

## Plan Highlights

# Voluntary Group Accident Insurance



## Immanuel

### 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 Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

**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
Employee	\$ 7.99	\$ 14.93
Employee and Spouse	\$ 13.94	\$ 26.56
Employee & Children	\$ 16.92	\$ 31.64
Employee & Family	\$ 21.91	\$ 41.71



[www.reliancematrix.com](http://www.reliancematrix.com)

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9547, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

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
<b>Ambulance</b>	\$100 Ground, \$500 Air	\$200 Ground, \$1,000 Air
<b>Blood, Plasma and Platelets</b>	\$300	\$600
<b>Burns</b>	To \$600 for 2nd degree burns; To \$4,800 for 3rd degree burns; Skin Graft - 50.0% of benefit payable for Burns	To \$1,000 for 2nd degree burns; To \$8,000 for 3rd degree burns; Skin Graft - 50.0% of benefit payable for Burns
<b>Coma</b>	\$10,000	\$20,000
<b>Concussion</b>	\$300	\$600
<b>Dental Injury</b>	\$150 for Crown; \$50 for Extraction	\$600 for Crown; \$200 for Extraction
<b>Diagnostic Exams</b>	\$50 per CT/MRI scan	\$100 per CT/MRI scan
<b>Dislocation</b>	To \$1,600 for Non-surgical; To \$3,200 for Surgical; Partial - 25% of full dislocation; Multiple - 200% of highest dislocation benefit	To \$3,200 for Non-surgical; To \$6,400 for Surgical; Partial - 25% of full dislocation; Multiple - 200% of highest dislocation benefit
<b>Emergency Treatment</b>	\$105	\$200
<b>Epidural Anesthesia Injection (per Injection)</b>	\$50, 2 maximum	\$100, 2 maximum
<b>Eye Injury</b>	\$50 for removal of foreign object, \$100 for surgical repair	\$200 for removal of foreign object, \$400 for surgical repair
<b>Fractures</b>	To \$6,250 for Non-surgical; To \$12,500 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture	To \$10,000 for Non-surgical; To \$20,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture
<b>Initial Hospital Admission</b>	\$1,000	\$1,500
<b>Initial Intensive Care Unit (ICU) Hospital Admission</b>	\$1,000	\$1,500
<b>Hospital Confinement (per Day)</b>	\$200, 365 days maximum	\$300, 365 days maximum
<b>Intensive Care Unit (ICU) Confinement (per Day)</b>	\$400, 30 days maximum	\$600, 30 days maximum
<b>Lacerations</b>	To \$100	To \$100
<b>Lodging (per Day)</b>	\$100 per day up to 30 days if more than 100 miles from residence	\$200 per day up to 30 days if more than 100 miles from residence
<b>Medical Appliances</b>	\$125	\$250
<b>Paralysis</b>	\$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia	\$30,000 quadriplegia; \$15,000 paraplegia/hemiplegia
<b>Physical Therapy (per Session)</b>	\$30, 12 sessions maximum	\$60, 12 sessions maximum
<b>Physician Visit</b>	\$50 Initial, \$50 Follow-up	\$100 Initial, \$100 Follow-up
<b>Prosthesis</b>	\$500 for one, \$1,000 for two or more	\$1,000 for one, \$2,000 for two or more
<b>Rehabilitation Facility Confinement (per Day)</b>	\$50, 30 days maximum	\$200, 30 days maximum
<b>Surgery</b>	\$100 for Exploratory; \$300 for Knee Cartilage; \$1,000 for Abdominal or Thoracic; \$500 for Ruptured Disc; to \$300 Tendon, Ligament, or Rotator cuff	\$200 for Exploratory; \$600 for Knee Cartilage; \$2,000 for Abdominal or Thoracic; \$1,000 for Ruptured Disc; to \$600 Tendon, Ligament, or Rotator cuff
<b>Transportation</b>	\$252, if more than 100 miles from residence	\$501, if more than 100 miles from residence
<b>X-Rays</b>	\$100	\$200
<b>Accidental Death Benefits</b>	<b>Plan A</b>	<b>Plan B</b>
<b>Employee AD&amp;D</b>	\$20,000	\$40,000
<b>Spouse AD&amp;D</b>	\$20,000	\$40,000
<b>Child AD&amp;D</b>	\$10,000	\$20,000
<b>Common Carrier</b>	100%	100%



[www.reliancematrix.com](http://www.reliancematrix.com)

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9547, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

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.

Accidental Dismemberment Benefits	% of Plan A AD Benefit	% of Plan B AD Benefit
Single Loss	50%	50%
Multiple Loss (Catastrophic)	100%	100%
Thumb / Finger / Toe	1%	1%
2+ Thumb / Finger / Toe	3%	3%
Speech	100%	100%

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9547, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

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.