



BENEFIT HIGHLIGHT SUMMARY – BUSINESS TRAVEL ACCIDENT INSURANCE.

POLICYHOLDER NAME:

Owens & Minor

POLICY #:

37-GTA- 102921

The benefits outlined below are for

Class 1: All employees of the Policyholder.

Class 2: All active truck drivers of the Policyholder

WHAT TYPE OF COVERAGE IS MY EMPLOYER PROVIDING?

Business Trip Coverage – Accidental Death & Dismemberment (AD&D) Insurance benefits to eligible employees while they are traveling on business, including local business travel.

Benefit (AD&D) Amount

Class 1: \$500,000

Class 2: \$500,000

Aggregate Limit = \$5,000,000 Per Covered Accident

WHEN DOES THIS INSURANCE BEGIN AND END?

This insurance will become effective for you on the date you become eligible. You must be actively at work with your employer on the day your coverage takes effect. This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

WHAT OTHER BENEFITS ARE INCLUDED?

The following benefits pay the full principal sum amount:

- **24 Hour Family Relocation:** A benefit is paid if an insured person's spouse or dependent child suffers a covered loss at any time during a relocation trip and while covered under the policy.
- **Commutation:** A benefit is paid if an insured suffers an injury while commuting to or from work.
- **Family Travel:** A benefit is paid if an insured person's spouse or dependent child suffers a covered loss while on an authorized trip with the insured person.
- **War Risk:** A benefit is paid if the insured suffers a covered loss due to or contributed by declared or undeclared war.
- **Business and Occupational:** It pays a benefit if an insured suffers an injury resulting from a covered loss in the course of doing business for the policyholder.



HAS MY EMPLOYER CHOSEN ANY SUPPLEMENTAL OR “ADD ON” BENEFITS?

Yes. The following are the Supplemental Benefits that your employer has chosen as part of your Business Travel Accident Insurance coverage:

| SUPPLEMENTAL BENEFIT | BENEFIT AMOUNT |
|------------------------------|---|
| Adaptive Home & Vehicle | \$50,000 |
| Bereavement Counseling | \$150 per visit/ max 10 sessions |
| Carjacking | \$25,000 |
| Coma | See AD&D amount |
| Day Care | 10% up to \$10,000 |
| Education Expense | 10% up to \$10,000 |
| Medical Emergency Evacuation | actual cost of the Medical Emergency Evacuation |
| Out of Country Medical | \$500,000 |
| Paralysis | See AD&D amount |
| Rehabilitation | \$50,000 |
| Repatriation | actual cost of the Repatriation of Remains |
| Seat Belt | 10% to \$25,000 |
| Airbag | 10% to \$25,000 |
| Security Evacuation | \$100,000 |
| Therapeutic Counseling | 10% up to \$25,000 |
| Trip | \$2,000 |

BENEFIT DESCRIPTIONS:

- **Adaptive Home & Vehicle:** It pays a benefit for home or vehicle modifications when needed due to the insured's accidental dismemberment or paralysis.
- **Bereavement Counseling:** It pays a benefit if the insured's spouse or children need counseling following the insured's death or severe injury.
- **Carjacking:** It pays a benefit if the insured dies or is dismembered, paralyzed, or comatose during a carjacking.
- **Coma:** It pays a benefit if the insured sustains a coma due to a covered accident.
- **Day Care:** If the accidental death benefit is payable, it pays Day Care benefits to the insured's surviving child or children.
- **Education Expense:** If an accidental death benefit is payable, it pays a benefit to the insured's surviving dependent child for education.
- **Medical Emergency Evacuation:** It pays a benefit for covered medical emergency evacuation expenses that occur during a covered activity of the policyholder.
- **Out of Country Medical:** It pays a benefit for medical expenses if the insured incurs a loss while participating in a covered activity or hazard while outside the United States or its territories, outside his or her home country, and/or outside his or her country of permanent residence.
- **Paralysis:** It pays a benefit if an injury to the insured results in a covered loss due to paralysis.
- **Rehabilitation:** It pays an expense reimbursement for rehabilitation benefit if the insured suffers a covered loss which results in an accidental dismemberment or paralysis benefit being payable while participating in a covered activity or hazard.
- **Repatriation:** It pays a benefit for covered expenses to repatriate the remains of an insured who, as the result of a covered injury or emergency sickness, loses his or her life.
- **Seat Belt and Airbag:** It pays a benefit to the insured who suffers a loss of life which results in an accidental death benefit being payable, if the insured is wearing a properly fastened seat belt while operating or riding as a passenger in an automobile. An additional amount is paid if the air bag inflated properly upon impact, as verified by the police report.
- **Security Evacuation:** It pays a benefit if the insured requires a security evacuation while participating in a covered activity or hazard and while traveling outside of his or her home country.
- **Therapeutic Counseling:** It pays a benefit for expenses incurred by an insured for therapeutic counseling due to a covered loss for which an accidental dismemberment or paralysis benefit is payable.
- **Trip:** It pays a benefit if the insured must or delay a trip due to, amongst other reasons, an emergency sickness, death in the family.



