



Your Group Accident Insurance Proposal

Prepared for: Member of Kentucky Chamber of Commerce

Presented by: Kentucky Chamber of Commerce

Proposal prepared on:

February 19, 2020

Proposal effective date:

June 1, 2020

Standard Insurance Company

Proposed Effective Date:

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Presented By:

Kentucky Chamber of Commerce

Prepared For:

Member of Kentucky Chamber of Commerce



Accident Insurance

Nobody plans to have an accident — and most people don't budget for one, either. Accident insurance helps your employees pay for out-of-pocket expenses medical insurance won't cover. If an employee's covered child gets injured while participating in an organized sport, we'll pay an additional 25 percent of the total benefit owed. It's an affordable way for employees to make sure they can keep their financial lives moving in the right direction.

Covered Members

A regular employee of the employer working 20 hrs per week in the United States.

Class Definition: All eligible

Options side-by-side Employer selects one plan design to offer to employees

	Enhanced	Premier
Minimum Employee Participation	10 Lives	10 Lives
Policy Situs State	KY	KY
Type of Coverage	24 hr	24 hr

Covered Benefits

Emergency Care	Enhanced	Premier
Air Ambulance	\$800	\$1,500
Blood, Plasma, Platelets	\$300	\$600
Emergency Dental (Crown)	\$200	\$350
Emergency Dental (Extraction)	\$100	\$150
Emergency Room Benefit	\$150	\$200
Ground Ambulance	\$300	\$600
Initial Physician's Office	\$50	\$60
Major Diagnostic Exam	\$200	\$300
Urgent Care	\$50	\$60
X-Ray	\$50	\$60
Specific Injury	Enhanced	Premier
Burns, 2nd degree, <15%	\$200	\$500
Burns, 2nd degree, >15%	\$1,000	\$1,500
Burns, 3rd degree, <15%	\$5,000	\$7,500
Burns, 3rd degree, >15%	\$10,000	\$12,500
Coma	\$7,500	\$15,000

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Covered Benefits

Specific Injury	Enhanced	Premier
Concussion	\$150	\$200
Eye Injury	\$200	\$300
Lacerations, < 2"	\$75	\$100
Lacerations, 2" - 6"	\$200	\$400
Lacerations, > 6"	\$500	\$800
Skin Graft	25% of Burn Benefit	50% of Burn Benefit
Fractures Non-Surgical/Surgical	Enhanced	Premier
Ankle, Arm, Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder blade, Sternum, Wrist	\$550/\$1,100	\$650/\$1,300
Bones of Face, Coccyx, Nose, Vertebrae	\$500/\$1,000	\$750/\$1,500
Finger, Toe	\$100/\$200	\$200/\$400
Hip	\$2,500/\$5,000	\$3,000/\$6,000
Leg (hip to knee)	\$2,000/\$4,000	\$3,000/\$6,000
Leg (knee to ankle), Pelvis, Vertebral Column	\$1,200/\$2,400	\$1,700/\$3,400
Rib	\$400/\$800	\$500/\$1,000
Skull (depressed)	\$4,000/\$8,000	\$5,250/\$10,500
Skull (non-depressed)	\$1,500/\$3,000	\$2,000/\$4,000
Chip Fracture	25% of Non-Surgical Fracture Amount	25% of Non-Surgical Fracture Amount
Dislocations	Enhanced	Premier
Ankle, Collarbone (Sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$800/\$1,600	\$1,000/\$2,000
Collar Bone (Acromioclavicular)	\$400/\$800	\$500/\$1,000
Finger, Rib, Toe	\$150/\$300	\$200/\$400
Hip	\$2,500/\$5,000	\$3,500/\$7,000
Knee	\$900/\$1,800	\$1,000/\$2,000
Spine	\$400/\$800	\$500/\$1,000
Partial Dislocation	25% of Non-Surgical Dislocation Amount	25% of Non-Surgical Dislocation Amount
Surgical Benefits	Enhanced	Premier
Knee Cartilage Repair	\$750	\$1,000
Knee Cartilage Exploratory Surgery	\$200	\$250

