

## Accident Insurance Offering Vital Protection When Accidents Happen

Unfortunately, accidents are a fact of life. They come in many forms, ranging from falls, burns or unintentional poisoning to motor vehicle or gun-related accidents. They cause a wide range of injuries which, in turn, can create a tremendous financial burden for men and women who are unprepared. Amalgamated Life offers a robust Accident Insurance policy designed to provide vital protection when an accident-related injury occurs.

BENEFIT	AMOUNT
Primary Insured	
Non-Common Carrier Accident	\$25,000
Common Carrier Accident	\$100,000
Catastrophic Accident	\$20,000*
Loss of Fingers, Toes, Hands, Feet, Arms, Legs or Sight of Eyes	
Loss of one hand, or one foot, or one arm, or one leg, or sight of one eye	\$10,000
Loss of one finger or toe	\$2,000
Spouse	
Non-Common Carrier Accident	\$25,000
Common Carrier Accident	\$100,000
Catastrophic Accident	\$10,000*
Loss of Fingers, Toes, Hands, Feet, Arms, Legs or Sight of Eyes	
Loss of one hand, or one foot, or one arm, or one leg, or sight of one eye	\$5,000
Loss of one finger or toe	\$1,000
Children	
Non-Common Carrier Accident	\$5,000
Common Carrier Accident	\$10,000
Catastrophic Accident	\$10,000*
Loss of Fingers, Toes, Hands, Feet, Arms, Legs or Sight of Eyes	
Loss of one hand, or one foot, or one arm, or one leg, or sight of one eye	\$5,000
Loss of one finger or toe	\$1,000
*Benefit for Catastrophic Accident decreases	
by 50% at age 70	
Same for Insured, Spouse or Children	\$25
Accident Follow-Up Air Ambulance	\$500
Ambulance	\$500
Blood, Plasma, Platelets	\$150
Biood, Plasma, Platelets Burns	φ200
Flat amount for:	
2nd degree for 36% or more of body surface	\$500
3rd degree 9-34 sq. in. of body surface	\$1,000
3rd degree 35 or more sq. in. of body surface	\$1,000

