

U.W. Hospitals & Clinics



Voluntary Accidental Death & Dismemberment Insurance • GTU 2584087

The following is a brief description of the Voluntary Accidental Death and Dismemberment Plan. The benefits described are subject to certain limitations and exclusions as described in the policy. For specific definitions of terms used below as well as further details and information about this plan, please see the policy.

Eligibility

Class I: All Active full-time Employees of the Policyholder who are eligible for immediate or future state contribution to the State of Wisconsin group health insurance program and are not collecting a Wisconsin State Retirement Benefit.

You may elect to include coverage for your eligible dependents under the Family Plan.

Eligible dependents include your legally married spouse under age 70 and your unmarried dependent children from birth to 19 years of age, or to age 26 if attending an accredited school or college on a full-time basis, and are primarily dependent upon you for their support and maintenance.

No individual may be covered more than once under this plan. You cannot be covered as a spouse/domestic partner or dependent child of another employee.

Change in Family Status

Event	Allowed Changes	Coverage Begin/End Date
New Hire:	Enroll	1 st of the month on or following election date
Cancel Coverage:	Cancel at any time	Coverage ends the end of the month which contains election date
Decrease Coverage: (Family to Single and/or decrease coverage amount)	Decrease coverage at any time	New Coverage: 1 st of the month on or following elect
Divorce/Annulment, Death of Spouse/Dependent, Legal Ward Guardianship Ends:	Enroll, change coverage	Spouse/Dependent Child(ren) loses eligibility: Event date (i.e. date of divorce, death)
Marriage, Birth, Adoption, Placement for Adoption, Guardianship for Legal Ward, Proof of Paternity/Maternity:	Enroll, change coverage	1 st of the month on or following election date
Termination of Employment, Employee Death:	Terminate coverage	End of month containing termination date
Open Enrollment	Enroll, change or cancel coverage	Coverage Begins (enroll/change): January 1; Coverage Ends (cancel) December 31.

Benefit Amount

Class I: You may purchase a benefit from a minimum of \$50,000 to a maximum of \$500,000 in increments of \$25,000. However, amounts applied for in excess of \$250,000 must not exceed ten (10) times your base annual pay excluding overtime, bonuses, commissions and special compensation.

Benefit Amounts for Your Covered Dependents

The benefit amount for your covered dependents will be a percentage of your benefit amount, as follows:

Plan Selected	% Spouse	% Child(ren)
Spouse only:	60%	0
Dependent Child(ren) only:.....	0	20%
Spouse and Dependent Child(ren)	50%	15%

Maximum benefit amount of \$25,000 for dependent child(ren).

Description of Coverage

24 Hour Accident Protection, Business & Pleasure
Excluding Corporate Owned or Leased Aircraft, H-1

This plan offers protection on a worldwide basis, 24 hours a day, 365 days a year against certain injuries resulting from a covered accident in the course of business or pleasure, including accidents on or off the job, in or away from the home, commuting, traveling by train, airplane, automobile, or other public and private conveyances, subject to certain limitations (see exclusions/limitations). The benefits provided are payable in addition to any other insurance which may be in effect at the time of the accident.

Additional Coverages

Exposure and Disappearance Coverage

Percentage of Principal Sum

If you are exposed to weather because of an accident and this results in a covered loss; or if the conveyance in which you are riding disappears, is wrecked, or sinks and you are not found within 365 days of the event, we will pay your benefit amount.

Benefits Provided

If a covered person has a covered accident that results in any of the following losses within 365 days of the date of the covered accident, we may pay certain benefit amounts shown to the covered person or his or her designated beneficiary. If the covered accident results in more than one of these losses, only the loss with the largest benefit will be payable. The amounts are based on the benefit amount shown in the schedule.

Covered Loss of:	Benefit Amount	Covered Loss of:	Benefit Amount
Life	100% of benefit amount	Speech and Hearing	100% of benefit amount
Both hands or both feet.....	100% of benefit amount	Speech or Hearing.....	50% of benefit amount
One hand and one foot	100% of benefit amount	One hand, one foot,	
One hand or one foot		or sight of one eye	50% of benefit amount
plus sight of one eye	100% of benefit amount	Thumb and index finger	
Sight of both eyes	100% of benefit amount	of the same hand	25% of benefit amount
Covered Loss of Use of:	Benefit Amount	Covered Loss of Use of:	Benefit Amount
Four Limbs	100% of benefit amount	Two Limbs.....	66% of benefit amount
Three Limbs	75% of benefit amount	One Limb	50% of benefit amount

HIV Occupational Accident Benefit:

If you suffer an injury during the performance of your job which causes you to acquire and test positive within one year of such accident for Human Immunodeficiency Virus (HIV) and/or AIDS and related complex (ARC), you may receive an additional benefit equal to 20% of your benefit amount to a maximum of \$500,000 payable in 24 equal monthly installments. If the initial test is

negative and you subsequently test positive for HIV, AIDS or ARC within one year of the accident, we will begin monthly payments on the first of the month following the settlement of the claim.

