

# INDIANA UNIVERSITY

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## For Full-Time Appointed Employees of Indiana University

A Personal Accident Insurance Plan





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## PERSONAL ACCIDENT INSURANCE PLAN HIGHLIGHTS

This summary describes essential features of the benefit plan and is not intended to be a full description of benefits. The complete plan is described in this Personal Accident Insurance booklet.

Plan Type	Eligibility	Enrollment
<p>Indiana University’s group personal accident insurance plan is optional accidental death and dismemberment coverage. It is underwritten by LINA (Life Insurance Company of North America) and purchased by the employee through payroll contributions.</p> <p>Employee Only or Family coverage is available.</p> <p>CIGNA Secure Travel is included in the plan and is provided by Worldwide Assistance Services, Inc.</p>	<p>All full time appointed employees are eligible for coverage.</p> <p>Spouses/domestic partners and dependent children (up to age 19, or 25 if a full-time student) are also eligible under Family coverage.</p> <p>If the employee and spouse are both eligible to enroll in coverage, one, but not both, can enroll in Family coverage and the other may elect Employee Only coverage.</p>	<p>Eligible employees can enroll in the plan:</p> <ul style="list-style-type: none"> <li>● within 30 days of their hire date.</li> <li>● within 30 days of an IRS qualified change in status (i.e. marriage, birth/ adoption of a child).</li> <li>● during the university’s annual Open Enrollment period each November effective January 1 of the following year.</li> </ul>
Coverage	Additional Benefits	Exclusions
<p>Plan has eleven coverage amounts to elect, which range from \$30,000 to \$500,000 of coverage.</p> <p>A percentage of the coverage amount chosen will be paid depending on the type of loss.</p> <p>Coverage is provided for injuries caused by accidents that occur on or off the job, at home, and while traveling by plane, train or automobile (except as limited by the exclusions).</p> <p>Employees and their eligible dependents (if enrolled in Family Coverage) are covered 24 hours per day, 365 days per year against covered accidents occurring in the course of business or while away from work.</p> <p>In the event of an employee’s death, designated beneficiaries receive the total coverage amount of the employee’s enrollment option.</p> <p>For Family Coverage, the employee is the beneficiary.</p>	<p>Coma Benefit - available when a covered individual is comatose as a result of a covered accident.</p> <p>Seatbelt and Airbag Benefit - paid if a death or injury occurs in an automobile while wearing a properly fastened seatbelt.</p> <p>Victims of Crime Benefit - applies to a covered loss for the victim of a violent crime or felonious assault.</p> <p>Child Care Expenses Benefit - applies to certain surviving children when the employee (or spouse, if enrolled in Family Coverage) should die as a result of a covered accident.</p> <p>CIGNA Secure Travel - includes medical evacuation and repatriation benefits, and other emergency travel services while traveling 100 miles or more from home.</p> <p>Conversion is available without proof of insurability when group policy ends except for reasons of non-payment.</p>	<p>Benefits are not payable if a loss results, directly or indirectly, from self-inflicted injuries or suicide, any felony, act of war, participation in a riot, sickness or disease.</p> <p>Benefits are also not payable if loss occurs while voluntarily using any drug, narcotic, poison, gas or fumes, while intoxicated, in active duty or traveling in a leased, owned, controlled or military aircraft.</p> <p>Please refer to the attached brochure for a more detailed explanation of the plan exclusions.</p>

**Plan provision details are in the following sections.**

## The Plan

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Personal Accident Insurance helps protect employees against losses from bodily injury due to accidents. A covered accident is a sudden, unforeseeable, external event, resulting directly and independently of all other causes, in a covered injury or covered loss that occurs while coverage is in force. Participation is voluntary and premiums are paid by employees through pre-tax payroll deductions.

## Eligibility

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All active, full-time appointed employees of Indiana University are eligible.

Eligible employees may also enroll in family coverage. The employee's lawful spouse/domestic partner,\* and unmarried dependent children who are under age 19 (or under age 25 if they are full-time students) may be covered. Children must be dependent upon the employee for support and maintenance.

If an employee and his or her spouse/domestic partner are both eligible employees of Indiana University, one may purchase family coverage. The other spouse/domestic partner may elect employee only coverage. If a person is covered as an employee and as a spouse, the combined principal sum on that person may not exceed \$800,000.

\* *A domestic partner is eligible for insurance if he or she meets specific criteria stated in the Group Policy. Information is available from a Campus Human Resources Office.*

## Enrollment

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To become insured for Personal Accident Insurance, employees must be eligible and give written election to Indiana University within 30 days of hire. Otherwise, employees can enroll during the annual open enrollment period, or within 30 days of an IRS-qualified change of status such as marriage or divorce.

