

Plan Highlights

Voluntary Group Accident Insurance



Cowley County Community College

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 childcare.

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 children from birth to 26 years while attending college or other school on a full-time basis
 - * includes natural children, legally adopted children, children dependent on you during the waiting period before adoption, stepchildren, and foster children. Foster children must be in your custody to be considered a Dependent.
- Your child(ren) who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent upon you for support and maintenance

BENEFIT AMOUNT

See Full Schedule of Benefits on next page

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

FEATURES

- Portability to employee age 70
- FMLA/MSLA Continuation

EXCLUSIONS

Benefits will not be paid for any loss caused by: 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.

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-9547-0318, et al.

Benefits	Plan A	Plan C
Ambulance	\$300 Ground, \$1,500 Air	\$300 Ground, \$1,500 Air
Blood, Plasma and Platelets	\$250	\$250
Burns	To \$1,280 for 2nd degree burns; To \$10,240 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns	To \$1,280 for 2nd degree burns; To \$10,240 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns
Chiropractic Services (Per Visit)	\$25 per session, 6 sessions maximum	\$75 per session, 6 sessions maximum
Coma	\$5,000	\$5,000
Concussion	\$200	\$200
Dental Injury	\$150 for Crown; \$50 for Extraction	\$150 for Crown; \$50 for Extraction
Diagnostic Exams	\$200 per CT/MRI scan	\$200 per CT/MRI scan
Dislocation	To \$1,600 for Non-surgical; To \$3,200 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit	To \$1,600 for Non-surgical; To \$3,200 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit
Emergency Treatment	\$150	\$255
Epidural Anesthesia Injection	\$100 per injection, 2 maximum	\$100 per injection, 2 maximum
Eye Injury	\$125 for removal of foreign object, \$250 for surgical repair	\$125 for removal of foreign object, \$250 for surgical repair
Fractures	To \$1,875 for Non-surgical; To \$3,750 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture	To \$1,875 for Non-surgical; To \$3,750 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture
Hospital Confinement (Per Day)	\$100, 365 days maximum	\$300, 365 days maximum
Intensive Care Unit (ICU) Confinement per Day	\$300, 30 days maximum	\$900, 30 days maximum
Initial Hospital Admission	\$500	\$1,500
Lacerations	To \$400	To \$400
Lodging (Per Day)	\$100 per day up to 30 days if more than 100 miles from residence	\$100 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$100	\$100
Organized Youth Sports Benefit	5% of the benefit Amount	5% of the benefit Amount
Paralysis	\$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia	\$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia
Physical Therapy (Per Session)	\$25, 6 sessions maximum	\$25, 6 sessions maximum
Physician Visit	\$50 Initial, \$50 Follow-up	\$50 Initial, \$50 Follow-up
Prosthesis	\$500 for one, \$1,000 for two or more	\$500 for one, \$1,000 for two or more
Rehabilitation Facility Confinement per Day)	\$50, 30 days maximum	\$150, 30 days maximum
Surgery	\$150 for Exploratory; \$450 for Knee Cartilage; \$1,500 for Abdominal or Thoracic; \$750 for Ruptured Disc; to \$900 Tendon, Ligament, or Rotator cuff	\$150 for Exploratory; \$450 for Knee Cartilage; \$1,500 for Abdominal or Thoracic; \$750 for Ruptured Disc; to \$900 Tendon, Ligament, or Rotator cuff
Transportation	\$300, if more than 100 miles from residence	\$300, if more than 100 miles from residence
X-Rays	\$50	\$125
Accidental Death Benefits		Amount
Employee AD&D	\$25,000	\$60,000
Spouse AD&D	\$12,500	\$25,000
Child AD&D	\$6,250	\$15,000
Common Carrier	100%	100%
Accidental Dismemberment Benefits		% of AD
Single Loss	50%	50%
Multiple Loss (Catastrophic)	100%	100%
Thumb/Finger/Toe	1%	1%
2 + Thumb/Finger/Toe	3%	3%
Speech	100%	100%
Wellness (Health Screening) Benefit	\$50	\$75



Wellness Benefit*

We will pay you the amount shown on the Schedule of Benefits for one (1) health screening test performed during a twelve (12) month period for you and your dependents*, if applicable, provided:

- ▶ written proof satisfactory to Reliance Standard is provided that such a health screening test has been performed;
- ▶ you and your dependents were covered under the Policy at the time the test was performed; and
- ▶ one of the following health screening tests has not already been performed at any time during the same twelve (12) month period.

*Up to four (4) Wellness Benefits will be paid in a twelve (12) month period for all insured individuals in a family.

Health screening tests covered under the Policy are:

- ▶ ALT / AST (liver function test)
- ▶ Biopsy for cancer
- ▶ Blood test for triglycerides
- ▶ Bone density testing (DEXA scan)
- ▶ Bone marrow testing
- ▶ 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
- ▶ Genetic tests
- ▶ Hemoccult stool analysis
- ▶ Hepatitis screening
- ▶ HIV screening
- ▶ Mammography
- ▶ Pap test
- ▶ PSA (blood test for prostate cancer)
- ▶ Serum cholesterol test (HDL and LDL)
- ▶ Serum Protein Electrophoresis (blood test for myeloma)
- ▶ Skin cancer screening
- ▶ Stress test
- ▶ Ultrasound screening (breast , abdominal, aorta, carotid arteries, or cancer detection)

This benefit is paid in addition to any other payments you or your dependents, if applicable, may receive under the Policy.

RELiance STANDARD
A MEMBER OF THE TOKIO MARINE GROUP

www.reliancestandard.com

*Health Screening Benefit in NH.

This brochure is not a contract. The availability of the described feature may vary by state. It is not available in CO, CT, KS, MN, NH, NJ or WA for Group Accident. Critical illness coverage is provided by policy series LRS-9401-0111 and group accident coverage is provided by policy series LRS-9453-0111, et al through Reliance Standard Life Insurance Company. 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.