Scan to learn more about your Accident Protection Plan.

Summary of Benefits – Compass Group USA, Inc.

Accident Protection Plan

Supplemental Health customer service number: **1-877-624-8390**

Effective date	January 1, 2027
Eligibility	All active associates residing in New Mexico, working a minimum of 20 hours per week
Plan design	24-hour (coverage is for accidents that happen off the job)
Portability	Included
Telephonic claim submission	Included

Benefits		
	Low option	**High option**
Initial care		
Air ambulance	$1,300	$2,500
Emergency room treatment	$250	$500
Ground ambulance	$300	$600
Physician office/urgent care (per visit)	$200	$200
Hospital care		
Hospital admission	$1,200	$2,000
Hospital confinement	$350	$500
Hospital ICU admission	$1,200	$2,000
Hospital ICU confinement	$550	$800
Follow-up care		
Appliances benefit		
– Air cast	$100	$250
– Ankle boot	$100	$250
– Ankle brace	$100	$250
– Cane	$100	$250
– Cervical collar	$100	$250
– Crutches	$100	$250
– Knee immobilizer	$150	$300
– Knee scooter	$150	$300
– Leg brace	$100	$250
– Lumbar spine brace	$150	$300
– Walker	$100	$250
– Walking boot	$100	$250
– Wheelchair	$150	$300
Follow-up physician visit (per visit/up to 3 visits)	$150	$200
Major diagnostic exam	$250	$500
Minor diagnostic exam	$50	$50
Prosthetic		
– 1 device	$625	$1,500
– 2 or more devices	$1,000	$2,400
Rehabilitation facility (per day/up to 30 days)	$150	$225
Rehabilitation therapy (per visit/up to 10 visits)	$50	$75

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

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Common injuries		
Abdominal/thoracic surgery		
– Exploratory without repair	$150	$350
– Surgery to repair	$1,000	$2,500
Arthroscopic surgery	$150	$350
Blood/plasma/platelets	$500	$650
Burns		
– 2nd degree (at least 36% of body surface)	$1,150	$1,800
– 3rd degree (9 to 34 sq. inches)	$4,000	$4,000
– 3rd degree (35 or more sq. inches)	$15,000	$25,000
	Skin Graft = 25% of burn benefit	
Coma	$15,000	$20,000
Concussion	$200	$500
Cranial surgery	$1,000	$2,500
Emergency dental work		
– Crown(s)	$300	$500
– Extraction(s)	$100	$200
Eye surgery		
– Removal of foreign body	$80	$120
– Surgical repair	$300	$450
Family child daycare (per day up to 30 days)	$30	$45
Hernia surgery	$250	$250
Lacerations		
– Greater than 15 cm	$400	$1,000
– 5 cm–15 cm	$200	$500
– Less than 5 cm	$75	$125
– Not requiring sutures	$30	$75
Lodging (per day up to 30 days)	$150	$250
Non-specific surgery		
– Conscious sedation	$100	$150
– General anesthesia	$200	$300
Medical supplies/over-the-counter (one time per plan year)	$10	$20
Paralysis		
– Hemiplegia	$5,000	$10,000
– Paraplegia	$13,500	$20,000
– Quadriplegia	$20,000	$30,000
Ruptured/herniated disc	$750	$1,000
Tendon/ligament/shoulder cartilage/ rotator cuff/knee cartilage surgery		
– Exploratory without repair	$150	$350
– Surgery to repair 1	$750	$1,100
– Surgery to repair more than 1	$1,500	$1,750
Transportation (for special treatment more than 100 miles away, maximum of 3 trips per accident)	$400	$400