Concussion\$5Dislocation (based on joint involved)\$50 to \$1,00Emergency Dental WorkBroken teeth\$20Emergency Room Treatment\$15Eye InjuryRemoval of Foreign Object\$5Fracture (based on bone involved)\$100 to \$1,50Hospital Admission\$1,00Hospital ICU Admission\$1,60Hospital ICU Confinement Per Day\$40Initial Office Visit\$22Knee Cartilage (Torn)\$25Laceration\$20Lodging Per Day\$10Major Diagnostic Exam\$10Medical Appliances\$10Pain Management/Epidural\$77Physical Therapy Per Day\$20More than one device or artificial limb\$55More than one device or artificial limb\$50More than one device or artificial limb\$25Fransportation\$25Fransportation\$25Fransportation\$25Fransportation\$25Fransportation\$25Fransportation\$35		
Dislocation (based on joint involved) \$50 to \$1,00 Emergency Dental Work Broken teeth \$20 Emergency Room Treatment \$15 Eye Injury Removal of Foreign Object \$5 Fracture (based on bone involved) \$100 to \$1,50 Hospital Admission \$1,00 Hospital Confinement Per Day \$16 Hospital ICU Admission \$1,50 Hospital ICU Confinement Per Day \$40 Initial Office Visit \$2 Knee Cartilage (Torn) \$25 Laceration \$20 Lodging Per Day \$10 Major Diagnostic Exam \$10 Major Diagnostic Exam \$10 Medical Appliances \$10 Pain Management/Epidural \$7 Physical Therapy Per Day \$22 Prosthetic Device/Artificial Limb \$50 More than one device or artificial limb \$55 Rehabilitation Unit Per Day \$10 Ruptured Disc \$25 Transportation \$35	BENEFIT	AMOUNT
Emergency Dental Work Broken teeth \$20 Emergency Room Treatment \$15 Eye Injury Removal of Foreign Object \$5 Fracture (based on bone involved) \$100 to \$1,50 Hospital Admission \$1,00 Hospital Confinement Per Day \$16 Hospital ICU Admission \$1,50 Hospital ICU Confinement Per Day \$40 Initial Office Visit \$2 Knee Cartilage (Torn) \$25 Laceration \$20 Lodging Per Day \$10 Major Diagnostic Exam \$10 Medical Appliances \$10 Pain Management/Epidural \$7 Physical Therapy Per Day \$22 Prosthetic Device/Artificial Limb \$50 More than one device or artificial limb \$55 Rehabilitation Unit Per Day \$10 Ruptured Disc \$25 Transportation \$35	Concussion	\$50
Broken teeth       \$20         Emergency Room Treatment       \$15         Eye Injury       Removal of Foreign Object       \$5         Fracture (based on bone involved)       \$100 to \$1,50         Hospital Admission       \$1,00         Hospital Confinement Per Day       \$16         Hospital ICU Admission       \$1,50         Hospital ICU Confinement Per Day       \$40         Initial Office Visit       \$22         Knee Cartilage (Torn)       \$25         Laceration       \$20         Lodging Per Day       \$10         Major Diagnostic Exam       \$10         Medical Appliances       \$10         Prosthetic Device/Artificial Limb       \$25         One prosthetic device or artificial limb       \$50         More than one device or artificial limb       \$75         Rehabilitation Unit Per Day       \$10         Ruptured Disc       \$25         Transportation       \$35	Dislocation (based on joint involved)	\$50 to \$1,000
Emergency Room Treatment \$15 Emergency Room Treatment \$15 Eye Injury Removal of Foreign Object \$5 Fracture (based on bone involved) \$100 to \$1,50 Hospital Admission \$1,00 Hospital Confinement Per Day \$16 Hospital ICU Admission \$1,50 Hospital ICU Confinement Per Day \$40 Initial Office Visit \$2 Knee Cartilage (Torn) \$25 Laceration \$20 Lodging Per Day \$10 Major Diagnostic Exam \$10 Medical Appliances \$10 Pain Management/Epidural \$7 Physical Therapy Per Day \$22 Prosthetic Device/Artificial Limb \$50 More than one device or artificial limb \$575 Rehabilitation Unit Per Day \$10 Ruptured Disc \$25 Transportation \$35	Emergency Dental Work	
Eye Injury         Removal of Foreign Object         Removal of Foreign Object         Fracture (based on bone involved)         Hospital Admission         Hospital Confinement Per Day         Hospital ICU Admission         Statistical ICU Admission         Statistical ICU Confinement Per Day         Hospital ICU Confinement Per Day         Knee Cartilage (Torn)         Laceration         Major Diagnostic Exam         Medical Appliances         Sto         Prosthetic Device/Artificial Limb         One prosthetic device or artificial limb         More than one device or artificial limb         Sto         More than one device or artificial limb         Rehabilitation Unit Per Day         Sto         Ruptured Disc         Sto         Transportation	Broken teeth	\$200
