

Plan Highlights

Group Accident

Communicare Health Services

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 Communicare Health Services 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
- Wellness Benefits - Any preventative health screening or test including but not limited to, annual physicals, immunizations, dental exams and mental health screenings

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.



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Included Benefits

Benefits	PLAN A	PLAN B
Ambulance Transportation	\$240 Ground \$1,200 Air	\$400 Ground \$2,000 Air
Blood/Plasma/Platelets	\$300	\$450
Burns		
2nd Degree Burns		
Covering less than 10% of the body	\$250	\$250
Covering 10% but less than 25% of the body	\$500	\$500
Covering 25% but less than 35% of the body	\$1,000	\$1,000
Covering 35% or greater of the body	\$2,000	\$2,000
3rd Degree Burns		
Covering less than 10% of the body	\$2,000	\$2,000
Covering 10% but less than 25% of the body	\$4,000	\$4,000
Covering 25% but less than 35% of the body	\$8,000	\$8,000
Covering 35% or greater of the body	\$16,000	\$16,000
Skin Graft	50%	50%
Chiropractic Services Limit 12 per calendar year per family	\$30 per session, 6 sessions maximum	\$45 per session, 6 sessions maximum
Coma	\$11,500	\$17,000
Concussion	\$150	\$225
Dental Injury	\$300 for Crown; \$100 for Extraction	\$351 for Crown; \$117 for Extraction
Diagnostic Examination	\$150 per CT/MRI scan	\$200 per CT/MRI scan
Dislocations	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	\$3,000 / \$1,500	\$3,360 / \$1,680
Collarbone	\$3,000 / \$1,500	\$3,360 / \$1,680
Elbow	\$1,500 / \$750	\$1,680 / \$840
Finger	\$500 / \$250	\$560 / \$280
Foot	\$3,000 / \$1,500	\$3,360 / \$1,680
Hand	\$1,500 / \$750	\$1,680 / \$840
Hip	\$8,000 / \$4,000	\$8,960 / \$4,480
Knee	\$5,000 / \$2,500	\$5,600 / \$2,800
Lower Jaw	\$1,500 / \$750	\$1,680 / \$840
Shoulder	\$1,500 / \$750	\$1,680 / \$840
Toe	\$500 / \$250	\$560 / \$280
Wrist	\$1,500 / \$750	\$1,680 / \$840



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Benefits	PLAN A	PLAN B
Partial Dislocation Amount of benefit for non-surgical dislocation	50%	50%
Multiple Dislocations Percent of highest benefit for any one dislocation among all dislocations sustained	200%	200%
Emergency Treatment	\$150	\$225
Epidural Anesthesia Injections	\$100 per injection, 2 maximum	\$100 per injection, 2 maximum
Eye Injury	\$225 for removal of foreign object, \$450 for surgical repair	\$350 for removal of foreign object, \$700 for surgical repair
Fractures	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	\$2,550 / \$1,275	\$3,510 / \$1,755
Arm	\$2,550 / \$1,275	\$3,510 / \$1,755
Bones of Face	\$1,275 / \$637.5	\$1,755 / \$877.5
Coccyx	\$1,275 / \$637.5	\$1,755 / \$877.5
Collarbone	\$2,550 / \$1,275	\$3,510 / \$1,755
Elbow	\$2,550 / \$1,275	\$3,510 / \$1,755
Finger	\$425 / \$212.5	\$585 / \$292.5
Foot	\$2,550 / \$1,275	\$3,510 / \$1,755
Hand	\$2,550 / \$1,275	\$3,510 / \$1,755
Hip	\$13,600 / \$6,800	\$18,720 / \$9,360
Kneecap	\$2,550 / \$1,275	\$3,510 / \$1,755
Leg	\$6,800 / \$3,400	\$9,360 / \$4,680
Jaw	\$2,550 / \$1,275	\$3,510 / \$1,755
Nose	\$1,275 / \$637.5	\$1,755 / \$877.5
Pelvis	\$6,800 / \$3,400	\$9,360 / \$4,680
Rib	\$1,275 / \$637.5	\$1,755 / \$877.5
Shoulder Blade	\$2,550 / \$1,275	\$3,510 / \$1,755
Skull (Except bones of face or nose - Depressed)	\$21,250 / \$10,625	\$29,250 / \$14,625
Skull (Simple)	\$6,375 / \$3,187.5	\$8,775 / \$4,387.5
Sternum	\$2,550 / \$1,275	\$3,510 / \$1,755
Toe	\$425 / \$212.5	\$585 / \$292.5
Vertebrae	\$2,550 / \$1,275	\$3,510 / \$1,755
Vertebral Column	\$6,800 / \$3,400	\$9,360 / \$4,680
Wrist	\$2,550 / \$1,275	\$3,510 / \$1,755
Chip Fractures Amount of benefit for non-surgical fracture	50%	50%
Multiple Fracture Amount of the highest benefit for any one fracture among all fractures sustained	200%	200%
Hospitalization		



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Benefits	PLAN A	PLAN B
Initial Hospital Admission	\$1,000	\$1,250
Initial ICU Hospital Admission	\$1,000	\$1,250
Hospital Confinement (per Day)	\$300 per day, 365 days maximum	\$376 per day, 365 days maximum
ICU Confinement (per Day)	\$500 per day, 30 days maximum	\$600 per day, 30 days maximum
Lacerations		
No Sutures Required	\$25	\$31.25
Sutures Required	Less than 2" long \$50	Less than 2" long \$62.5
Total length of all sutured Lacerations	2" but less than 6" long \$200 6" long or greater \$400	2" but less than 6" long \$250 6" long or greater \$500
Lodging	\$125 per day up to 30 days if more than 100 miles from residence	\$185 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$500	\$500
Organized Youth Sports Benefit % of benefit amount, excluding the AD&D benefit, if applicable	25%	25%
Paralysis Benefits	\$16,000 quadriplegia; \$8,000 paraplegia / hemiplegia	\$24,000 quadriplegia; \$12,000 paraplegia / hemiplegia
Physical Therapy	\$30 per session; 12 sessions maximum	\$45 per session; 12 sessions maximum
Physician Office Visit	\$60 Initial, \$60 Follow-up	\$100 Initial, \$100 Follow-up
Prosthesis	\$500 for one, \$1,000 for two or more	\$750 for one, \$1,500 for two or more
Rehabilitation Facility Confinement	\$125 per day, 30 days maximum	\$200 per day, 30 days maximum
Surgery Benefits		
Abdominal or Thoracic	\$1,000	\$1,500
Exploratory Surgery (no repair)	\$100	\$150
Knee Cartilage (surgically repaired)	\$300	\$450
Ruptured Disc (surgically repaired)	\$500	\$750
Rotator Cuff (one surgically repaired)	\$300	\$450
Rotator Cuff (two or more surgically repaired)	\$600	\$900
Tendon or Ligament (one surgically repaired)	\$300	\$450
Tendon or Ligament (two or more surgically repaired)	\$600	\$900
Transportation	\$600, if more than 100 miles from residence	\$750, if more than 100 miles from residence
X-rays per covered accident	\$50	\$50



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