

SIACARE

Healthcare Workers Assault and Needlestick Insurance
Protecting those who care for others™



PROTECTION FOR NURSES AND HEALTHCARE
WORKERS WHEN THEY BECOME THE PATIENT

COMPREHENSIVE NEEDLESTICK, ASSAULT &
ACCIDENT PROTECTION PLAN



American
Benefits
Exchange

Overview of Policy Benefits

Policy Benefits	Aggregate Maximum Limit of Insurance	Schedule of Benefits
Felonious Assault Resulting in Loss of Life	\$200,000	Lump Sum
Felonious Assault/Violent Crime	\$200,000	\$10,000.00 per month of total disablement following an Occupational Assault, up to a maximum of 20 months.
Occupational HIV/Hepatitis B/Hepatitis C	\$200,000	Lump Sum
Ebola Virus Disease	\$200,000	\$20,000.00 per month for a maximum of 10 months or the date the Insured returns to work, whichever first occurs.
Accidental Death and Dismemberment		
	Coverage	Max Benefit
	- Loss of Life	\$200,000
Lloyd's of London will pay the Benefit Amount shown for a loss, which:	- Loss of both hands or both hands or both feet or entire sight of both eyes.....	\$200,000
	- Loss of one hand and one foot	\$200,000
	- Loss of speech and hearing in both ears	\$200,000
1) Results solely from an Injury which is sustained by the Insured while this Policy is in force; and	- Quadriplegia (total paralysis of upper and lower limbs)	\$200,000
	- Paraplegia (total paralysis of both lower limbs)	\$150,000
	- Hemiplegia (total paralysis of upper and lower limbs on one side of the body ..	\$100,000
	- Uniplegia (total paralysis of one upper and lower limb)	\$ 50,000
	- Loss of one hand or foot	\$100,000
	- Loss of sight in one eye	\$100,000
2) Is sustained within one (1) year after the date of Injury.	- Severance and reattachment of one hand or foot	\$100,000
	- Loss of speech	\$100,000
	- Loss of hearing (in both ears)	\$100,000
The coverage applies to those benefits for which a Benefit Amount is shown.	- Loss of thumb and index finger of the same hand	\$ 50,000
	- Coma	\$200,000
In-Hospital Indemnity	\$12,000	\$1,000.00 per day payable after one day(s) of confinement, retroactive to the first day of confinement.
Psychological Therapy	\$5,000	The lesser of \$5,000 or 5% of the Insured Officer's Principal Sum.

IMPORTANT NOTE: This is a brief description of the insurance provided by this plan. The Certificate of Insurance is the complete description of coverage. Underwritten by Lloyd's of London.

Felonious Assault

The Insurance Company will pay this benefit if an Insured Person suffers an injury:

1. That is directed at the Insured Person, his or her Employer's property or assets or the Insured Person while he or she is acting on behalf of his or her Employer;
2. That is not a moving violation as defined under the applicable state motor vehicle laws; and
3. That is not an act of an Immediate Family Member, an employee of the Insured Person's Employer or an individual who resides with the Insured Person on a permanent basis; and
4. That is documented as a felonious assault in a police report that is submitted by the Insured Person.

The maximum aggregate amount payable for this additional benefit is two hundred thousand dollars (\$200,000.00). Only one (1) benefit is payable for all losses as a result of the same Felonious Assault.

"Felonious Assault"—means any willful or unlawful use of force upon the Insured Person: 1) with the intent to cause bodily injury to the Insured Person; 2) that results in bodily harm to the Insured Person; and 3) that is a felony or a misdemeanor in the jurisdiction in which it occurs. In order for an on the job benefit to be classified as a Felonious Assault benefit, the following criteria are required:

- A. The injury, as a result of an on the job incident, must be serious enough to require, at the direction of a Medical Doctor, a Hospital stay of the injured person overnight for at least one (1) night within thirty (30) days of the incident occurrence.
- B. A Police Report designating the incident as a Felonious Assault must accompany the completed Lloyd's of London Claim Form and be submitted as soon as the Police Report is finalized.