Additional Benefits

Benefit or Coverage	Covered Person's Percentage of Principal Sum	Maximum Benefit Amount:
Coma Benefit	1%payable for the first 11months	Lump Sum payment after 11 months
Carjacking Benefit	10%	\$25,000
Day Care Benefit*	5%	\$10,000
You must elect Family Plan Coverage. *Employee and Covered Spouse/Domestic Partner only.		
Hearing Aid or Prosthetic Appliance Benefit	10%	\$25,000
Higher Education Benefit	10%	\$12,500
You must elect Family Plan Coverage. An additional benefit of \$1,000 if there are no Dependent Child(ren) who qualify.		
Home Alteration and Vehicle Modification Benefit	10%	\$50,000
Safety Device Benefit	10%	\$25,000
Accidental death resulted from an accident, provided covered person were operating or riding as a passenger in or on any private passenger automobile, motorcycle, scooter, moped, bicycle, boat or seagoing vessel, sailboard, personal watercraft, all-terrain vehicle, all-terrain cycle, snowmobile or while participating in downhill skiing, snowboarding, horseback riding, water skiing or other towed activities; and wearing or protected by, as per manufacturer's instructions, a safety device (including, but not limited to a seat belt, lap and should restraint, air bag, flotation device and/or helmet) as defined in the policy.		
Spouse/Domestic Partner Retraining Benefit (lesser of).....	10%	\$20,000
You must elect Family Plan Coverage.		
Therapeutic Counseling Benefit	Not Applicable	\$5,000

Travel Assistance Plan

This Travel Assistance Plan will apply to the following Covered Persons when they are traveling 100 miles or more from their Principal Residence: you and your Spouse and/or Child(ren) if the Spouse and/or Child(ren) are with you while you are covered under the Policy. The Spouse and/or Child(ren) will not be covered while making a trip without you. The transportation and/or services provided under this Travel Assistance Plan must be pre-authorized by Us. Coverage includes the following benefits:

- **Medical Evacuation Benefit****Maximum Benefit Amount: Unlimited**
We or Zurich Travel Assist will arrange for, and cover the cost for, the transport of the Covered Person to the nearest hospital or medical facility which can provide such care.
- **Medical Repatriation Benefit****Maximum Benefit Amount: Unlimited**
We or Zurich Travel Assist will arrange for, and cover the cost for, the transport of the Covered Person to his or her Principal Residence, in such transportation.
- **Non-Medical Repatriation Benefit****Maximum Benefit Amount: Unlimited**
We or Zurich Travel Assist will arrange for, and cover the cost for, the transport of the Covered Person who has sufficiently recovered to travel in a regularly scheduled economy class air flight to his or her Principal Residence, in such transportation.
- **Return of Remains Benefit****Maximum Benefit Amount: Unlimited**
We or Zurich Travel Assist will make arrangements and pay for the local preparation of the body for transport or cremation (not including the cost of cremation), travel clearances and authorizations, standard shipping container (not including urn or coffin) and transportation of the body or remains to its country of destination.
- **Visit to Hospital Benefit****Maximum Benefit Amount: Unlimited**
We or Zurich Travel Assist will arrange for, and cover the cost for, a regularly scheduled round trip economy class air flight and accommodations (including hotel/lodging and meals; but excluding personal comfort or convenience

items) for as many as two (2) people chosen by the Covered Person to visit the Covered Person while he or she is hospitalized for more than 7 consecutive days.

- **Return of Child Benefit** **Maximum Benefit Amount: Unlimited**
We or Zurich Travel Assist will arrange for, and cover the cost of, the transport of the Dependent Child(ren) by a regularly scheduled economy class if flight to the location chosen by the Covered Person and for an attendant, if applicable.
- **Return of Companion Benefit** **Maximum Benefit Amount: Unlimited**
We or Zurich Travel Assist will arrange for, and cover the cost for, the lesser of the change fee for the companion's return air flight or a one-way economy class flight.

