

Plan Highlights

Voluntary Group Accident Insurance



COVERAGE

Voluntary group accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment (if included). These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

ELIGIBILITY

All Active Benefit Eligible Employees

Dependents: You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or domestic partner. Spouse must be under age 70 at date of application.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

See Full Schedule of Benefits on next page

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

MONTHLY PREMIUM

Coverage	Plan A	Plan B	Plan C
Employee	\$ 9.96	\$ 13.82	\$ 16.60
Employee and Spouse	\$ 18.16	\$ 25.26	\$ 30.38
Employee & Children	\$ 18.94	\$ 26.68	\$ 32.06
Employee & Family	\$ 27.12	\$ 38.12	\$ 45.84

FEATURES

- ▶ Portability to Employee Age 70
- ▶ FMLA/MSLA Continuation
- ▶ Newlywed and Newborn Provision
- ▶ 24-Hour Travel Assistance Services
- ▶ 24-Hour Coverage



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Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

Benefits	Plan A	Plan B	Plan C
Ambulance	\$200 Ground, \$1,000 Air	\$400 Ground, \$2,000 Air	\$400 Ground, \$2,000 Air
Blood, Plasma and Platelets	\$200	\$300	\$300
Burns	To \$944 for 2nd degree burns; To \$7,552 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns	To \$1,256 for 2nd degree burns; To \$10,048 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns	To \$1,256 for 2nd degree burns; To \$10,048 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns
Chiropractic Services (per Visit)	\$25 per session, 6 sessions maximum	\$50 per session, 6 sessions maximum	\$75 per session, 6 sessions maximum
Coma	\$7,500	\$10,000	\$12,500
Concussion	\$60	\$100	\$100
Dental Injury	\$201 for Crown; \$67 for Extraction	\$300 for Crown; \$100 for Extraction	\$401.50 for Crown; \$133.50 for Extraction
Diagnostic Exams	\$100 per CT/MRI scan	\$150 per CT/MRI scan	\$200 per CT/MRI scan
Dislocation	To \$1,808 for Non-surgical; To \$3,631 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit	To \$2,208 for Non-surgical; To \$4,416 for Surgical; Partial - 25% of full dislocation; Multiple - 150% of highest dislocation benefit	To \$2,400 for Non-surgical; To \$4,800 for Surgical; Partial - 25% of full dislocation; Multiple - 200% of highest dislocation benefit
Emergency Treatment	\$75	\$100.50	\$126
Eye Injury	\$100 for removal of foreign object, \$200 for surgical repair	\$125 for removal of foreign object, \$250 for surgical repair	\$150 for removal of foreign object, \$300 for surgical repair
Fractures	To \$2,500 for Non-surgical; To \$5,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture	To \$3,000 for Non-surgical; To \$6,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 150% of highest sustained fracture	To \$3,500 for Non-surgical; To \$7,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture
Initial Hospital Admission	\$500	\$1,000	\$1,250
Initial Intensive Care Unit (ICU) Hospital Admission	\$1,000	\$2,000	\$2,500
Hospital Confinement (per Day)	\$150, 365 days maximum	\$226, 365 days maximum	\$250, 365 days maximum
Intensive Care Unit (ICU) Confinement (per Day)	\$300, 30 days maximum	\$452, 30 days maximum	\$500, 30 days maximum
Lacerations	To \$300	To \$400	To \$500
Lodging (per Day)	\$100 per day up to 30 days if more than 100 miles from residence	\$125 per day up to 30 days if more than 97 miles from residence	\$150 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$75	\$100	\$100
Organized Youth Sports Benefit	25% of the benefit amount	25% of the benefit amount	25% of the benefit amount
Paralysis	\$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia	\$14,000 quadriplegia; \$7,000 paraplegia/hemiplegia	\$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia
Physical Therapy (per Session)	\$25, 10 sessions maximum	\$50, 10 sessions maximum	\$50, 10 sessions maximum
Physician Visit	\$25 Initial, \$25 Follow-up	\$50 Initial, \$50 Follow-up	\$50 Initial, \$50 Follow-up
Prosthesis	\$250 for one, \$500 for two or more	\$500 for one, \$1,000 for two or more	\$7,500 for one, \$1,500 for two or more



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Rehabilitation Facility Confinement (per Day)	\$90, 30 days maximum	\$135, 30 days maximum	\$150, 30 days maximum
Surgery	\$134 for Exploratory; \$402 for Knee Cartilage; \$1,340 for Abdominal or Thoracic; \$670 for Ruptured Disc; to \$417 Tendon, Ligament, or Rotator cuff	\$167 for Exploratory; \$501 for Knee Cartilage; \$1,670 for Abdominal or Thoracic; \$835 for Ruptured Disc; to \$501 Tendon, Ligament, or Rotator cuff	\$250 for Exploratory; \$750 for Knee Cartilage; \$2,500 for Abdominal or Thoracic; \$1,250 for Ruptured Disc; to \$750 Tendon, Ligament, or Rotator cuff
Transportation	\$300, if more than 85 miles from residence	\$501, if more than 100 miles from residence	\$600, if more than 100 miles from residence
X-Rays	\$20	\$30	\$40
Accidental Death Benefits	Plan A	Plan B	Plan C
Employee AD&D	\$20,000	\$20,000	\$20,000
Spouse AD&D	\$20,000	\$20,000	\$20,000
Child AD&D	\$4,000	\$4,000	\$4,000
Common Carrier	100%	100%	100%
Accidental Dismemberment Benefits	% of Plan A AD Benefit	% of Plan B AD Benefit	% of Plan C AD Benefit
Single Loss	50%	50%	50%
Multiple Loss (Catastrophic)	100%	100%	100%
Thumb / Finger / Toe	1%	1%	1%
2+ Thumb / Finger / Toe	3%	3%	3%
Speech	100%	100%	100%
Wellness (Health Screening) Benefit	Plan A	Plan B	Plan C
Wellness (Health Screening)	\$125	\$125	\$125

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