	\$50,000	\$50,000	\$25,000
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 sight — 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	\$7,500	\$7,500	\$3,750

<b>Accidental dismemberment</b>	<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
Loss of hand — one hand, Loss of foot — one foot, Loss of leg — one leg or loss of arm — one arm	\$3,750	\$3,750	\$1,875
Loss of a finger or loss of a toe — two or more fingers or toes	\$750	\$750	\$375
Loss of a finger or loss of a toe — one finger or one toe	\$375	\$375	\$190
Loss of hearing or loss of an ear — one ear	\$3,750	\$3,750	\$1,875
Loss of sight or loss of an eye — one eye	\$3,750	\$3,750	\$1,875

<b>Dislocations (Open reduction/Closed reduction)</b>	<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
Hip	\$2,000/\$1,000	\$2,000/\$1,000	\$2,000/\$1,000
Knee, ankle or bones of the foot	\$1,000/\$500	\$1,000/\$500	\$1,000/\$500
Elbow or wrist	\$400/\$200	\$400/\$200	\$400/\$200
Shoulder	\$500/\$250	\$500/\$250	\$500/\$250
Collarbone or bones of the hand	\$800/\$400	\$800/\$400	\$800/\$400
Finger(s) or toe(s)	\$100/\$50	\$100/\$50	\$100/\$50
Lower jaw	\$400/\$200	\$400/\$200	\$400/\$200
Incomplete dislocation	25% of the applicable closed reduction		

## Benefit plan and Features

Fractures (Open reduction/Closed reduction)	Employee	Spouse	Child
Hip or thigh	\$2,000/\$1,000	\$2,000/\$1,000	\$2,000/\$1,000
Skull — depressed	\$3,000/\$1,500	\$3,000/\$1,500	\$3,000/\$1,500
Skull — simple	\$1,500/\$750	\$1,500/\$750	\$1,500/\$750
Vertebral processes	\$350/\$175	\$350/\$175	\$350/\$175
Bones of face or nose	\$350/\$175	\$350/\$175	\$350/\$175
Leg (tibia or fibula)	\$1,000/\$500	\$1,000/\$500	\$1,000/\$500
Vertebrae (body of) or sternum	\$800/\$400	\$800/\$400	\$800/\$400
Pelvis (excluding coccyx)	\$800/\$400	\$800/\$400	\$800/\$400
Upper jaw or upper arm	\$375/\$190	\$375/\$190	\$375/\$190
Lower jaw	\$325/\$170	\$325/\$170	\$325/\$170
Knee cap	\$325/\$170	\$325/\$170	\$325/\$170
Ankle	\$325/\$170	\$325/\$170	\$325/\$170
Foot	\$325/\$170	\$325/\$170	\$325/\$170
Collarbone	\$325/\$170	\$325/\$170	\$325/\$170
Shoulder	\$325/\$170	\$325/\$170	\$325/\$170
Forearm	\$325/\$170	\$325/\$170	\$325/\$170
Hand	\$325/\$170	\$325/\$170	\$325/\$170
Wrist	\$325/\$170	\$325/\$170	\$325/\$170
Elbow	\$325/\$170	\$325/\$170	\$325/\$170
Heel	\$325/\$170	\$325/\$170	\$325/\$170
Rib, finger, toe or coccyx	\$175/\$90	\$175/\$90	\$175/\$90
Multiple ribs	\$500/\$250	\$500/\$250	\$500/\$250
Chip fractures and other fractures not reduced	25% of the applicable closed reduction by open or closed reduction		

Additional injuries	Employee	Spouse	Child
Eye injury	\$125	\$125	\$125
Gunshot wound	\$250	\$250	\$250
Brain injury	\$75	\$75	\$75
Paralysis — monoplegia	\$500	\$500	\$500
Paralysis — diplegia	\$2,500	\$2,500	\$2,500
Paralysis — hemiplegia	\$2,500	\$2,500	\$2,500
Paralysis — paraplegia	\$12,500	\$12,500	\$12,500
Paralysis — quadriplegia	\$25,000	\$25,000	\$25,000
Coma	\$7,500	\$7,500	\$7,500
Concussion	\$150	\$150	\$150
Concussion lifetime maximum benefit	\$1,500	\$1,500	\$1,500