* Subject to the terms, conditions and exceptions in the Policy

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Occupational Hepatitis B or C, HIV& Ebola

Our coverage will pay \$200,000 to an Insured Person if they suffer an accident at their work place which results in them being diagnosed with Hepatitis B or Hepatitis C*. For the Ebola Virus \$20,000 per month for a maximum of 10 months or the date the Insured returns to work, whichever first occurs.

An “accident” is defined as a single sudden and unexpected event which occurs while the Insured Person is carrying out their duties at an identifiable time and place during the period of coverage which causes an unexpected specific physical injury involving accidental contact of the Insured Person's ruptured or broken skin or mucous membranes with the blood or bodily fluids of a third party.

These include: Needlesticks, bites, scratches, or any transmittal of bodily fluids.

Diagnoses require blood samples to be taken by a registered medical practitioner and tested in accordance with the terms and conditions of the Policy at the following intervals following an accidental contact:

1. An Initial Test within 24 hours
2. A Second Test within 90 days
3. A Third Test within 180 days

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In-Hospital Indemnity

Our coverage will pay \$1,000 per day for up to 12 days during any one period to an Insured Person for in-patient hospital confinement as a result of an on duty assault accident causing fracture or dislocation*.

“Hospital”- means a facility that:

1. Is operated according to law for the care and treatment of injured and sick people;
2. Has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis;
3. Has 24-hour nursing service by registered nurses (RNs); and
4. Is supervised by one or more Physicians.

“Inpatient”- means an Insured Person:

1. Who is confined in a Hospital as a registered bed patient; and
2. For whom at least one day's room and board is charged by the Hospital, unless the Insured Person is confined as an Inpatient in any military, veterans or other government-supported or government-sponsored Hospital for which a charge for room and board is not made.

Psychological Therapy

Our coverage will pay up to \$5,000 for Psychological Therapy received within one year following an injury to an Insured Person*.

“Psychological Therapy “covers expenses that:

1. Are charged for a Medically Necessary Psychological Therapy Session for the Insured Person provided under the care or supervision of a Physician;
2. Do not exceed the usual level of charges for similar therapy sessions in the locality where the expenses are incurred;
3. Do not include charges that would not have been made if no insurance existed; and

“Medically Necessary Psychological Therapy Session” is defined as any individual, joint or family mental health counseling session that:

1. is essential to assist the Insured Person in coping with the Injury;
2. meets generally accepted standards of medical practice; and
3. is ordered by a Physician.

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Accidental Death & Dismemberment

Our coverage will pay the Benefit Amount shown for a covered loss*, which:

1. Results solely from an Injury which is sustained by the Insured Person while this Policy is inforce; and
2. Is sustained within one (1) year after the date of Injury.

Coverage	Benefit Amount	Maximum Benefit
Loss of Life	100%	\$200,000
Loss of both hands or both feet or entire sight of both eyes	100%	\$200,000
Loss of one hand and one foot	100%	\$200,000
Loss of speech and hearing in both ears	100%	\$200,000
Quadriplegia (total paralysis of upper and lower limbs)	100%	\$200,000
Paraplegia (total paralysis of both lower limbs)	75%	\$150,000
Hemiplegia (total paralysis of upper and lower limbs on one side of the body)	50%	\$100,000
Uniplegia (total paralysis of one upper and lower limb)	25%	\$50,000
Loss of one hand or foot	50%	\$100,000
Loss of sight in one eye	50%	\$100,000
Severance and reattachment of one hand or foot	50%	\$100,000
Loss of speech	50%	\$100,000
Loss of hearing (in both ears)	50%	\$100,000
Loss of thumb and index finger of the same hand	25%	\$50,000
Coma	100%	\$200,000

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