STANDARD BENEFITS INCLUDE

The policy pays:

- 100% of the Accidental Dismemberment Benefit Amount for accidental loss of Life, Both Hands or Both Feet or Sight of Both Eyes, One Hand and One Foot, One Hand and Sight of One Eye, One Foot and Sight of One Eye, Speech and Hearing in Both Ears or Quadriplegia.
- 75% of the Accidental Dismemberment Benefit Amount for accidental loss of Speech and Hearing in One Ear, One Arm or One Leg, Triplegia or Paraplegia.
- 50% of the Accidental Dismemberment Benefit Amount for accidental loss of One Hand or One Foot, Sight of One Eye, Speech or Hearing in Both Ears or Hemiplegia.
- 25% of the Accidental Dismemberment Benefit Amount for accidental loss of Thumb and Index Finger on the Same Hand, Hearing in One Ear or Uniplegia.
- 10% of the Accidental Dismemberment Benefit Amount for accidental loss of One Thumb.

EXCLUSIONS AND LIMITATIONS

Unless otherwise specified in the Policy, including any attached Riders, the Policy does not cover loss resulting from or for:

- 1) suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted Injury;
- 2) war or act of war, whether declared or undeclared;
- 3) Injury sustained while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard Service is not excluded, unless it extends beyond 31 days;
- 4) Injury sustained while on any Aircraft except a Civil Aircraft, or Military Transport Aircraft, unless specifically covered by a Hazard Rider;
- 5) except when specifically covered by a Hazard Rider, Injury sustained while on any Aircraft:
 - a) as a pilot, crewmember or student pilot;
 - b) as a flight instructor or examiner;
 - c) if it is owned, operated or leased by or on behalf of the Policyholder, or any employer or organization covering any Eligible Class under the Policy; or
 - d) being used for tests, experimental purposes, stunt flying, racing or endurance tests;
- 6) Injury sustained while the Insured Person is under the influence of any narcotics, drug or controlled substance, unless administered by or taken according to the instruction of a licensed Physician;
- 7) Injury sustained as a result of the Insured Person's voluntary intoxication through the use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption;
- 8) Injury sustained by an Insured Person during or as a result of his or her commission of a felony or while incarcerated for a felony, except that this exclusion will not be applicable upon acquittal or dismissal of the felony charges;
- 9) Injury sustained while the Insured Person is under the influence of intoxicants (as defined by the law of the jurisdiction in which the Injury occurred) while operating any vehicle or means of Transportation or Conveyance;
- 10) stroke or cerebrovascular accident or event; cardiovascular accident or event; myocardial infarction or heart attack; coronary thrombosis; aneurysm;
- 11) sickness, disease, or bacterial or viral infection, or medical or surgical treatment thereof unless and only to the extent covered by Rider, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;
- 12) Mental and Nervous Disorders;
- 13) services for which no charge is normally made.



The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting company Hartford Fire Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.TheHartford.com. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2022 The Hartford

The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>

Blanket Accident Form Series includes BTA-1000, BTA-1300 or state equivalent.

7573 NS 08/22