## Coverage Begin and End Dates

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Coverage becomes effective on the first of the month after Indiana University receives the completed enrollment form. Provided the enrollment form has been received and the appropriate premium paid, dependent coverage will start when an employee's coverage begins. If an employee is not actively at work, the effective date of insurance will be deferred until they are actively at work.

Employee coverage under this plan ends:

- when the employee terminates employment or otherwise ceases to be a member of an eligible employee class;
- at the end of the employee's contribution period when the employee fails to make required contributions;
- when on an approved unpaid leave, at the end of 12 months of leave or when the employee fails to pay required premiums;
- when the plan as a whole is discontinued.

Dependent coverage ends when the employee's coverage ends or when the dependent is no longer an eligible individual.

## Coverages and Benefits

Two coverage levels are available: Employee Only Coverage or Employee and Family Coverage.

**Employee Coverage** — Employees may select coverage in one of eleven benefit amounts: \$30,000, \$60,000, \$90,000, \$120,000, \$180,000, \$240,000, \$300,000, \$350,000, \$400,000, \$450,000 or \$500,000.

**Family Coverage** — Each family member's coverage is a percentage of the employee's selected benefit amount. It will depend on who the insured family members are at the time of a covered accidental loss.

A spouse's/domestic partner's benefit amount will be 50% of the employee's, or 60% if there are no dependent children. Each covered child's benefit amount will be 15% of the employee's, or 20% if there is no eligible spouse/domestic partner.

### Benefit Reductions

At age 70, benefits will be reduced to 65% of the benefit amount selected; at age 75, 45%; at age 80, 30%, and at age 85, 15%. If family coverage is elected, Accidental Death & Dismemberment benefits for insured family members will be based on the selected benefit amount. Other plan benefits based on an employee's selected benefit amount will be determined by this reduction schedule. These reductions apply if an employee elects coverage after age 69.

Benefits paid under the plan may be all or part of the benefit amount depending on the covered loss and by which covered individual. Benefits are according to the chart below.

<b>If, within 365 days of a covered accident, bodily injuries result in:</b>	<b>LINA will pay this % of the benefit amount:</b>
Loss of life, or Total paralysis of both upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	<b>100%</b>
Total paralysis of both upper or lower limbs	<b>75%</b>
Total paralysis of upper and lower limbs on one side of the body, or Loss of one hand, foot, or sight in one eye, or Loss of speech, or Loss of hearing in both ears	<b>50%</b>
Loss of thumb and index finger of the same hand, or Loss of all four fingers of the same hand, or Total paralysis of one upper or one lower limb, or Loss of all toes on one foot, or Loss of hearing in one ear	<b>25%</b>
Coma	<b>1%</b>

*If the same accident causes more than one of these losses, we will pay only one amount, but it will be the largest amount that applies.*

*Loss of a hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of all vision in the eye. Loss of speech means total, permanent and irrecoverable loss of audible communication. Loss of hearing means total and permanent loss of the ability to hear any sound in both ears. Loss of sight, speech and hearing must be irrecoverable by natural, surgical or artificial means. Loss of a thumb and index finger, or four fingers, means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). Loss of toes means complete severance through the metatarsalphalangeal joint. Paralysis means total loss of use, without severance, of a limb. This loss must be determined by a doctor to be complete and not reversible. Severance means complete and permanent separation and dismemberment of the limb from the body.*

## **Additional Benefits**

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### ***Children Requiring Special Care Benefit***

Personal Accident Insurance helps parents with children who survive severe accidents. If an insured child suffers a covered accidental injury, we will double the benefit amount up to \$100,000.

This increased benefit can help parents cope with the ongoing financial obligations associated with caring for children who require continued medical attention, rehabilitation services and a specialized educational environment.

### ***Coma Benefit***

If an employee, his or her spouse/domestic partner, or children are in a coma as a result of a covered accident, we will pay a coma benefit.

After the insured person has been in a coma for one full month, we will begin to make monthly payments of 1% of the covered person's full benefit amount. The chart shown reflects this additional benefit. We will make 11 monthly payments, provided the person remains in a coma during this period. If the person recovers, the payments will stop.

If the insured person dies while the monthly coma benefit payments are being made, or if the insured person remains in a coma after the 11 monthly payments have been made, he or she will be entitled to a lump sum payment equal to the full benefit amount.