Removal of Foreign Object       \$5         Fracture (based on bone involved)       \$100 to \$1,50         Hospital Admission       \$1,00         Hospital Confinement Per Day       \$16         Hospital ICU Admission       \$1,50         Hospital ICU Confinement Per Day       \$40         Initial Office Visit       \$2         Knee Cartilage (Torn)       \$25         Laceration       \$20         Lodging Per Day       \$10         Major Diagnostic Exam       \$10         Medical Appliances       \$10         Prosthetic Device/Artificial Limb       \$27         One prosthetic device or artificial limb       \$50         More than one device or artificial limb       \$75         Rehabilitation Unit Per Day       \$10         Ruptured Disc       \$25         Transportation       \$35	Emergency Room Treatment	\$150
Fracture (based on bone involved)       \$100 to \$1,50         Hospital Admission       \$1,00         Hospital Confinement Per Day       \$16         Hospital ICU Admission       \$1,50         Hospital ICU Confinement Per Day       \$40         Initial Office Visit       \$22         Knee Cartilage (Torn)       \$25         Laceration       \$20         Lodging Per Day       \$10         Major Diagnostic Exam       \$10         Medical Appliances       \$10         Prosthetic Device/Artificial Limb       \$75         One prosthetic device or artificial limb       \$75         Mehabilitation Unit Per Day       \$10         Ruptured Disc       \$25         Transportation       \$25	Eye Injury	
Hospital Admission\$1,00Hospital Confinement Per Day\$16Hospital ICU Admission\$1,50Hospital ICU Confinement Per Day\$40Initial Office Visit\$2Knee Cartilage (Torn)\$25Laceration\$20Lodging Per Day\$10Major Diagnostic Exam\$10Medical Appliances\$10Physical Therapy Per Day\$2Prosthetic Device/Artificial Limb\$75Rehabilitation Unit Per Day\$10Ruptured Disc\$25Transportation\$35	Removal of Foreign Object	\$50
Hospital Confinement Per Day       \$16         Hospital ICU Admission       \$1,50         Hospital ICU Confinement Per Day       \$40         Initial Office Visit       \$2         Knee Cartilage (Torn)       \$25         Laceration       \$20         Lodging Per Day       \$10         Major Diagnostic Exam       \$10         Medical Appliances       \$10         Prosthetic Device/Artificial Limb       \$77         One prosthetic device or artificial limb       \$50         More than one device or artificial limb       \$75         Rehabilitation Unit Per Day       \$10         Ruptured Disc       \$25         Transportation       \$35	Fracture (based on bone involved)	\$100 to \$1,500
Hospital ICU Admission       \$1,50         Hospital ICU Confinement Per Day       \$40         Initial Office Visit       \$2         Knee Cartilage (Torn)       \$25         Laceration       \$20         Lodging Per Day       \$10         Major Diagnostic Exam       \$10         Medical Appliances       \$10         Pain Management/Epidural       \$7         Physical Therapy Per Day       \$2         Prosthetic Device/Artificial Limb       \$50         More than one device or artificial limb       \$75         Rehabilitation Unit Per Day       \$10         Ruptured Disc       \$25         Transportation       \$35	Hospital Admission	\$1,000
Hospital ICU Confinement Per Day \$40 Initial Office Visit \$2 Knee Cartilage (Torn) \$25 Laceration \$20 Lodging Per Day \$10 Major Diagnostic Exam \$10 Medical Appliances \$10 Pain Management/Epidural \$7 Physical Therapy Per Day \$2 Prosthetic Device/Artificial Limb \$50 More than one device or artificial limb \$55 More than one device or artificial limb \$55 Rehabilitation Unit Per Day \$10 Ruptured Disc \$25 Transportation \$35	Hospital Confinement Per Day	\$160
Initial Office Visit \$2 Knee Cartilage (Torn) \$25 Laceration \$20 Lodging Per Day \$10 Major Diagnostic Exam \$10 Medical Appliances \$10 Pain Management/Epidural \$7 Physical Therapy Per Day \$2 Prosthetic Device/Artificial Limb \$20 One prosthetic device or artificial limb \$50 More than one device or artificial limb \$75 Rehabilitation Unit Per Day \$10 Ruptured Disc \$25 Transportation \$35	Hospital ICU Admission	\$1,500
