



Group Accident Insurance

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works

1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money.
- **Pays you for what happens**, regardless of your other coverage.
- **Goes with you** if you leave your employer.
- **Provides coverage without answering any medical questions.**
- Gives you the option to **cover your spouse and children.**
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- **You pay the same premium** for as long as you have your coverage.
- Provides the convenience of having your **premium payments deducted directly from your paycheck.**

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amounts
Emergency Room Visit	\$600
X-ray	\$400
Concussion	\$600
Leg Fracture (Surgical)	\$3,400
Knee Cartilage Repair	\$1,000
Hospital Admission	\$3,250
2 Days Hospital Confinement	\$1,400
Medical Appliance	\$600
Physician Follow-Up Appointment	\$450
2 Physical Therapy Appointments	\$900
TOTAL	\$12,600

Here's what it would cost you:

Coverage for...	20 Pay Period Premiums
You	\$9.94
You and your spouse	\$15.79
You and your children	\$18.63
You, your spouse and your children	\$29.34

Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary. Please consult with your human resources representative or plan administrator for more details.

Injury	Emergency	Surgery
<ul style="list-style-type: none"> • Burns • Dislocations • Eye Injuries • Concussion • Loss of Hearing • Lacerations • Fractures • Coma • Paralysis 	<ul style="list-style-type: none"> • Emergency Dental • Urgent Care • Ambulance • Emergency Room • X-ray • Major Diagnostic Exam 	<ul style="list-style-type: none"> • Abdominal/Thoracic Surgery • Outpatient Surgical Facility • Skin Grafts • Knee Cartilage/ Ligament/ Tendon Repair • Ruptured Disk • Rotator Cuff
Hospitalization	Follow-Up Care	Value Added Benefits
<ul style="list-style-type: none"> • Hospital Admission • Hospital Confinement • CCU Confinement • CCU Admission 	<ul style="list-style-type: none"> • Chiropractor • Medical Appliance • Hearing Device • Physical Therapy • Physician Care • Prosthesis • Rehab Facility 	<ul style="list-style-type: none"> • Transportation • Lodging • Youth Organized Sports Benefit

Additional Benefits

24-hour coverage – Includes coverage for accidents that occur on and off the job.

Accidental Death & Dismemberment — Includes a benefit for an accidental death or covered dismemberment for you or your dependents.

Health Maintenance Screening Benefit — Pays a \$100 benefit once per calendar year when you or your dependents go to the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram.

Automobile Accident Benefit — Provides an additional \$500 benefit for injuries you or your dependents sustain while traveling in an automobile involved in a covered accident.

These are actual benefits you could receive in the event of a covered accident. Benefits are paid once per covered accident unless otherwise noted:

Emergency Care Benefits	
Ambulance — Air	\$1,500
Ambulance — Ground	\$600
Emergency Room Visit	\$600
Urgent Care Visit	\$600
Initial Care Visit (not payable if Urgent Care or Emergency Room Visit Benefit is payable)	\$600
Emergency Dental Care — Crown	\$350
Emergency Dental Care — Extraction	\$150
Outpatient X-ray	\$400
Major Diagnostic Exam (such as CT scan, MRI, EEG)	\$400
Transfusion Blood, Plasma or Platelets	\$600

Specific Injury Benefits	
Burns	\$500-\$12,500, depending on severity
Coma	\$15,000
Concussion	\$600
Eye Injury	\$300
Lacerations	\$100-\$800, depending on size
Skin Graft	50% of burn benefit

Follow-Up Care	
Medical Appliance (e.g., wheelchair, cane or brace)	\$600
Chiropractic Care (maximum 3 visits per covered accident, 1 per day)	\$125 per day
Physician Follow-up (maximum 3 visits per covered accident, 1 per day)	\$450 per day
Hearing Device	\$600
Prosthesis	One: \$1,000 Two or more: \$2,000
Therapy Services (maximum 6 visits per covered accident, 1 per day)	\$450

Dislocations	Non-surgical/Surgical
Ankle, Collarbone (sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$1,000/\$2,000
Knee (not including kneecap)	\$1,000/\$2,000
Collarbone (acromioclavicular), Spine	\$500/\$1,000
Finger, Rib, Toe	\$200/\$400
Hip	\$3,500/\$7,000
Partial Dislocation	25% of the associated dislocation listed above (non-surgical)

