

Plan Highlights

Voluntary Group Accident Insurance



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COVERAGE

Voluntary 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 child care.

ELIGIBILITY

Employees: Each Active Full-Time Employee working 30 or more hours per week, and Part-time employee working 17.5 or more hour per week, except any person working on a temporary or seasonal basis. Employee must be under age 70 at date of application.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ Your legal spouse or your domestic partner named on an Affidavit of Domestic Partnership. Spouse must be under age 70 at date of application.
- ▶ Your dependent children* from birth to 26 years.

*natural, legally adopted, children dependent on Insured during waiting period before adoption, stepchildren, and foster children in your custody

BENEFIT AMOUNT

See Full Schedule of Benefits on next page

BENEFIT REDUCTION DUE TO AGE- AD&D

(applicable to employee/spouse coverage)

<u>Age</u>	<u>Original Benefit Reduced to:</u>
65	50%
70	25%

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

RATES

See attached Rate Sheet.

FEATURES

- ▶ Portability to employee age 70
- ▶ FMLA/MSLA Continuation

EXCLUSIONS

Benefits will not be paid for any loss caused by: sickness; suicide; war; air travel (except as a passenger on commercial flights); assault/felony; acute or chronic intoxication; voluntary consumption of illegal or controlled substance or prescribed narcotic or drug; or injuries arising out of or in the course of employment for wage or profit

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-9453-0111 ,et al.

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SCHEDULE OF BENEFITS

Plan B	
Emergency Care Benefits	
Ambulance Transportation	\$150 Ground, \$750 Air
Emergency Treatment	\$200
Diagnostic Examination (once per covered accident)	\$200
Initial Physician Office Visit(once per covered accident)	\$75
General Treatment Benefits	
Initial Hospital Admission(once per covered accident)	\$1,000
Initial ICU Hospital Admission	\$1,500
Hospital Confinement per day	\$250, 365 days max
ICU Confinement per day	\$500, 30 days max
Rehabilitation Facility Confinement	\$100/day, 30 days max
Follow-up Physician Office Visit (once per covered accident)	\$75
Transportation(more than 100 miles, 3 roundtrips max)	\$450
Lodging (for 1 person, more than 100 miles from residence)	\$150/30 days max
Paralysis Benefits	
Paralysis Benefits	\$15,000 quadriplegia;\$7,500 paraplegia/hemiplegia
Surgery Benefits	
Surgery Benefits	\$150 for Exploratory no repair; \$450 for Knee Cartilage; \$1,500 for Abdominal or Thoracic; \$750 for Ruptured Disc; Up to \$900 Tendon, Ligament, or Rotator Cuff
Transitional Benefits	
Medical Appliance	\$150
Prosthesis	\$1,500 for two or more, \$750 for one
Physical Therapy	\$35 per session, up to 6 sessions
Specific Covered Injury & Treatment Benefits	
Fractures	Up to \$7,500 for certain surgical repair; Up to \$3,750 for non-surgical; Chip:25% of non-surgical full fracture benefit; Multiple:100% of highest sustained fracture
Dislocations	Up to \$4,800 for surgical; Up to \$2,400 for non-surgical; Partial- 25% of non-surgical full dislocation; Multiple-100% of highest dislocation benefit
Blood/Plasma/Platelets	\$300
Burns	Up to \$1,600 for 2nd degree burns; Up to \$12,800 for 3rd degree burns; Skin Graft- 25% of benefit payable for Burns
Coma	\$7,500
Concussion	\$150
Dental Injury	\$300 for Crown; \$75 for Extraction
Eye Injury	\$150 for removal of foreign object; \$300 for surgical repair
Lacerations	Up to \$600
Accidental Death & Dismemberment Benefits	
Accidental Death	Employee: \$50,000 Spouse: \$25,000 Child: \$10,000 per child
Common Carrier	100% of Accidental Death Benefit
Accidental Dismemberment	
Single Loss- hand/foot/arm/leg/sight in one eye/hearing in one ear	50% of Accidental Death Benefit
Catastrophic Loss- 2+ losses (except thumb, finger or toe)	100% of Accidental Death Benefit
Thumb/Finger/Toe	\$500-\$1500
Catastrophic Loss of Speech	100% of Accidental Death Benefit
Wellness (Health Screening) Benefit	
Wellness (Health Screening) Benefit	\$75

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