Knee Cartilage (Torn)       \$25         Laceration       \$20         Lodging Per Day       \$10         Major Diagnostic Exam       \$10         Medical Appliances       \$10         Pain Management/Epidural       \$7         Physical Therapy Per Day       \$2         Prosthetic Device/Artificial Limb       \$50         More than one device or artificial limb       \$75         Rehabilitation Unit Per Day       \$10         Ruptured Disc       \$25         Transportation       \$35	Hospital ICU Confinement Per Day	\$400
Laceration       \$20         Lodging Per Day       \$10         Major Diagnostic Exam       \$10         Medical Appliances       \$10         Pain Management/Epidural       \$7         Physical Therapy Per Day       \$2         Prosthetic Device/Artificial Limb       \$50         One prosthetic device or artificial limb       \$55         More than one device or artificial limb       \$75         Rehabilitation Unit Per Day       \$10         Ruptured Disc       \$25         Transportation       \$35	Initial Office Visit	\$25
Lodging Per Day       \$10         Major Diagnostic Exam       \$10         Medical Appliances       \$10         Pain Management/Epidural       \$7         Physical Therapy Per Day       \$2         Prosthetic Device/Artificial Limb       \$50         One prosthetic device or artificial limb       \$55         More than one device or artificial limb       \$75         Rehabilitation Unit Per Day       \$10         Ruptured Disc       \$25         Transportation       \$35	Knee Cartilage (Torn)	\$250
Major Diagnostic Exam       \$10         Medical Appliances       \$10         Pain Management/Epidural       \$7         Physical Therapy Per Day       \$2         Prosthetic Device/Artificial Limb       \$70         One prosthetic device or artificial limb       \$50         More than one device or artificial limb       \$75         Rehabilitation Unit Per Day       \$10         Ruptured Disc       \$25         Transportation       \$35	Laceration	\$200
Medical Appliances       \$10         Pain Management/Epidural       \$7         Physical Therapy Per Day       \$2         Prosthetic Device/Artificial Limb       0ne prosthetic device or artificial limb         One prosthetic device or artificial limb       \$50         More than one device or artificial limb       \$75         Rehabilitation Unit Per Day       \$10         Ruptured Disc       \$25         Transportation       \$35	Lodging Per Day	\$100
Pain Management/Epidural       \$7         Physical Therapy Per Day       \$2         Prosthetic Device/Artificial Limb       \$50         One prosthetic device or artificial limb       \$50         More than one device or artificial limb       \$75         Rehabilitation Unit Per Day       \$10         Ruptured Disc       \$25         Transportation       \$35	Major Diagnostic Exam	\$100
Physical Therapy Per Day       \$2         Prosthetic Device/Artificial Limb       \$50         One prosthetic device or artificial limb       \$57         More than one device or artificial limb       \$75         Rehabilitation Unit Per Day       \$10         Ruptured Disc       \$25         Transportation       \$35	Medical Appliances	\$100
Prosthetic Device/Artificial Limb         One prosthetic device or artificial limb         More than one device or artificial limb         \$75         Rehabilitation Unit Per Day         Ruptured Disc         \$25         Transportation	Pain Management/Epidural	\$75
One prosthetic device or artificial limb\$50More than one device or artificial limb\$75Rehabilitation Unit Per Day\$10Ruptured Disc\$25Transportation\$35	Physical Therapy Per Day	\$25
More than one device or artificial limb       \$75         Rehabilitation Unit Per Day       \$10         Ruptured Disc       \$25         Transportation       \$35	Prosthetic Device/Artificial Limb	
Rehabilitation Unit Per Day       \$10         Ruptured Disc       \$25         Transportation       \$35	One prosthetic device or artificial limb	\$500
Ruptured Disc \$25 Transportation \$35	More than one device or artificial limb	\$750
Transportation \$35	Rehabilitation Unit Per Day	\$100
	Ruptured Disc	\$250
<b>X-Ray</b> \$5	Transportation	\$350
	X-Ray	\$50