continued

Plan ID: 1

Rating Request: 9999999964

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3

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Covered Benefits

Surgical Benefits	Enhanced	Premier
Tendon, Ligament, Rotator Cuff Repair of One	\$750	\$1,000
Tendon, Ligament, Rotator Cuff Repair of Two or More	\$1,000	\$1,500
Tendon, Ligament, Rotator Cuff Exploratory Surgery	\$200	\$250
Ruptured Disk, Repair	\$750	\$1,000
Exploratory Abdominal/Thoracic Surgery	\$200	\$400
Laparoscopic Repair Abdominal/Thoracic Surgery	\$750	\$1,000
Open Repair Abdominal/Thoracic Surgery	\$1,500	\$2,000
Surgical Facility (Outpatient)	\$150	\$500
Hospital	Enhanced	Premier
Critical Care Unit Admission	\$750	\$1,000
Daily Rehabilitation Facility (up to 90 days per accident)	\$100/day	\$150/day
Daily Critical Care Unit Confinement (up to 15 day)	\$200/day	\$200/day
Daily Hospital Confinement (up to 365 days)	\$200/day	\$400/day
Hospital Admission	\$1,000	\$1,500
Follow-Up Care	Enhanced	Premier
Medical Appliance	\$100	\$200
Chiropractic	\$50 up to 2 days	\$60 up to 2 days
Accident Follow-Up Treatment	\$50 up to 2 days	\$70 up to 3 days
Hearing Device	\$500	\$600
Prosthesis, One	\$500	\$1,000
Prostheses, Two or more	\$1,000	\$2,000
Therapy Services	\$50 up to 3 days	\$50 up to 4 days
Additional Benefits	Enhanced	Premier
Lodging (up to 30 days per accident)	\$175/per day	\$200/per day
Transportation (up to 30 days per accident)	\$150/per day	\$200/per day

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Covered Benefits

Accidental Death & Dismemberment	Enhanced	Premier
Accidental Death – Employee	\$50,000	\$100,000
Accidental Death – Spouse	\$25,000	\$50,000
Accidental Death – Child	\$12,500	\$25,000
Common Carrier	100% of Accidental Death	100% of Accidental Death
Loss of 2 or more fingers or toes	5% of Accidental Death	5% of Accidental Death
Loss of one finger or one toe	2% of Accidental Death	2% of Accidental Death
Loss of Both Hands, or Both Feet	30% of Accidental Death	30% of Accidental Death
Loss of Sight for Both Eyes	30% of Accidental Death	30% of Accidental Death
Loss of Hearing of Both Ears	30% of Accidental Death	30% of Accidental Death
Loss of One Hand or One Foot	15% of Accidental Death	15% of Accidental Death
Loss of One Hand and One Foot	30% of Accidental Death	30% of Accidental Death
Loss of Sight in One Eye	15% of Accidental Death	15% of Accidental Death
Loss of Hearing in One Ear	15% of Accidental Death	15% of Accidental Death
Accidental Impairment	Enhanced	Premier
Uniplegia	15% of Accidental Death	15% of Accidental Death
Paraplegia, Triplegia, or Hemiplegia	30% of Accidental Death	30% of Accidental Death
Quadriplegia	50% of Accidental Death	50% of Accidental Death
Seatbelt Benefit	10% of Accidental Death	10% of Accidental Death
Airbag Benefit	10% of Accidental Death	10% of Accidental Death
Helmet Benefit	10% of Accidental Death	10% of Accidental Death
Repatriation Benefit	10% of Accidental Death	10% of Accidental Death

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Additional Plan Design Details:

- Issue age 18-70 for Employee and Spouse; birth to age 26 for children.
- No termination age for employee and spouse. Child coverage terminates at age 26.
- A Youth Organized Sports benefit is included with EE+CH and Family coverage. If a covered child 18 age or younger is injured while playing an organized sport, the Standard pays an additional 25% of the total benefits for treatment received.
- If multiple fractures and/or dislocations are sustained in a covered accident, the Standard pays for each fracture and/or each dislocation.
- Critical Care Admission and Critical Care Confinement pay in addition to the Hospital Admission and Hospital Confinement daily benefit.
- Portability is automatically included. Employees are able to take their Accident coverage with no change in coverage or rates.
- Benefits paid under the Accident Insurance policy when purchased with employee post-tax income are excluded from claimant gross income under current federal tax law.
- 24 hour - Coverage includes accidents that occur anytime, including work related accidents.

continued

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Cost

	Rollup: Monthly Premium	
	Enhanced	Premier
Employee	\$8.62	\$13.11
Employee and Spouse	\$13.71	\$20.54
Employee and Child(ren)	\$16.29	\$24.80
Employee and Family	\$25.53	\$38.75
Includes the following benefits:		
Health Maintenance Screening Benefit	\$50 Benefit	\$50 Benefit

- Auto-pay is available for the Health Maintenance Screening benefit when covered screenings are completed by employees at their employer's Health Fair.
- The Health Screening Benefit pays an annual benefit when the insured receives one of the twenty covered health screening tests, including lipid panel, mammography, and colonoscopy.
- To convert monthly rates to deductions, multiply by twelve, then divide by the number of deductions per year and round to two decimals.

