

Plan

# Voluntary Group Accident



## SWCCCASE – Educational Benefit Cooperative (EBC)

### 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

### BENEFIT REDUCTION DUE TO AGE

(Applicable to employee/spouse coverage) Age

Original Benefit Reduced to: 65-69

50%

70+

25%

### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

### MONTHLY RATES

Coverage	Premiums
Employee	\$14.52
Employee and Spouse	\$23.63
Employee & Children	\$28.20
Employee & Family	\$37.78

### 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 B
Ambulance	\$150 Ground, \$750 Air
Blood, Plasma and Platelets	\$300
Burns	To \$1,600 for 2nd degree burns; To \$12,800 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns
Chiropractic Services (Per Visit)	\$50 per session, 6 sessions maximum
Coma	\$7,500
Concussion	\$150
Dental Injury	\$300 for Crown; \$100 for Extraction
Diagnostic Exams	\$200 per CT/MRI scan
Dislocation	To \$3,200 for Non-surgical; To \$6,400 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit
Emergency Treatment	\$225
Epidural Anesthesia Injection (Per Injection)	\$200, 2 maximum
Eye Injury	\$150 for removal of foreign object, \$ 300 for surgical repair
Fractures	To \$5,000 for Non-surgical; To \$10,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture
Initial Hospital Admission	\$1,000
Initial Intensive Care Unit (ICU) Hospital	\$1,500
Hospital Confinement (Per Day)	\$300, 365 days maximum
Intensive Care Unit (ICU) Confinement (Per	\$600, 30 days maximum
Lacerations	To \$800
Lodging (Per Day)	\$150 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$150
Organized Youth Sports Benefit	20% of the benefit Amount
Paralysis	\$15,000 quadriplegia; \$7,500 paraplegia/hemiplegia
Physical Therapy (Per Session)	\$35, 6 sessions maximum
Physician Visit	\$75 Initial, \$75 Follow-up
Prosthesis	\$1,500 for two or more, \$ 750 for one
Rehabilitation Facility Confinement (Per Day)	\$100, 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
Transportation	\$450, if more than 100 miles from residence
X-Rays	\$50
<b>Wellness (Health Screening) Benefit</b>	<b>Amount</b>
Wellness (Health Screening)	\$75