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Fractures	Open Reduction/Closed Reduction	
– Ankle	$2,000/$1,000	$2,000/$1,000
– Coccyx	$1,000/$500	$1,500/$750
– Face or nose (except teeth)	$2,000/$1,000	$2,500/$1,250
– Finger or toe	$450/$225	$900/$450
– Foot (except toes)	$2,000/$1,000	$2,000/$1,000
– Forearm, hand, wrist (except fingers)	$2,000/$1,000	$2,000/$1,000
– Hip, thigh (femur)	$5,000/$2,500	$10,000/$5,000
– Kneecap	$2,000/$1,000	$2,000/$1,000
– Leg (from top of tibia to ankle joint)	$4,000/$2,000	$5,000/$2,500
– Lower jaw (except alveolar process)	$2,000/$1,000	$2,000/$1,000
– Pelvis (excluding coccyx)	$5,000/$2,500	$5,000/$2,500
– Sacral/sacrum	$900/$450	$1,200/$600
– Shoulder blade or collarbone	$2,000/$1,000	$2,000/$1,000
– Skull (depressed, except bones of face or nose)	$8,250/$4,125	$10,000/$5,000
– Skull (simple, except bones of face or nose)	$7,000/$3,500	$7,000/$3,500
– Sternum	$2,500/$1,250	$4,000/$2,000
– Upper arm (elbow to shoulder)	$2,500/$1,250	$2,500/$1,250
– Upper jaw (except alveolar process)	$2,500/$1,250	$2,500/$1,250
– Vertebrae (body of)	$5,000/$2,500	$5,000/$2,500
– Vertebral process	$2,000/$1,000	$2,000/$1,000
	Chip Fractures: 25% of amounts shown for Closed Reduction Open Reduction/Closed Reduction	
Dislocations		
– Ankle	$2,400/$1,200	$4,000/$2,000
– Collarbone (acromioclavicular separation)	$1,000/$500	$1,000/$500
– Collarbone (sternoclavicular)	$2,000/$1,000	$3,000/$1,500
– Elbow	$2,000/$1,000	$2,000/$1,000
– Finger or toe	$600/$300	$700/$350
– Foot (except toes)	$2,400/$1,200	$4,000/$2,000
– Hand	$2,000/$1,000	$2,000/$1,000
– Hip	$7,000/$3,500	$8,000/$4,000
– Kneecap (patella)	$4,000/$2,000	$6,000/$3,000
– Lower jaw	$2,000/$1,000	$2,000/$1,000
– Shoulder blade	$2,000/$1,000	$2,000/$1,000
– Wrist	$2,000/$1,000	$2,000/$1,000
Organized sporting activity injury	Increases amounts payable under Follow-up care and Common injuries sections by 25%	
Additional benefits		
Automobile modification benefit	$1,000	$1,000

Important details

This Summary of Benefits sheet is an overview of the Accident Protection Plan being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

Dependent children are covered to age 26.

The associate must be enrolled in coverage in order for dependent coverage to be available.

Accident Protection Plan exclusions

We will not pay a benefit for a loss contributed to or caused by:

1. Disease, bodily or mental infirmity, or medical or surgical treatment of these (except pyogenic infections through an accidental wound)
2. Suicide or intentionally self-inflicted injury
3. Active participation in a riot
4. Committing or attempting to commit a crime, or participating or attempting to participate in a crime
5. Taking part in the commission of an assault or being engaged in an illegal activity
6. An act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature
7. Use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, unless prescribed for you by a physician and taken as prescribed
8. Driving or in physical control of a motor vehicle while intoxicated
9. Engaging in hazardous activities, including skydiving, hang gliding, auto racing, dirt bike riding, mountain climbing, Russian roulette, auto-erotic asphyxiation, bungee jumping, base jumping or using off-road vehicles that are not registered for use on-road based on applicable state law
10. Riding in or driving any motor-driven vehicle in a race, stunt show or speed test
11. Travel or flight in, or descent from any aircraft, except if employment duties require you to be a pilot and/or passenger in a privately owned aircraft, or as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people
12. Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received
13. Injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or sickness for which you or your dependent are entitled to benefits under any workers' compensation law, employers' liability law or similar law, unless this insurance is issued on a 24-hour basis
14. An accident that occurs outside of the United States





THIS IS A LIMITED BENEFIT POLICY.

UnitedHealthcare Accident Protection product is provided by UnitedHealthcare Insurance Company on form UHI-ACC-POL (2018) et al., in Texas on form UHI-ACC-POL-TX (2018) and in Virginia on form UHI-ACCPOL-VA (2018). The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. Some products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

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