Fractures	Non-surgical/Surgical
Ankle, Arm (shoulder to elbow), Arm (elbow to wrist), Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist	\$650/\$1,300
Bones of Face, Coccyx, Nose, Vertebrae	\$750/\$1,500
Rib	\$500/\$1,000
Finger, Toe	\$200/\$400
Hip	\$3,000/\$6,000
Leg (hip to knee)	\$3,000/\$6,000
Leg (knee to ankle), Pelvis, Vertebral Column	\$1,700/\$3,400
Skull (depressed)	\$5,250/\$10,500
Skull (non-depressed)	\$2,000/\$4,000
Chip Fracture	25% of the associated fracture listed above (non-surgical)

Surgical Benefits	
Knee Cartilage (Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount)	
Exploratory	\$250
Repair	\$1,000
Tendon, Ligament, Rotator Cuff (If two or more surgeries are required for the same covered accident, will pay the highest benefit amount)	
Exploratory	\$250
Repair of one	\$1,000
Repair of two or more	\$1,500
Ruptured Disc	
Repair	\$1,000
Abdominal/Thoracic Surgery (If more than one surgery required for the same covered accident, will pay the highest benefit amount)	
Exploratory	\$400
Laparoscopic Repair Surgery	\$1,000
Open Repair Surgery	\$2,000
Surgical Facility Benefit	\$500

Hospital Benefits	
Hospital Admission (once per covered accident)	\$3,250
Daily Hospital Confinement (maximum 365 days per covered accident)	\$700 per day
Critical Care Unit Admission* (once per covered accident)	\$2,500
Daily Critical Care Unit Confinement* (maximum of 31 days per covered accident)	\$700 per day
Daily Rehabilitation Facility (maximum 90 days per covered accident)	\$150 per day
* Payable in addition to any Hospital Admission and/or Daily Hospital Confinement Benefit you may be eligible to receive.	

Additional Benefits	
Lodging (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$200
Transportation (per trip) (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$1,250
Health Maintenance Screening Benefit (once per calendar year)	\$100
Youth Organized Sports Benefit	Additional 25% of total benefit payable
Automobile Accident Benefit	\$500

Accidental Death and Dismemberment (AD&D)	
Accidental Death You: Spouse: Child:	\$200,000 \$100,000 \$50,000
In the event of a covered accidental dismemberment or impairment, this policy would pay a percentage of the Accidental Death benefit:	
Loss of both hands or feet	30%
Loss of one hand and one foot	30%
Loss of one hand or one foot	15%
Loss of one digit (finger or toe)	2%
Loss of two or more digits (fingers and/or toes)	5%
Uniplegia	15%
Hemiplegia, Paraplegia or Triplegia	30%
Quadriplegia	50%
Loss of sight (one eye); loss of hearing (one ear)	15%
Loss of sight (both eyes); loss of hearing (both ears)	30%
In the event of an accidental death, this policy would pay the full Accidental Death benefit. In certain scenarios, it would also pay an additional percentage of the Accidental Death benefit:	
Air Bag Benefit	10%
Helmet Benefit	10%
Seat Belt Benefit	10%
Repatriation/transportation of remains	10%
Death that occurs while aboard commercial transportation	100%

Important Details

Here's where you'll find the details about Accident insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a citizen or resident of the United States, and a regular employee of District School Board of Collier County, FL regularly scheduled or actively working in the United States who is one of the following:

- A regular Collier County Education Association (CCEA) and Non-Bargaining Unit employee regularly scheduled to work a minimum of 28.125 hours per week (.75 FTE); or
- A regular CCAEOCAP employee who is regularly scheduled to work a minimum of 30 hours per week (.75 FTE); or
- A regular Teamsters employee (other than bus drivers and attendants) regularly scheduled to work a minimum of 28.125 hours per week (.75 FTE); or
- A regular Teamsters bus driver or attendant employee regularly scheduled to work a minimum of twenty-five (25) hours per week (.625 FTE); or
- A regular superintendent actively working at least 18.75 hours per week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from live birth through the end of the calendar year in which your children reach age 26. Your child cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Exclusions

Benefits are not payable if an accident is caused by or contributed to any of the following:

- War or any act of war
- Suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation 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 your accident occurred
- 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, except as a fare-paying passenger on a commercial aircraft
- Engaging in mountain climbing, caving, heli-skiing, boxing, full contact martial arts, bungee jumping, parachuting, base jumping, skydiving, hang gliding, sail gliding, parasailing, kitesurfing, kiteboarding or scuba diving
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received
- 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 or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function after a covered accident
- An accident that occurs while you or your dependent is incarcerated in a jail or penal or correctional institution

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

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- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

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

This is a limited benefit policy.

GP0614-ACC, GP0614-ACC FLORIDA, GP0614-ACC 0323, GP0614-ACC PA

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