



# Trustmark Accident - Group Insurance

## Coverage for when life takes a tumble.



**Accidents happen.** And the sudden **out-of-pocket costs** associated with them can be pricey.

Trustmark Accident insurance helps by paying **cash directly to you**, for covered accidents and the services to help treat them. The plan pays **regardless of other coverage** you have, and there are no restrictions on how you may use the money.

### Why Trustmark Accident?

1. Helps **pay for what health insurance might not**, like copays and deductibles, and can also help with your everyday bills.
2. **Peace of mind** for your active lifestyle: having a slip-up won't break the bank.
3. After an accident, you can **focus less on your wallet** and more on your recovery.
4. You can get affordable coverage for your **entire family**, including active kids.

### Cash Benefits for Injuries and Services

Accident insurance offers **24-hour coverage** for a wide array of covered **accidental injuries** and related **services**, including but not limited to:

#### Initial Care

- Hospital admissions and stays
- Ambulance transport
- Emergency room visits
- X-rays and diagnostic tests
- Initial doctor's office visit
- Surgeries
- Lodging and transportation

#### Injuries

- Fractures (broken bones)
- Dislocations
- Lacerations
- Burns
- Concussions
- Tendon/ligament injuries
- Eye injuries
- Emergency dental

Voluntary Benefits



**Organized Sports Benefit** – Provides an additional boost to your benefit amount when a covered injury occurs while participating in an **organized amateur sport** that requires formal registration.<sup>1</sup>

### **Follow-Up Care**

- Follow-up visits
- Physical therapy
- Appliances (e.g.: crutches or knee scooter)
- Prosthetics and artificial limbs

Benefits paid will depend upon the type of injury/injuries suffered and services received. A complete schedule of benefits and payout amounts will be included in your certificate.

## **Additional Value-Adding Benefits**

**Wellness Benefit** – **Get paid a benefit** just for taking steps to help yourself stay well! Your Wellness Benefit **pays you cash** directly when you get certain screening tests or other wellness exams. Each covered person can collect a benefit **once per year** in each of these categories:

**Routine Visit Benefit** – Payable for any of the following:

- Routine physical
- Sports physical
- Biometric screening
- Immunization
- Vision test
- Blood test for triglycerides
- Fasting blood glucose test
- Lipid panel
- Low-dose mammography or routine mammogram
- Pap smear (for women over age 18)
- Chest x-ray
- Invasive colonoscopy
- Noninvasive colon screening, including CT colonoscopy
- Electrocardiogram (EKG/ECG)
- Human papillomavirus (HPV) vaccination
- Serum cholesterol test for HDL and LDL

You can file a claim for your Wellness benefits 24/7 at **TrustmarkVB.com**.

**Accidental Death Benefit** – Provides an **additional benefit for an accidental death** that occurs within 90 days of a covered accident. The benefit doubles if the death is due to a common carrier – a paid form of public transportation operating on a regular schedule.

**Catastrophic Accident Benefit** – Pays a benefit that can help with the transitional period following a **catastrophic loss**: for example, the loss of use of both arms or both legs, or total blindness.

## Plan Features

**Automatic Acceptance** – No health questions to answer, and you can't be turned down for coverage based on your health.

**Family Coverage** – Coverage is available for employees, their spouses, their children and their financially dependent grandchildren.

**Renewability and Portability** – You can keep your coverage as long as your premiums are paid. If you leave your employer or retire, you can still keep your plan on a direct-bill basis.

**You can manage your coverage or easily file online claims 24/7  
at [TrustmarkVB.com](https://TrustmarkVB.com)!**

*NOTE: If you have previously elected Trustmark accident coverage, your existing policy may differ from what is described here.*

*This is a brief description of benefits under forms AO 620 C and AO 620 C MET. This is accident-only coverage with limited benefits and does not pay benefits for diseases, sickness, or for loss from sickness. This is not a workers' compensation policy or a substitute for medical expense insurance, major medical insurance or a health benefit plan alternative. It is also not a Medicare Supplement policy. Coverage issued may differ from what is described here; your certificate and outline of coverage, if applicable, will contain complete information. Elimination periods may apply. Benefits, definitions, exclusions and limitations and form numbers may vary by state. For exact costs, coverage details and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® is a registered trademark of Trustmark Insurance Company.*

