Volunteer Accident Insurance Program

Volunteer Information:

As a registered OHSU volunteer you may be eligible for accident medical expense benefits if an injury or exposure occurs while performing your volunteer activities at OHSU. Please see the attached list of benefits offered through the Volunteer Accident Insurance Program. Benefits are payable for covered medical expenses that are in excess of benefits paid by any Other Health Care Plan. In the event a volunteer has no other coverage, benefits will be payable on a primary basis.

What do I do if I’m injured or have an exposure while performing my volunteer activities at OHSU?

Please contact your Volunteer Coordinator or Risk Management at riskmgmt@ohsu.edu or 503-494-7189 with any questions or concerns.

Immediately contact your Volunteer Coordinator. The Volunteer Coordinator will provide you with a claim form. Please review the “How to File a Medical Claim” instructions. It is important that if you wish to file a claim that you submit the completed claim form as soon as possible as indicated in the instructions. The claim must be filed timely in order to qualify for benefits.

*** If you have a possible HIV exposure event while performing your volunteer activities you must complete and send the claim form (see information below) within 24 hours of the exposure to qualify for benefits. You must also receive an antibody test within 24 hours of the exposure. If you have an HIV exposure and you are unable to reach your Volunteer Coordinator immediately, please call the OHSU paging operator at 503-494-9000 and page the Risk Management pager at 11101. ****. Please see the Bloodborne Pathogen Exposure Policy (https://ohsu.ellucid.com/documents/view/89).
Benefits are payable for covered medical expenses that are in excess of benefits paid by any Other Health Care Plan. In the event the volunteer has no other coverage, benefits will be payable on a primary basis.

**Accident Medical Expense Benefit**

If an insured person incurs a covered expense due to a covered injury within 365 days from the date of a covered accident, benefits are payable at 100% of the usual and customary charge, up to the Accident Medical Benefit Maximum selected. The first covered expense must be incurred within 60 days of a covered accident.

**Covered expenses include:**

- hospital confinement, including room and board (limited to the average semi-private room rate) and hospital miscellaneous expenses;
- intensive care room and board expenses (This payment is in lieu of payment for hospital room and board expenses.);
- inpatient and outpatient physician visits;
- surgical expenses (Two or more surgical procedures through the same incision will be considered as one procedure. However, the Company will pay up to 150% of the benefit for surgical procedure when more than one surgical procedure is performed during the same surgical session through different operating fields);
- emergency room expenses;
- nursing services;
- x-ray, CT scan, MRI and laboratory tests;
- outpatient medical services and supplies;
- inpatient and outpatient physiotherapy;
- ambulance expenses (ground or air);
- expenses for medical equipment; and
- dental expenses, including x-rays and oral surgery.
Accidental Death, Dismemberment and Paralysis
Benefits Included in all Plans
If, within 365 days from the date of the accident, a covered injury results in any of the losses specified, this program will pay the benefit amount listed below in addition to the applicable Accident Medical Expense benefits. If the same accident causes more than one of these losses, benefit for the largest amount will be paid.

- Loss of Life $25,000
- Total Paralysis of upper and lower limbs, both lower limbs, or upper and lower limbs on one side of the body $50,000
- Loss of any combination of two hands, feet or eyes $50,000
- Loss of one hand, one foot or sight in one eye $25,000
- Loss of thumb and index finger of same hand $12,500

Loss of any hand or foot means complete severance through or above the wrist or ankle joint. Loss of sight means the total, permanent loss of sight of the eye. The loss of sight must be irrecoverable by natural, surgical or artificial means. Loss of thumb and index finger means complete severance through or above the metacarpophalangeal joints (the joints between the fingers and the hand). Severance means the complete separation and dismemberment of the part from the body. Paralysis means loss of use, without severance, of a limb. Paralysis must be determined by a doctor to be complete and not reversible.

Daily Hospital Benefit
While the insured person is confined in a hospital as a result of a covered accident, Insurance Plans 2 and 3 will pay a daily benefit amount for each day of continuous confinement from the first day of confinement for up to 365 days for each covered accident. Benefits will be payable in addition to any other benefits payable to the insured person. Confinement must begin within 3 days of the covered accident and must be at the direction and under the care of a physician.

HIV Assigned or Volunteer Duties Accident Benefit
If the insured person suffers a covered loss and tests positive for Human Immunodeficiency Virus (HIV) within one year of the covered accident, benefits will be payable as shown subject to the applicable conditions and exclusions.

Hepatitis Assigned or Volunteer Duties Accident Benefit
If the insured person suffers a covered loss and tests positive for Hepatitis B, Hepatitis C, Hepatitis D within one year of the covered accident, benefits will be payable as shown subject to the applicable conditions and exclusions. If the insured person tests positive for HIV and Hepatitis B, C or D as a result of the same covered accident, only one benefit amount, the largest, will be paid.

Bereavement and Trauma Counseling Benefit
If the insured person requires bereavement and trauma counseling due to a death or loss covered under the policy, benefits will be payable at $100 per session, for up to a maximum of 10 sessions, subject to the applicable conditions and exclusions. Counseling expenses must be incurred within 30 days of the covered loss.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Maximum Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Medical Expense</td>
<td>$25,000</td>
</tr>
<tr>
<td>Accidental Death</td>
<td>$25,000</td>
</tr>
<tr>
<td>Accidental Dismemberment</td>
<td>up to $50,000</td>
</tr>
<tr>
<td>Paralysis</td>
<td>$50,000</td>
</tr>
<tr>
<td>Daily Hospital Confinement</td>
<td>$250</td>
</tr>
<tr>
<td>HIV</td>
<td>$25,000</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>$25,000</td>
</tr>
<tr>
<td>Bereavement &amp; Trauma Counseling</td>
<td>up to $1,000</td>
</tr>
</tbody>
</table>