## Benefit plan and Features

<b>Lacerations</b>	<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
Laceration(s) with no sutures and treated by a physician	\$20	\$20	\$20
Single laceration under 5 cm with sutures	\$35	\$35	\$35
Lacerations 5–15 cm with sutures (total of all lacerations)	\$125	\$125	\$125
Lacerations greater than 15 cm with sutures (total of all lacerations)	\$250	\$250	\$250
<b>Surgery</b>	<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
Miscellaneous surgery requiring general anesthesia not otherwise listed (once per 24-hour period, even though multiple surgical procedures may be performed)	\$150	\$150	\$150
Open surgery	\$625	\$625	\$625
Exploratory surgery or debridement	\$125	\$125	\$125
Laparoscopic surgery or hernia repair	\$150	\$150	\$150
Tendon/Ligament/Rotator cuff tear	\$300	\$300	\$300
Torn knee cartilage	\$300	\$300	\$300
Ruptured/herniated disc	\$300	\$300	\$300
<b>Burns</b>	<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
21–40 sq. cm second degree	\$200	\$200	\$200
21–40 sq. cm third degree	\$500	\$500	\$500
41–65 sq. cm second degree	\$400	\$400	\$400
41–65 sq. cm third degree	\$1,000	\$1,000	\$1,000
66–160 sq. cm second degree	\$600	\$600	\$600
66–160 sq. cm third degree	\$3,000	\$3,000	\$3,000
161–225 sq. cm second degree	\$800	\$800	\$800
161–225 sq. cm third degree	\$7,000	\$7,000	\$7,000
More than 225 sq. cm second degree	\$1,000	\$1,000	\$1,000
More than 225 sq. cm third degree	\$10,000	\$10,000	\$10,000
Skin graft	50% of the applicable burn benefit		
<b>Medical services</b>	<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
Diagnostic exam (one-time per benefit year):	\$100	\$100	\$100
• Arteriogram, angiogram, CT, CAT, EKG, EEG or MRI X-ray	\$25	\$25	\$25
Accident emergency treatment (non-ER or non-urgent care facility) (one time per covered accident)	\$50	\$50	\$50
Physician's follow-up treatment office visit	\$25	\$25	\$25

## Benefit plan and Features

Medical services	Employee	Spouse	Child
(per visit, up to 10 times per covered accident)			
Physical and occupational therapy (per visit, up to 10 times per covered accident)	\$25	\$25	\$25
Medical devices	\$100	\$100	\$100
Epidural pain management (up to 2 times per covered accident)	\$25	\$25	\$25
Prescription drug	\$15	\$15	\$15
Prosthesis (one)	\$250	\$250	\$250
Prosthesis (two)	\$500	\$500	\$500
Anesthesia	\$25	\$25	\$25
Blood, plasma or platelet transfusion	\$100	\$100	\$100
<b>Hospital</b>	<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
Hospital admission (once per benefit year)	\$1,000	\$1,000	\$1,000
Hospital confinement (per day up to 365 days per covered accident)	\$200	\$200	\$200
Intensive care unit admission (once per benefit year; payable instead of hospital admission benefit if confined immediately to ICU)	\$1,500	\$1,500	\$1,500
Intensive care unit confinement (per day up to 15 days; payable in addition to any hospital confinement benefit)	\$400	\$400	\$400
Ambulance (Ground)	\$400	\$400	\$400
Ambulance (Air)	\$2,000	\$2,000	\$2,000
ER admission or urgent care facility	\$100	\$100	\$100
Family Lodging			
Maximum Lodging night stays: one benefit per day, 30 days per benefit year	\$50	\$50	\$50
Transportation (100 or more miles up to three times per covered accident)	\$250	\$250	\$250
Rehabilitation unit (per day, up to 30 days per covered accident)	\$50	\$50	\$50
<b>Emergency dental</b>	<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
Emergency dental extraction	\$30	\$30	\$30
Emergency dental crown	\$100	\$100	\$100

## Understanding your benefits

### Commonly Used Terms

<b>Accident</b>	An event that an average person would consider sudden and unforeseeable and which causes injury to an insured. Illnesses of any kind are not considered an accident.
<b>Common carrier</b>	A phrase referring to commercial airplanes, trains, buses, subways, ferries, etc.
<b>Open reduction</b>	Surgical treatment or repair of an injury.
<b>Closed reduction</b>	Non-surgical treatment or repair of an injury.

