

Voluntary Accident Insurance



No one likes to think about the possibility of an accident, but accidents happen every day. Think about it: Have you or anyone in your family ever had an automobile accident? Have you known someone who slipped and fell, or had a bicycle or skiing accident? When was the last time you saw the inside of an Emergency Room? If you're like most Americans, it wasn't too long ago!

Medical insurance offsets most of the treatment costs for injuries resulting from an accident, but what about the out of pocket costs you don't consider? There's time off from work while you or a loved one heals, doctor visits and hospital co-pays, medical insurance deductibles, maybe child care expenses—even stocking up on ibuprofen and bandages! It's inconvenient, expensive, and can make a serious dent in a family's savings. Accident insurance can help. It pays a fixed, lump-sum benefit for injuries resulting from a covered accident.

These benefits are paid directly to you to use however you wish. The benefit provides lump sum payment amounts for events resulting from a covered accident, such as: hospitalizations, Emergency Room treatments, surgery, coma, paralysis, major diagnostic tests, chiropractic, physical therapy, fractures, burns, dislocations, etc.



Plan A

Ambulance Transportation	\$175
Air Ambulance Transportation	\$875
Emergency Treatment	\$225
Diagnostic Exams (per CT/MRI scan)	\$150
Initial Physician Office Visit	\$75
X-rays	\$30
Initial Hospital Admission	\$1,000
Initial Intensive Care Unit (ICU) Hospital Admission	\$2,000
Hospital Confinement per day (365 day maximum)	\$226
ICU Confinement per day (30 day maximum)	\$452
Rehabilitation Facility Confinement per day (30 day maximum)	\$150
Follow-Up Physician Visit	\$75
Transportation - if more than 100 miles from residence	\$501
Lodging - if more than 100 miles from residence (up to 30 days)	\$125
Fractures (Surgical/Non-Surgical. Benefit up to the amount)	\$7,500 / \$3,750
Chip Fractures (% of non-surgical full fracture)	25%
Multiple Fractures (% of the highest sustained fracture)	200%
Dislocations (Surgical/Non-Surgical. Benefit up to the amount)	\$4,800 / \$2,400
Partial Dislocation (% of full dislocation)	25%
Multiple Dislocations (% of the highest dislocation benefit)	200%
Blood, Plasma, and Platelets	\$300
2nd Degree Burns (Up to amount)	\$1,600
3rd Degree Burns (Up to amount)	\$12,800
Skin Grafts Due to Burns (% of burn benefit)	50%
Coma	\$10,000
Concussion	\$75
Dental Injury - Crown	\$300
Dental Injury - Extraction	\$100
Eye Injury - Removal of Foreign Object	\$150
Eye Injury - Surgical Repair	\$300
Lacerations (Up to amount)	\$400
Chiropractic Services (6 sessions maximum)	\$25 per session
Epidural Anesthesia Injections (per injection, 2 maximum)	\$100
Organized Youth Sport Benefit	25%
Family Medical Leave	Included
Exploratory Surgery (no repair)	\$200
Knee Cartilage	\$600
Abdominal or Thoracic Surgery	\$2,000
Ruptured Disc	\$1,000
Tendon, Ligament or Rotator Cuff	\$600
Medical Appliance	\$125
Prosthesis (One)	\$500
Prosthesis (Two)	\$1,000
Physical Therapy (per session, maximum of 6)	\$25
Paralysis - Paraplegia or Hemiplegia	\$5,000
Paralysis - Quadriplegia	\$10,000

GROUP ACCIDENTAL DEATH & DISMEMBERMENT HIGHLIGHTS

Benefit Schedule:	Plan A
Employee Loss of Life	\$25,000
Spouse Loss of Life	\$12,500
Child(ren) Loss of Life (per child)	\$5,000
Loss of Life on a Common Carrier (% of Loss of Life)	100%
Loss of a Hand, Foot, Arm, Leg, Sight in one Eye, Hearing in One Ear (% of Loss of Life)	50%
Loss of Finger, Thumb, or Toe (% of Loss of Life)	1%
Combination Loss of two or more - Finger, Thumb, or Toe (% of Loss of Life)	3%
Catastrophic Loss - of Speech (% of Loss of Life)	100%
Catastrophic Loss - Two or more losses except fingers, thumbs, or toes (% of Loss of Life)	100%

WELLNESS HEALTH SCREENING

\$50

This plan includes an annual Health Screening Benefit for screening tests performed during the year, for early detection of potential critical health problems, and the possibility of preventing a critical illness. This benefit applies to Employee, Spouse and Children if applicable. This benefit pays the wellness benefit for one health screening benefit performed during a twelve month period. One health screening will be paid per twelve months for each insured, up to a maximum of 4 per family.

Covered Health Screening Tests Include:

- ❖ ALT/AST (liver function test);
- ❖ Biopsy for cancer;
- ❖ Blood test for triglycerides;
- ❖ CA 15-3 (blood test for breast cancer);
- ❖ CA 125 (blood test for ovarian cancer);
- ❖ CEA (blood test for colon cancer);
- ❖ Chest X-ray;
- ❖ Colonoscopy;
- ❖ Echocardiogram;
- ❖ Electrocardiogram;
- ❖ Fasting blood glucose test;
- ❖ Flexible sigmoidoscopy;
- ❖ Skin cancer screening;
- ❖ Genetic Tests
- ❖ Hemocult stool analysis;
- ❖ Hepatitis screening
- ❖ Human Immunodeficiency Virus (HIV) screening;
- ❖ Mammography;
- ❖ Pap test;
- ❖ PSA (blood test for prostate cancer);
- ❖ Serum cholesterol test to determine level of HDL and LDL;
- ❖ Serum Protein Electrophoresis (blood test for myeloma);
- ❖ Stress test; and
- ❖ Ultrasound screening (of the breast, of the abdominal aorta for abdominal aortic aneurysms, of carotid arteries (carotid Doppler), or for cancer detection)

PREMIUMS BASED ON BI-WEEKLY DEDUCTIONS

	Plan A
Employee Only	\$5.91
Employee & Spouse	\$11.87
Employee & Children	\$12.45
Employee, Spouse, and Children	\$16.97

- ❖ Employee and Spouse must be under age 70 to apply.
- ❖ The plan is portable so employees can continue their coverage if you leave employment. Employees are required to complete an application for portability within 30 days of your employment termination date.
- ❖ This is a brief summary of benefits. Please refer to the certificate of coverage for complete provisions, limitations and exclusions.
- ❖ Child coverage through age 25
- ❖ **Employee must be actively at work on the benefit effective date to be eligible for coverage**
- ❖ **To file an Accident Claim, go to rsclaims.com > I am an Employee or Claimant > File an Accident or Critical Illness Claim**

These coverages underwritten by Reliance Standard Life Insurance Company and provided through policy form series LRS-6422, et. al for the Group Life, LRS-8604, et. al. for the Voluntary Accident, LRS-6564 for the Group Long Term Disability, LRS-6451 for the Group Short Term Disability, LRS-9401 for the Voluntary Critical Illness, and LRS-9453 for the Voluntary Accident. Reliance Standard Life Insurance Company is licensed in all states, (except New York), and the District of Columbia, Puerto Rico, the US 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.