

Plan Highlights

Group Accident

Southgate Community School District

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 childcare.

ELIGIBILITY

All eligible Employees and their Dependents as defined by Southgate Community School District and reflected in your Certificate of Insurance. **A person may not have coverage as both an Employee and Dependent.*

BENEFITS AMOUNTS

See Full Schedule of Benefits on the following pages.

BENEFIT FEATURES

Guaranteed issue; no medical questions

No Lifetime Maximum Benefit Limit

Portability - you can take your coverage with you at the same rates

Youth organized sports benefit - 25% benefit increase if accident occurs while participating in an organized youth sport

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

MONTHLY PREMIUM

Coverage	Plan A
Employee	\$10.12
Employee and Spouse	\$18.46
Employee and Children	\$21.91
Employee and Family	\$30.25

BENEFIT	PLAN A
Ambulance Transportation	\$400 Ground \$2,000 Air
Blood/Plasma/Platelets	\$200
Burns	
2nd Degree Burns	
Covering less than 10% of the body	\$313
Covering 10% but less than 25% of the body	\$626
Covering 25% but less than 35% of the body	\$1,252
Covering 35% or greater of the body	\$2,504



www.reliancematrix.com

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BENEFIT	PLAN A
3rd Degree Burns	
Covering less than 10% of the body	\$2,504
Covering 10% but less than 25% of the body	\$5,008
Covering 25% but less than 35% of the body	\$10,016
Covering 35% or greater of the body	\$20,032
Skin Graft	50%
Chiropractic Services (per visit) <i>Limit 12 per calendar year per family</i>	\$25 per session, 6 sessions maximum
Coma	\$5,000
Concussion	\$100
Dental Injury	\$199.50 for Crown; \$66.50 for Extraction
Diagnostic Examination	\$200 per CT/MRI scan
Dislocations	Surgical / Non-Surgical
Ankle	\$4,008 / \$2,004
Collarbone	\$4,008 / \$2,004
Elbow	\$2,004 / \$1,002
Finger	\$668 / \$334
Foot	\$4,008 / \$2,004
Hand	\$2,004 / \$1,002
Hip	\$10,688 / \$5,344
Knee	\$6,680 / \$3,340
Lower Jaw	\$2,004 / \$1,002
Shoulder	\$2,004 / \$1,002
Toe	\$668 / \$334
Wrist	\$2,004 / \$1,002
Partial Dislocation <i>Amount of benefit for non-surgical dislocation</i>	50%
Multiple Dislocations <i>Amount of highest benefit for any one dislocation among all dislocations sustained</i>	100%
Emergency Treatment	\$199.50
Epidural Anesthesia Injection	\$150 per injection, 2 maximum
Eye Injury	\$125 for removal of foreign object, \$250 for surgical repair
Fractures	Surgical / Non-Surgical
Ankle	\$1,500 / \$750
Arm	\$1,500 / \$750
Bones of Face	\$750 / \$375
Coccyx	\$750 / \$375
Collarbone	\$1,500 / \$750
Elbow	\$1,500 / \$750
Finger	\$250 / \$125
Foot	\$1,500 / \$750
Hand	\$1,500 / \$750
Hip	\$8,000 / \$4,000
Kneecap	\$1,500 / \$750
Leg	\$4,000 / \$2,000
Jaw	\$1,500 / \$750
Nose	\$750 / \$375
Pelvis	\$4,000 / \$2,000
Rib	\$750 / \$375
Shoulder Blade	\$1,500 / \$750



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BENEFIT	PLAN A
Skull (Except bones of face or nose - Depressed)	\$12,500 / \$6,250
Skull (Simple)	\$3,750 / \$1,875
Sternum	\$1,500 / \$750
Toe	\$250 / \$125
Vertebrae	\$1,500 / \$750
Vertebral Column	\$4,000 / \$2,000
Wrist	\$1,500 / \$750
Chip Fractures <i>Amount of benefit for non-surgical fracture</i>	25%
Multiple Fractures <i>Amount of highest benefit for any one fracture among all fractures sustained</i>	200%
Hospitalization	
Initial Hospital Admission	\$2,000
Initial ICU Hospital Admission	\$3,000
Hospital Confinement (per Day)	\$400 per day, 365 days maximum
ICU Confinement (per Day)	\$500 per day, 30 days maximum
Lacerations (Total length of all sutured lacerations)	
No Sutures Required	\$31.25
Sutures Less Than 2"	\$62.50
Sutures 2" but less than 6"	\$250
Sutures 6" or greater	\$500
Lodging (per day)	\$100 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$500
Organized Youth Sports Benefit <i>% of benefit amount, excluding the AD&D benefit, if applicable</i>	25%
Paralysis	\$50,000 quadriplegia; \$25,000 paraplegia / hemiplegia
Physical Therapy	\$50 per session; 10 sessions maximum
Physician Visit	\$100 Initial, \$100 Follow-up
Prosthesis	\$500 for one, \$1,000 for two or more
Rehabilitation Facility Confinement	\$100 per day, 30 days maximum
Surgery	
Abdominal or Thoracic	\$4,000
Exploratory Surgery (<i>no repair</i>)	\$400
Knee Cartilage (surgically repaired)	\$1,200
Ruptured Disc (surgically repaired)	\$2,000
Rotator Cuff (one surgically repaired)	\$1,200
Rotator Cuff (two or more surgically repaired)	\$2,400
Tendon or Ligament (one surgically repaired)	\$1,200
Tendon or Ligament (two or more surgically repaired)	\$2,400
Transportation	\$501, if more than 100 miles from residence
X-Rays <i>per covered accident</i>	\$100
Accidental Dismemberment Benefits	

BENEFIT	PLAN A
Accidental Death Benefits	Employee: \$50,000 Spouse: \$50,000 Child(ren): \$25,000
Accidental Death on Common Carrier	100% of Death Benefit
Accidental Dismemberment	
Single Loss	50% of Death Benefit
Thumb/Finger/Toe	1% of Death Benefit
Multiple Loss (<i>Catastrophic</i>)	100% of Death Benefit
Speech	100% of Death Benefit
2+ Thumb/Finger/Toe	3% of Death Benefit
Two or more losses except the loss of fingers, thumbs or toes is a separate category	100% of Death Benefit
Additional Features	
Portability	Included

EXCLUSIONS and LIMITATIONS

Exclusions and limitations apply and can vary by state. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance.

NON-INSURANCE SERVICES

Travel Assistance Services

ADDITIONAL INFORMATION

This Plan Highlights document provides a brief description of the key features of the Reliance Standard Life Insurance Company 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.



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