You can access Zurich Travel Assist® services by calling, toll-free, 1-800-263-0261 and referencing policy number GTU 2584087 or logging on to their web site at www.zurichtravelassist.com.

Zurich Travel Assistance Contact Information

World Travel Protection	Phone: 1.800.263.0261 (U.S. and Canada)
901 King Street West, Suite 300	1.416.977.0277 (Collect – anywhere else in the world)
Toronto, Ontario M5V 3H5	Fax: 1.416.205.4622
Email: assistance@wtp.ca	Website: www.zurichtravelassist.com

Zurich American Insurance Company Claim Contact Information

Contact Zurich American Insurance Company below for a claim form. Complete the form and send it to:

Toll-Free Number: 1.877.287.4805 e-mail: usz.accidenthealth.claims@zurichna.com

Dedicated Claim Fax: 866.255.2962

Conversion Privilege

If your insurance ceases for reasons other than the termination of the group policy or non-payment of premium, you may be entitled to apply for an Individual or Family (if applicable) Accidental Death & Dismemberment policy. Proof of good health is not required. Maximum benefit of \$250,000. To expedite your conversion efficiently and effectively by logging onto the Zurich AD&D Conversion Website at: <https://enroll.zurichna.com/conversion>. If you do not have access to a computer, you can dial the toll-free number, 1-888-634-6780, Option 2.

General Exclusions

A loss will not be a covered loss if it is caused by, contributed to, or results from:

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury;
2. war or any act of war, whether declared or undeclared;
3. involvement in any type of active military service;
4. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
5. commission or attempt to commit a felony, or that occurs while engaged in an illegal occupation;
6. parasailing, bungee jumping, heli-skiing, scuba diving or any other extra-hazardous activity;
7. travel or flight in any aircraft except to the extent stated in the Coverage Section of the policy.

Hazard Exclusions

The following exclusions pertain to Hazard H-2 and Hazard H-3

Coverage is not provided:

- A.** If you are the pilot, operator, member of the crew or cabin attendant of any aircraft.
- B.** Unless we have previously consented in writing to the use, coverage is not provided for any loss, caused by, contributed to, resulting from riding in or on, boarding, or getting off:
1. any aircraft other than those expressly stated in this Coverage;
 2. any aircraft owned or controlled by, or under lease to the policyholder;
 3. any aircraft owned or controlled by, or under lease to an insured or a member of an Insured's family or household;
 4. any aircraft operated by the policyholder or one of the policyholder's employees including members of an employee's family or household;
 5. any aircraft while it is being used for one or more of the following specialized aviation activities: acrobatic or stunt flying, aerial photography, banner towing, bird or fowl herding, crop dusting, crop seeding, crop spraying, hang gliding, endurance tests, exploration, fire fighting, flight on a rocket-propelled or rocket launched aircraft, flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted, hunting, parachuting or skydiving, pipe line inspection, power line inspection, racing, skywriting, or test or experimental purpose;
 6. any conveyance used for tests or experimental purposes, or in a race or speed test.

Cost and Method of Payment

Base Plan which includes ID Theft Services:

- The monthly cost for **Employee Only** coverage is \$.034 for each \$1,000 of benefit amount.
- The monthly cost for the **Family Plan** is \$.048 for each \$1,000 of benefit amount.

Premium payments will be deducted automatically from your pay. For example, if you had selected one of the benefit amounts below, your monthly cost would be:

Benefit Amount*	PLAN I: Monthly Cost Employee Only	PLAN II: Monthly Cost Family Plan
\$ 50,000	\$1.70	\$2.40
100,000	\$3.40	\$4.80
150,000	\$5.10	\$7.20
200,000	\$6.80	\$9.60
250,000*	\$8.50	\$12.00
300,000*	\$10.20	\$14.40
350,000*	\$11.90	\$16.80
400,000*	\$13.60	\$19.20
450,000*	\$15.30	\$21.60
500,000*	\$17.00	\$24.00

* Benefit amounts in excess of \$250,000 may not exceed ten (10) times your base annual pay excluding overtime, bonuses, commissions and special compensation.

Zurich

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The terms and conditions of the Plan described in this brief summary are governed by the individual Plan document that contains the complete terms. In the event of any discrepancy between the information in this brief summary and the Plan document, the Plan document shall govern.

Insurance coverages underwritten by member companies of Zurich in North America, including Zurich American Insurance Company. Certain coverages not available in all states. Some coverages may be written on a nonadmitted basis through licensed surplus lines brokers.

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