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Assumptions

- No Underwriting required.
- Proposal assumes normal level commissions.
- This proposal assumes 250 eligible lives.
- Employer selects one plan design to offer to employees.

Conditions

- Minimum of 10 lives required.
- The proposed rates are guaranteed for 24 months.
- No competing Accident plan will be offered on payroll deduction.
- Proposed rate includes electronic documents.
- New hires will be enrolled on a perpetual basis.

Exclusions

Benefits are not payable if the accident was caused or contributed by the following:

- War or act of war.
- Suicide or other intentionally self-inflicted Injury, while sane or insane.
- Committing or attempting to commit an assault, felony, act of terrorism, or actively participating in a violent disorder or riot.
- The voluntary use or consumption of any poison, chemical compound, drug, or alcohol in excess of the legal limit in the state in which the accident occurred, unless used or consumed according to the directions of a health care provider.
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness.
- Travel or flight in or on any aircraft (certain exceptions apply, including as a fare paying passenger on a regularly scheduled commercial flight).
- Engaging in mountain climbing, caving, heli-skiing, boxing, full contact martial arts, bungee jumping, parachuting, base jumping, skydiving, hang gliding, sail gliding, parasailing, parkiting, kitesurfing, kiteboarding or scuba diving.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests.
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident.
- Riding in or driving any automobile in a race, stunt show, or speed test.
- Cosmetic surgery, unless such surgery or procedure is necessary to correct a deformity or restore bodily function resulting from covered accident.

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Exclusions

Benefits are not payable if the accident was caused or contributed by the following:

- Any accident which arises out of or in the course of the insured's incarceration in a jail, penal, or correctional institution.

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Producer Compensation Disclosure

We recognize the valuable role of insurance advisors, consultants and brokers ("producers") in helping their clients design an employee benefits program, and we support reasonable and fair compensation for these services. Producers may be eligible to receive compensation from The Standard.

The commission quoted in this proposal are noted below. Additionally, fees for administrative, marketing or consulting services may apply. If applicable, fees are noted below.

Normal commission scale (<https://www.standard.com/financial-professional/insurance-benefits/compensation>) included for Accident Insurance.

An Override of 5% is included. An override is compensation paid in addition to or in lieu of commissions.

Unless participation is declined by the producer or client, contingent compensation is additional compensation that may also be paid and is dependent on the satisfaction of one or more minimum requirements, such as a specified amount of new premium volume or persistency in connection with the producer's block of business. For information about our customary producer rewards program visit <https://www.standard.com/financial-professional/insurance-benefits/compensation>. Some producers may have a contingent compensation arrangement that differs from our customary program. Please consult with your producer for additional details.

About This Employee Benefits Proposal

We appreciate the opportunity to provide you with this benefit and cost summary proposal from The Standard. This document outlines certain important features of the group insurance coverages available. This is not a contract or an offer to contract for such coverages. Detailed information about other important features of the coverage proposed is available on request. Just ask your broker/consultant or your representative at The Standard.

A completed application must be submitted before a group can be considered for coverage. Insurance will be effective after the application is accepted by The Standard. If approved, we will issue a contract containing our customary language. It will not duplicate policy language from another carrier. The group contract will contain provisions and defined terms not described in this Employee Benefits Proposal. The group contract will control if there are discrepancies between it and this proposal.

This benefit and cost summary proposal expires on Tuesday, May 19, 2020 unless replaced or withdrawn by The Standard.

The proposed premium rate and plan design for each coverage are based on the underwriting data received by The Standard. Final premium rates and plan provisions will be determined by The Standard on the basis of: applicable state laws, policyholder contributions, confirmation of occupations, the actual composition of the group of persons who will become insured and our current underwriting rules and practices.

Standard Insurance Company Financial Strength Ratings

For information about our financial strengths ratings visit www.standard.com/about.

This is a limited benefit policy.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company, 1100 SW 6th Avenue, Portland, Oregon, 97204 in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

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