## YOU Decide How to Use the Cash Benefits

Our cash benefits provide you with greater coverage options because you get to decide how to use them.

	<b>Finances</b> Can help protect your HSAs, savings, retirement plans and 401ks from being depleted	<b>Travel</b> You can use your cash be to help pay for expenses receiving treatment in and	while	Home You can use you to help pay the i payments, or pe repairs for your	mortgage, rental erform needed home	<b>Expenses</b> The cash benefit can be used to help pay your family's living expenses such as bills, electricity and gas		
ACCIDENT PLAN F	EATURES							
<ul> <li>Guaranteed Issue—No medical questions asked</li> <li>Guaranteed Renewable—Coverage remains in force for life as long as premiums are paid</li> </ul>			<ul> <li>Coverage for Family—Insured, spouse and dependent children</li> <li>Portability—Insured can keep benefits even with a change of jobs or retirement</li> <li>Level Premium—Rates do not increase with age</li> </ul>					
HERE'S HOW IT W	/ORKS							
<ul> <li>Imagine while cleaning the gutters, you fall from the ladder and break your leg.</li> <li>These are out-of-pocket expenses you may encounter:</li> <li>\$100 Emergency room copay</li> <li>\$250 Deductible (copays do not count toward deductible)</li> <li>\$35 Specialist visit copay—orthopedic surgeon</li> <li>\$350 Specialist visit copay—occupational/physical therapy for 10 days</li> <li>\$735 Out-of-pocket expenses</li> </ul>			And here is a sample of benefits you may be eligible for with Amalgamated Life's Accident Insurance:\$150Accident Emergency Treatment\$50X-Ray (for diagnosis of broken leg)\$150MRI\$675Fracture (broken leg)\$100Appliance (crutches)\$25Accident Follow-up Doctor (\$25 per visit, up to 1 per accident)\$150Physical Therapy (\$25/day for 6 days)\$1,150of benefits paid to you in additional to other coverage you may have with other insurance companies					
ACCIDENT CLAIM	S CHECKLIST							
Have this informatio	n handy to identify your policy:							
Policy number	Policyholder's r	ame 🗖	Policyholder	's date of birth	Policy	nolder's address		
Here's a list of comm	non items you will need to file	a claim:						
<ul> <li>Patient's name and date</li> <li>Patient's relationship to</li> <li>Date and description of</li> <li>Location of accident</li> <li>Copy of police report (relation of accident)</li> </ul>	o policyholder f injury	<ul> <li>Authorization to obtain infor Amalgamated Life to contact behalf, please include the pr fax number (if available)</li> <li>For hospital confinement: As a completed UB04 documen provide a completed HCFA 1</li> </ul>	er on your e, address and tal to provide physician to	the surgeon's and	ude the operative report, and both I anesthesia's bills ance, mobility aids, lodging and voices			
Amalgamated Life Insurance Company Amalgamated Life Insurance Company is a leading provider of life and health insurance serving working men and women since 1943. Amalgamated Life has consistently earned the "A" (Excellent) rating from A.M. Best Company since 1975, attesting to our proven policies and procedures, adherence to the industry's highest standards, strong fiscal condition and excellent claims-paying ability.								
For General Questions and Claim Questions			Call center hours:					
Toll Free Telephone Num 866-975-4089		i <b>ling Address</b> ed Life Insurance Company	Monday thru Thursday 8am-8pm EST Friday 8am-6pm EST Saturday 9am-1pm EST					

Fax (for sending a claim) 914-367-4114

Email

MemberWebInquiry@amalgamatedbenefits.com

M\_Ind\_ACC\_24hr\_NY\_Low\_3-2023 Policy Form: AMIACCP-14 (NY)

Amalgamated Life Insurance Company Voluntary Benefits Department P.O. Box 5453 White Plains, NY 10602-5453 submitclaimforms@amalgamatedbenefits.com

Amalgamated Life Insurance Company 333 Westchester Avenue, White Plains, NY 10604 866.975.4089

## www.amalgamatedbenefits.com

\*Benefit for Catastrophic Accident decreases by 50% at age 70. Same for Insured, Spouse or Children The information in this product brochure is in an abbreviated form only. The actual coverage and amounts are subject to all the terms, limitations and exclusions in the individual or group policy/ certificate. If the information in this product brochure differs from the individual or group policy/ certificate, the terms of the policy govern. For specific information regarding features and benefits on Amalgamated Life's Worksite Policies, call 866-975-4089.

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