Plan Highlights

Voluntary Group Accident Insurance



Kelly & Associates Insurance Group, Inc.

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

As Defined by the Employer

Dependents: You must be insured for your Dependents to be covered. Dependents are:

- Your legal spouse
- 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.

BI-WEEKLY PREMIUM

Coverage	Premium
Employee	$ 4.50
Employee and Spouse	$ 6.86
Employee & Children	$ 9.38
Employee & Family	$ 11.74

FEATURES

- Portability
- MSLA Continuation
- 24-Hour Travel Assistance Services
- 24-Hour Coverage

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.

Benefits	Amount
Ambulance	$300 Ground, $1,500 Air
Blood, Plasma and Platelets	$300
Burns	To $2,000 for 2nd degree burns; To $16,000 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns
Chiropractic Services (per Visit)	$40 per session, 6 sessions maximum
Coma	$10,000
Concussion	$350
Dental Injury	$150 for Crown; $50 for Extraction
Diagnostic Exams	$250 per CT/MRI scan
Dislocation	To $3,200 for Non-surgical; To $6,400 for Surgical; Partial - 50% of full dislocation; Multiple - 200% of highest dislocation benefit
Emergency Treatment	$300
Epidural Anesthesia Injection (per Injection)	$100, 2 maximum
Eye Injury	$175 for removal of foreign object, $350 for surgical repair
Fractures	To $11,250 for Non-surgical; To $22,500 for Surgical repair; Chip fracture: 50% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture
Initial Hospital Admission	$1,000
Initial Intensive Care Unit (ICU) Hospital Admission	$1,500
Hospital Confinement (per Day)	$300, 365 days maximum
Intensive Care Unit (ICU) Confinement (per Day)	$600, 30 days maximum
Lacerations	To $800
Lodging (per Day)	$200 per day up to 30 days if more than 100 miles from residence
Medical Appliances	$200
Organized Youth Sports Benefit	25% of the benefit amount
Paralysis	$10,000 quadriplegia; $5,000 paraplegia/hemiplegia
Physical Therapy (per Session)	$40, 12 sessions maximum
Physician Visit	$75 Initial, $75 Follow-up - 6 visit/Acc
Prosthesis	$1,500 for one, $3,000 for two or more
Rehabilitation Facility Confinement (per Day)	$100, 30 days maximum
Surgery	$225 for Exploratory; $675 for Knee Cartilage; $2,250 for Abdominal or Thoracic; $1,125 for Ruptured Disc; to $1,350 Tendon, Ligament, or Rotator cuff
Transportation	$600, if more than 100 miles from residence
X-Rays	$75
Accidental Death Benefits	**Amount**
Employee AD&D	$12,500
Spouse AD&D	$5,000
Child AD&D	$2,500
Common Carrier	100%
Accidental Dismemberment Benefits	**% of AD Benefit Amount**
Single Loss	50%
Multiple Loss (Catastrophic)	100%
Thumb / Finger / Toe	1%
2+ Thumb / Finger / Toe	3%
Speech	100%
Wellness (Health Screening) Benefit	**Amount**
Wellness (Health Screening)	$50

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.