

## Plan Highlights

# Group Accident Insurance



## Union Agener

### COVERAGE

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, 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. 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

### CONTRIBUTION REQUIREMENTS

Employee Coverage is 100% employer-paid.  
Dependent Coverage is 100% employee-paid.

### 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.

### MONTHLY RATES

Employee Only:	\$0.00
Employee & Spouse:	\$8.07
Employee & Child(ren):	\$18.70
Employee & Family:	\$26.87

## SCHEDULE OF BENEFITS

Emergency Care Benefits	
Ambulance Transportation	\$200 Ground, \$1,000 Air
Emergency Treatment	\$250
Diagnostic Examination (once per covered accident)	\$400
Initial Physician Office Visit(once per covered accident)	\$100
General Treatment Benefits	
Initial Hospital Admission(once per covered accident)	\$1,500
Initial ICU Hospital Admission	\$2,250
Hospital Confinement per day	\$350, 365 days max
ICU Confinement per day	\$700, 30 days max
Rehabilitation Facility Confinement	\$150/day, 30 days max
Follow-up Physician Office Visit (once per covered accident)	\$100
Transportation(more than 100 miles, 3 roundtrips max)	\$600
Lodging (for 1 person, more than 100 miles from residence)	\$200/30 days max
Paralysis Benefits	
Paralysis Benefits	\$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia
Surgery Benefits	
Surgery Benefits	\$200 for Exploratory no repair; \$800 for Knee Cartilage \$2,000 for Abdominal or Thoracic; \$1,000 for Ruptured Disc; Up to \$1,500 Tendon, Ligament, or Rotator Cuff
Transitional Benefits	
Medical Appliance	\$200
Prosthesis	\$2,000 for two or more, \$1,000 for one
Physical Therapy	\$50 per session, up to 6 sessions
Specific Covered Injury & Treatment Benefits	
Fractures	Up to \$10,000 for certain surgical repair; Up to \$5,000 for non-surgical; Chip:25% of non-surgical full fracture benefit; Multiple:100% of highest sustained fracture
Dislocations	Up to \$6,400 for surgical; Up to \$3,200 for non-surgical; Partial-25% of non-surgical full dislocation; Multiple-100% of highest dislocation benefit
Blood/Plasma/Platelets	\$400
Burns	Up to \$3,200 for 2nd degree burns; Up to \$25,600 for 3rd degree burns; Skin Graft- 25% of benefit payable for Burns
Coma	\$10,000
Concussion	\$200
Dental Injury	\$400 for Crown; \$100 for Extraction
Eye Injury	\$200 for removal of foreign object; \$400 for surgical repair
Lacerations	Up to \$800