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



LIFE INSURANCE COMPANY

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.

FEATURES

- Portability to Employee Age 70
- ► FMLA/MSLA Continuation
- Newlywed and Newborn Provision
- 24-Hour Travel Assistance Services
- 24-Hour Coverage

Ambulance\$100 Ground, \$500 Air\$200 Ground, \$1,000 AirBlood, Plasma and Platelets\$300\$600BurnsTo \$1,000 for 2nd degree burns; To \$4,800 for 3rd degree burns; Skin Graft - \$0.0% of benefit payable for BurnsTo \$1,000 for 2nd degree burns; Skin Graft - \$0.0% of benefit payable for BurnsComa\$10,000\$20,000Concussion\$300\$600Dental Injury\$150 for Crown, \$50 for Extraction\$600 for Crown; \$200 for ExtractionDiagnostic Exams\$50 per CT/MRI scan\$100 per CT/MRI scanDiagnostic Exams\$50 per CT/MRI scan\$20,000Diagnostic Exams\$50 per CT/MRI scan\$100 for Non-surgical; To \$4,00 for Surgical; Partial - 25% of full dislocation; Multiple - 200% of highest dislocation benefit Multiple - 200% of highest dislocation benefit Surgical; Partial - 25% of full dislocation; Multiple - 200% of highest dislocation benefit Surgical partial - 25% of full dislocation; Multiple - 200% of highest dislocation benefit Surgical partial repair\$200 for Non-surgical; To \$2,000 for Surgical partial repairFracturesTo \$6,250 for Non-surgical; To \$1,200 for Surgical repair; Chip fracture: 25% of non- surgical repair; Chip fracture: 25% of non- surgical benefit; Multiple fracture: 20% of surgical repair; Chip fracture: 25% of non- surgical repair; Chip fracture: 25% of non- surgical benefit; Multiple fracture: 25% of non- surgical benefit; Multiple fracture: 25% of non- surgical benefit; Multiple fracture: 25% of non- surgical repair; Chip fr	Benefits	Plan A	Plan B	
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Rehabilitation Facility Confinement (per \$50, 30 days maximum \$200, 30 days maximum Day) \$100 for Exploratory; \$300 for Knee Cartilage; \$200 for Exploratory; \$600 for Knee Cartilage;	Prosthesis	· · · · ·		
Surgery\$100 for Exploratory; \$300 for Knee Cartilage;\$200 for Exploratory; \$600 for Knee Cartilage;	Rehabilitation Facility Confinement (per		\$200, 30 days maximum	
Surgery\$100 for Exploratory; \$300 for Knee Cartilage;\$200 for Exploratory; \$600 for Knee Cartilage;	Day)			
	Surgery	\$100 for Exploratory; \$300 for Knee Cartilage;	\$200 for Exploratory; \$600 for Knee Cartilage;	
\$1,000 for Abdominal or Thoracic; \$500 for \$2,000 for Abdominal or Thoracic; \$1,000 for		\$1,000 for Abdominal or Thoracic; \$500 for	\$2,000 for Abdominal or Thoracic; \$1,000 for	
Ruptured Disc; to \$300 Tendon, Ligament, or Ruptured Disc; to \$600 Tendon, Ligament, or				
Rotator cuff Rotator cuff				
	Transportation			
	X-Rays			
	Accidental Death Benefits	Plan A		
Employee AD&D \$20,000 \$40,000	Employee AD&D	\$20,000	\$40,000	
Spouse AD&D \$20,000 \$40,000	Spouse AD&D	\$20,000	\$40,000	
Child AD&D \$10,000 \$20,000	Child AD&D	\$10,000	\$20,000	
Common Carrier 100% 100%	Common Carrier	100%	100%	



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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%



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