## Frequently Asked Questions

<b>When can I enroll?</b>	You can enroll when you are initially eligible for benefits and any subsequent annual enrollment or life status change.
<b>Are my dependent children eligible for coverage?</b>	Yes, dependent children are eligible up to the end of the month they reach age 26. If any dependent children are developmentally disabled, you are able to continue coverage beyond age 26.
<b>Do benefits have to be used for medical expenses?</b>	<p>You decide how to use your benefit payment:</p> <ul style="list-style-type: none"> <li>• Out-of-pocket</li> <li>• Rehab costs</li> <li>• Utility or credit card bills medical costs, including</li> <li>• Rent or mortgage payments</li> <li>• Childcare deductibles and co-pays</li> <li>• Groceries</li> <li>• Other financial support</li> </ul>
<b>What is accident insurance?</b>	Group accident insurance provides cash benefits for unexpected injuries resulting from a covered accident. Our plan covers many types of injuries, treatments and services.
<b>Why should I buy accident insurance?</b>	Accident insurance helps cover unexpected expenses related to an accidental injury, which can be costly. Accident insurance can help protect against unexpected costs not typically covered under a medical plan, such as deductibles, copays or out-of-network costs.
<b>How do I learn more about my benefits?</b>	Visit <a href="http://www.equitable.com/employeebenefits">www.equitable.com/employeebenefits</a> and log on to EB360® to view your account details.
<b>If I have additional questions, who can I talk to?</b>	Please don't hesitate to contact us at phone number (866) 274-9887.

## Monthly Cost Summary

<b>Cost Summary for Accident Insurance</b>	<b>Monthly Premium</b>
Employee Only	\$5.99
Employee & Spouse	\$11.13
Employee & Child(ren)	\$12.48
Employee & Family	\$17.62



**Contact us at  
(866) 274-9887  
with any questions  
you may have.**

**This includes questions  
on how we can provide  
language translation  
services at no cost to you  
and how we can assist  
the visually impaired with  
form completion and  
other information.**

**Email: Customer Service at  
EBCustomerService@equitable.com.**



**Members requiring  
assistance with  
hearing impairment  
can contact our  
TDD line directly  
at (800) 877-8973.**

**Visit [equitable.com/employeebenefits](https://equitable.com/employeebenefits)  
and log on to EB360® to view your account details.**

<sup>1</sup> National Hospital Ambulatory Medical Care Survey: 2016 Emergency Department Summary Tables, # 1, 4, 11, 14, 24, 25. [cdc.gov/nchs/data/nhamcs/web\\_tables/2016\\_ed\\_web\\_tables.pdf](https://www.cdc.gov/nchs/data/nhamcs/web_tables/2016_ed_web_tables.pdf).

<sup>2</sup> The Associated Press - NORC Center for Public Affairs Research. [investedwallet.com/personal-financestatistics/](https://www.investedwallet.com/personal-financestatistics/).

### Important Information

**Limitations and exclusions:** The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. Accident benefits may not be payable for injuries caused or contributed to by or incurred: physical or mental illness or disease or related medical treatment, infection not occurring as a direct result of accidental bodily injury, suicide or intentionally self-inflicted injury, war or act of war, while incarcerated, participating in a felony or illegal activity, intoxication, voluntary drug use unless administered by and used as instructed by a physician or for over-the-counter drugs in accordance with manufacturer's instructions, participation in certain activities involving an increased risk of injury as listed in the policy and certificate (e.g., mountain climbing, sky diving).

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 toward 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.

**This policy provides limited benefits:** 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. THIS POLICY IS NOT A MEDICARE SUPPLEMENT PLAN. The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. For costs and complete details of the coverage, please see the actual policy or contact your insurance broker. Plan documents are the final arbiter of coverage. Policy form [provide policy form nos.] and state variations. Availability is subject to state approvals.

Equitable policy strictly prohibits doing business with any person or entity involved with marijuana production, distribution or other ancillary operations. Marijuana-related businesses also include the marketing of marijuana-related products and services, persons and businesses that service and receive income from the marijuana industry, and business involving hemp and hemp-related ingredients.

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