*<sup>1</sup>The additional benefit amount applies to covered treatment benefits and does not apply to an Accidental Death or Catastrophic Accident benefit if included in the plan. <sup>2</sup>An AM Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A (3<sup>rd</sup> out of 13 possible ratings ranging from A++ to D).*

ACC-G\_24\_OS\_WELL-1-RPIV\_ADB\_CAT

Sunshine Inc. Residential and Support Services

Effective Date: 01/01/2025

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State: OH

Trustmark Accident - Group Insurance (Medium Plan)

Plan Type: 24 Hour

Accident/Injury	Benefit Amount
	Medium Plan
<b>Hospital Care</b>	
Hospital First Day Stay Benefit (Per admission)	\$2,000
Hospital Daily Stay Benefit (Per day up to 365 days)	\$400
Hospital Daily Stay Benefit - ICU (Per day up to 15 days/Pays in addition to Hospital Daily Stay Benefit)	\$600
Blood/Plasma/Platelets Benefit	\$600
Coma Benefit	\$10,000
Pain Management (Epidural) Benefit	\$100
<b>Initial Care</b>	
Initial Doctor's Office Visit Benefit	\$100
Urgent Care Benefit	\$100
Emergency Room Treatment Benefit	\$200
Ambulance Benefit - Air	\$1,000
Ambulance Benefit - Ground/Water	\$200
Major Diagnostic Testing Benefit	\$250
X-Ray Benefit	\$200
<b>Follow Up Care</b>	
Accident Follow-up Treatment Benefit (Up to 6 visits per person per covered accident)	\$100
Therapy Benefit Physical, Speech, Occupational (Up to 10 visits per person per covered accident)	\$50
Therapy Benefit Chiropractic and Acupuncture (Up to 10 visits per person per covered accident)	Included
Appliance Benefit - Major	\$200
Appliance Benefit - Minor	\$200
Prosthetic Device or Artificial Limb Benefit - Single	\$1,000
Prosthetic Device or Artificial Limb Benefit - Multiple	\$2,000
TrekCheck - Lodging (50+ miles/up to 3 trips)	\$200
TrekCheck - Transportation (50+ miles/up to 30 days)	\$475
<b>Surgical Care Benefit</b>	

Sunshine Inc. Residential and Support Services

Effective Date: 01/01/2025

Accident/Injury	Benefit Amount
	Medium Plan
Arthroscopic Surgery	\$750
Cranial Surgery	\$2,000
Hernia Surgery	\$750
Herniated Disc Surgery	\$750
Open Abdominal or Thoracic - Surgery	\$2,000
Open Abdominal or Thoracic - Surgery (Exploratory)	\$200
Tendon/Ligament/Rotator Cuff Surgery - (Multiple)	\$1,200
Tendon/Ligament/Rotator Cuff Surgery - (Single)	\$800
Tendon/Ligament/Rotator Cuff Surgery - Surgery (Exploratory)	\$200
Torn Knee Cartilage - Surgery	\$1,000
Torn Knee Cartilage - Surgery (Exploratory)	\$200
Miscellaneous with General Anesthesia	\$500
Miscellaneous with Conscious Sedation	\$200
<b>Injuries</b>	
Burn Benefit - 2nd Degree < 9% BSA	\$225
Burn Benefit - 2nd Degree 9%-18% BSA/3rd Degree < 9% BSA	\$1,125
Burn Benefit - 2nd Degree >18% BSA/3rd Degree 9%-18% BSA	\$2,250
Burn Benefit - 3rd Degree > 18% BSA	\$15,000
Skin Graft Benefit	25%
Concussion Benefit	\$200
Emergency Dental Benefit - Crown	\$300
Emergency Dental Benefit - Extraction	\$100
Eye Injury Benefit	\$400
Laceration Benefit - Not Requiring Repair	\$75
Laceration Benefit - Less than 2 in	\$200
Laceration Benefit - 2 in - 6 in	\$400
Laceration Benefit - Greater Than 6 in	\$800
<b>Dislocation Benefit</b>	
Hip (Closed)	\$4,000
Knee (Closed)	\$2,000
Ankle or Foot Bones (Excluding Toes) (Closed)	\$1,600