*Coma means a profound state of unconsciousness which resulted directly and independently from all other causes from a covered accident, and from which the Insured is not likely to be aroused through powerful stimulation. This condition must be diagnosed and treated regularly by a physician. Coma does not mean any state of unconsciousness intentionally induced during the course of treatment of a covered injury unless the state of unconsciousness results from the administration of anesthesia in preparation for surgical treatment of that covered accident.*

### ***Furthering Education Benefit***

The education benefit can give employees who sign up for coverage for their family members extra peace of mind if their children are enrolled in a school of higher learning.

If an employee dies in a covered accident, we will pay an extra benefit for each insured child who enrolls in a school of higher learning before he or she is 25. To help pay expenses, we will increase an employee's benefit amount by 5% or \$5,000, whichever is less, for each qualifying child. This benefit is payable each year for four consecutive years as long as the child continues his/her education. If there is no child who qualifies within one year of the employee's death, we will pay an additional \$1,000 to the employee's beneficiary.

### ***Training for Spouse/Domestic Partner Benefit***

If an employee has elected spouse/domestic partner coverage, the spouse/domestic partner will receive educational reimbursement if he or she enrolls, within three years of the employee's death in a covered accident, in an accredited school to gain skills needed for employment. We will pay the actual cost of this education or training program up to 5% of the employee's benefit amount, not to exceed \$5,000. If there is no spouse/domestic partner who qualifies within one year of the employee's death, we will pay an additional \$1,000 to the employee's beneficiary.

### ***Seatbelt and Airbag Benefit***

This benefit is payable if an insured person dies as a direct result of injuries sustained in a covered accident while driving or riding in an automobile\*, while wearing a properly fastened seatbelt (or if the insured is a child, a child restraint as defined by state law). That person's death benefit will be increased by 10%, but not by more than \$25,000. If the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System\*\* (Airbag), we will increase that person's death benefit by an additional 10%, but not by more than \$25,000.

Verification of the actual use of the seatbelt, and that the supplemental restraint system inflated properly on impact at the time of the accident, must be part of an official report of the accident, or be certified, in writing, by the investigating officer(s), and submitted with the claim.

*\*Automobile means a self-propelled, private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, sport utility vehicle, or a motor vehicle of the pickup, van, camper or motor-home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.*

*\*\*Supplemental Restraint System means an airbag that inflates upon impact for added protection to the head and chest areas.*

### ***Victims of Crime Benefit***

This benefit is payable if the employee is the victim of crime. If the employee suffers bodily injury or dies as a result of a felonious assault, robbery, holdup, attempted robbery or holdup, kidnapping or attempted kidnapping while on business for or on the premises of the employer, we will increase the benefit amount by \$25,000.

When a covered felonious assault or violent crime requires that you be hospitalized, the plan will pay a benefit of \$100 per day, up to a maximum of 20 days per covered accident. The covered person must be under a doctor's care, and the hospitalization must begin within 30 days of the felonious assault or violent crime.

LINA will not pay benefits if the employee is assaulted by a fellow employee, or a household or family member, or for losses incurred when the employee commits a violent crime or felonious assault.

## **Additional Benefits (cont'd)**

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### ***Dual Accidents Benefit***

If family coverage has been elected and, as a result of the same covered accident or separate covered accidents that occur within the same 24-hour period, the employee and his or her insured spouse/domestic partner die, we will increase the spouse's/domestic partner's benefit amount to 100% of the employee's. The employee and spouse/domestic partner must be survived by one or more dependent children. The benefit amount cannot exceed \$1,000,000.

### ***Exposure and Disappearance Benefit***

Benefits are payable if an employee suffers a covered loss due to unavoidable exposure to the elements as a result of a covered accident.

If the body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which the employee was riding, on a trip otherwise covered, it will be presumed that loss of life was sustained as a result of a covered accident.

### ***Child Care Expenses Benefit***

Personal Accident Insurance pays an additional benefit to help pay for insured children's child care expenses.

If family coverage has been elected and the employee and his or her spouse/domestic partner die as a result of a covered accident, and the spouse/domestic partner have a surviving child under 13 who is enrolled in a licensed child care center at the time of the accident or within 90 days afterward, we will pay a child care center benefit. This benefit will be an annual sum for each covered child of up to 3% of the insured's benefit amount but not more than \$3,000 a year for 5 straight years or until the child turns 13, whichever occurs first.

LINA will make the payment to the child's surviving custodial parent or legal guardian.

Each payment will be made at the end of a 12-month period in which there were documented child care center expenses.

### ***Waiver of Premium After Loss of Life Benefit***

If family coverage has been elected and the employee loses his or her life in a covered accident, insured family members will continue to be covered under the plan — without making premium payments — for 12 months. At that time, their coverage will end unless they convert to individual insurance.

### ***For Home Alteration and Vehicle Modification***

Personal Accident Insurance pays an additional benefit if you or an insured family member require home alteration or vehicle modification within one year of the date you sustain injuries from a covered accident. For example: If, as the result of a covered accident, you are required to use a wheelchair to be ambulatory, we will pay reasonable and customary home alteration and vehicle modification expenses. The expenses cannot exceed 10% of the benefit amount or \$25,000, if less.

This benefit covers alteration to the insured's residence or modifications to a motor vehicle that are certified by a physician to be necessary to maintain an independent lifestyle. Benefits will not be paid if the covered person required an adaptive device, or adaptation of residence and/or vehicle prior to the date of the covered accident. Home alteration and/or vehicle modification must be made by a qualified person and must be in compliance with all applicable laws and regulations.

### ***Rehabilitation Benefit***

If an insured incurs rehabilitative expenses within 2 years of the date of a covered accident, we will pay an additional benefit amount to a maximum of \$10,000, for each covered accident.

*Rehabilitative expenses* means any medical services, supplies or treatment, or hospital confinement that is necessary for physical rehabilitative training. Rehabilitative training must prepare the insured to return to his/her or any other occupation, be prescribed by and under the care of a doctor, and meet the generally accepted standards of medical practice.

### ***Conversion***

If, before the employee reaches age 70, this group coverage ends for any reason except non-payment of premium, the employee can convert to an individual policy. No medical certification is needed. To continue coverage, the employee must apply for the conversion policy and pay the first premium in effect for his or her age and occupation within 31 days after group coverage ends. Family members may convert their coverage as long as they have not reached the maximum age limitation. Converted policies are subject to certain benefits and limits as outlined in the certificate, should an employee become insured under the plan.

## Exclusions

Plan benefits are not payable if an injury or a loss results, directly or indirectly, from or is caused by, self-inflicted injuries or suicide, while sane or insane; any felony or assault committed by the insured; any act of war, declared or undeclared; any active participation in a riot or insurrection; sickness, disease, physical or mental impairment or medical or surgical treatment thereof, or bacterial or viral infection, regardless of how contracted. (This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound, or accidental food poisoning.)

Benefits are also not payable if the loss occurs while the covered person is voluntarily using any drug, narcotic, poison, gas or fumes, except one prescribed by a licensed physician and taken as prescribed; if the covered person's intoxication is determined according to the law of the jurisdiction in which a covered accident occurred; while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days); traveling in an aircraft that is owned, leased or controlled by the sponsoring organization, or any of its subsidiaries or affiliates; bungee jumping; parachuting; skydiving; parasailing; or hang-gliding; nor are benefits payable for flight in, boarding or alighting from an aircraft or any craft designed to fly above the earth's surface; except as: a fare-paying passenger on a regularly scheduled commercial or charter airline, a passenger in a non-scheduled, private aircraft used for pleasure purposes with no commercial intent during the flight, or a passenger in a military aircraft flown by the Air Mobility Command or its foreign equivalent.

## Cost

Cost will depend on the benefit amount and coverage option selected from the chart below.

Employee Benefit Amount	Monthly Cost for Family Coverage	Monthly Cost for Employee Only
\$ 500,000	\$13.00	\$8.00
450,000	11.70	7.20
400,000	10.40	6.40
350,000	9.10	5.60
300,000	7.80	4.80
240,000	6.24	3.84
180,000	4.68	2.88
120,000	3.12	1.92
90,000	2.34	1.44
60,000	1.56	.96
30,000	.78	.48

*Costs are subject to change.*

*Spouse/domestic partner and children coverages are a percentage of the employee's benefit amount. Benefit amounts cannot exceed \$300,000 for a spouse/domestic partner and \$50,000 for each child.*

An employee may need to request changes to his or her existing coverage if, in the future, there are no longer dependents who qualify for coverage. Premiums will be refunded if an employee does not notify the plan of this and it is determined at the time of a claim that premium has been overpaid.

### To File A Claim

To file a claim, please contact University Human Resource Services for claim forms.

## ***Notes***

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This plan provides ACCIDENT insurance only. It pays benefits for bodily injury. It does not provide coverage for sickness. This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in policy OK-980032 on Policy Form No.GA-00-1000.00 issued in Delaware to the Trustee of the Group Insurance Trust for Employers in the Services Industry. The group policy is subject to the laws of the state in which it is issued.

The availability of this offer may change. Please keep this material as a reference.

*Coverage is underwritten by  
Life Insurance Company of North America  
1601 Chestnut Street  
Philadelphia, PA 19192*



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AR-0405-21421(03/09)  
PM-619486c