Sunshine Inc. Residential and Support Services

Effective Date: 01/01/2025

Accident/Injury	Benefit Amount
	Medium Plan
Collarbone (Sternoclavicular) (Closed)	\$1,000
Lower Jaw (Closed)	\$600
Shoulder (Glenohumeral) (Closed)	\$600
Elbow (Closed)	\$600
Wrist (Closed)	\$600
Hand Bones (Other than Fingers) (Closed)	\$600
Collarbone (Acromioclavicular/Separation) (Closed)	\$200
One Toe or One Finger (Closed)	\$200
Partial (Closed)	25%
Hip (Open)	\$8,000
Knee (Open)	\$4,000
Ankle or Foot Bones (Excluding Toes) (Open)	\$3,200
Collarbone (Sternoclavicular) (Open)	\$2,000
Lower Jaw (Open)	\$1,200
Shoulder (Glenohumeral) (Open)	\$1,200
Elbow (Open)	\$1,200
Wrist (Open)	\$1,200
Hand Bones (Other than Fingers) (Open)	\$1,200
Collarbone (Acromioclavicular/Separation) (Open)	\$400
One Toe or One Finger (Open)	\$400
<b>Fracture Benefit</b>	
Skull (Depressed) (Closed)	\$5,000
Skull (Simple, Non-Depressed) (Closed)	\$2,000
Hip/Thigh (Closed)	\$3,000
Body of Vertebrae (Closed)	\$1,600
Pelvis (Closed)	\$1,600
Leg (Closed)	\$1,600
Bones of Face or Nose (Closed)	\$700
Upper Jaw (Closed)	\$700
Upper Arm (Closed)	\$700
Lower Jaw (Closed)	\$600
Shoulder Blade/Collarbone/Sternum (Closed)	\$600

10/09/2024

Sunshine Inc. Residential and Support Services

Effective Date: 01/01/2025

Accident/Injury	Benefit Amount
	Medium Plan
Vertebral Processes (Closed)	\$600
Forearm/Hand (Closed)	\$600
Wrist (Closed)	\$600
Kneecap (Closed)	\$600
Foot (Except Toes) (Closed)	\$600
Ankle (Closed)	\$600
Rib (Closed)	\$500
Coccyx (Closed)	\$400
Finger/Toe (Closed)	\$100
Chip or Avulsion Fracture (Closed)	25%
Skull (Depressed) (Open)	\$10,000
Skull (Simple, Non-Depressed) (Open)	\$4,000
Hip/Thigh (Open)	\$6,000
Body of Vertebrae (Open)	\$3,200
Pelvis (Open)	\$3,200
Leg (Open)	\$3,200
Bones of Face or Nose (Open)	\$1,400
Upper Jaw (Open)	\$1,400
Upper Arm (Open)	\$1,400
Lower Jaw (Open)	\$1,200
Shoulder Blade/Collarbone/Sternum (Open)	\$1,200
Vertebral Processes (Open)	\$1,200
Forearm/Hand (Open)	\$1,200
Wrist (Open)	\$1,200
Kneecap (Open)	\$1,200
Foot (Except Toes) (Open)	\$1,200
Ankle (Open)	\$1,200
Rib (Open)	\$1,000
Coccyx (Open)	\$800
Finger/Toe (Open)	\$200
<b>Accidental Death and Catastrophic Accident</b>	
Accidental Death Benefit - Employee	\$50,000

Sunshine Inc. Residential and Support Services

Effective Date: 01/01/2025

Accident/Injury	Benefit Amount
	Medium Plan
Accidental Death Benefit - Spouse	\$20,000
Accidental Death Benefit - Child	\$10,000
Accidental Death Benefit - Common Carrier - Employee	\$100,000
Accidental Death Benefit - Common Carrier - Spouse	\$40,000
Accidental Death Benefit - Common Carrier - Child	\$20,000
Catastrophic Accident Benefit - Employee	\$100,000
Catastrophic Accident Benefit - Spouse	\$50,000
Catastrophic Accident Benefit - Child	\$50,000
<b>Optional Benefits</b>	
Organized Sports Benefit	25%
<b>Wellness Benefits</b>	
Routine Visit - Employee	\$50
Routine Visit - Spouse	\$50
Routine Visit - Child	\$50

\*Wellness Benefit Routine Visit:

Medium: No Waiting Period, 1 Day, Proof of Loss Not Required, Immunizations Included, Sport and Routine Physicals Included, Vision Included

The premium discounts reflected below will only apply if three or more lines of coverage are placed. Trustmark will remove this discount if three or more lines of coverage are not placed with the employer.

State: OH  
Paymode: 24

	Employee	Employee + Spouse	Employee + Children	Family
Rate	\$ 6.61	\$ 10.43	\$ 13.55	\$ 18.66