

Plan Highlights

Voluntary Group Accident Insurance



Freeport School District #145

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 20 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. Spouse must be under age 70 at date of application.
- ▶ Your unmarried child(ren), including adoptive, foster and stepchildren who are financially dependent upon you for support and (1) under age 26 years or (2) under age 30 if the Dependent is an Illinois resident, served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States, and has received a release or discharge other than a dishonorable discharge.
- ▶ 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.

FEATURES

- ▶ Portability
- ▶ FMLA/MSLA Continuation
- ▶ 24-Hour Travel Assistance Services
- ▶ Off the Job Coverage



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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.

Benefits	Plan A	Plan B
Ambulance	\$300 Ground, \$1,500 Air	\$400 Ground, \$2,000 Air
Blood, Plasma and Platelets	\$100	\$200
Burns	To \$1,280 for 2nd degree burns; To \$10,240 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns	To \$2,600 for 2nd degree burns; To \$20,800 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns
Coma	\$5,000	\$10,000
Concussion	\$150	\$250
Dental Injury	\$105 for Crown; \$35 for Extraction	\$210 for Crown; \$70 for Extraction
Diagnostic Exams	\$100 per CT/MRI scan	\$200 per CT/MRI scan
Dislocation	To \$1,360 for Non-surgical; To \$2,720 for Surgical; Partial - 25% of full dislocation; Multiple - 200% of highest dislocation benefit	To \$2,800 for Non-surgical; To \$5,600 for Surgical; Partial - 25% of full dislocation; Multiple - 200% of highest dislocation benefit
Emergency Treatment	\$150	\$225
Epidural Anesthesia Injection (per Injection)	\$100, 2 maximum	\$150, 2 maximum
Eye Injury	\$125 for removal of foreign object, \$250 for surgical repair	\$250 for removal of foreign object, \$500 for surgical repair
Fractures	To \$1,500 for Non-surgical; To \$3,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture	To \$6,250 for Non-surgical; To \$12,500 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture
Initial Hospital Admission	\$1,500	\$2,000
Initial Intensive Care Unit (ICU) Hospital Admission	\$2,500	\$3,000
Hospital Confinement (per Day)	\$300, 365 days maximum	\$400, 365 days maximum
Intensive Care Unit (ICU) Confinement (per Day)	\$600, 30 days maximum	\$900, 30 days maximum
Lacerations	To \$300	To \$500
Lodging (per Day)	\$50 per day up to 30 days if more than 100 miles from residence	\$100 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$400	\$500
Organized Youth Sports Benefit	5% of the benefit amount	25% of the benefit amount
Paralysis	\$25,000 quadriplegia; \$12,500 paraplegia/hemiplegia	\$50,000 quadriplegia; \$25,000 paraplegia/hemiplegia
Physical Therapy (per Session)	\$25, 12 sessions maximum	\$25, 12 sessions maximum
Physician Visit	\$75 Initial, \$75 Follow-up	\$100 Initial, \$100 Follow-up
Prosthesis	\$250 for one, \$500 for two or more	\$500 for one, \$1,000 for two or more
Rehabilitation Facility Confinement (per Day)	\$50, 30 days maximum	\$100, 30 days maximum
Surgery	\$100 for Exploratory; \$300 for Knee Cartilage; \$1,000 for Abdominal or Thoracic; \$500 for Ruptured Disc; to \$600 Tendon, Ligament, or Rotator cuff	\$210 for Exploratory; \$630 for Knee Cartilage; \$2,100 for Abdominal or Thoracic; \$1,050 for Ruptured Disc; to \$1,260 Tendon, Ligament, or Rotator cuff
Transportation	\$255, if more than 100 miles from residence	\$501, if more than 100 miles from residence
X-Rays	\$50	\$100
Accidental Death Benefits	Plan A	Plan B
Employee AD&D	\$15,000	\$25,000
Spouse AD&D	\$15,000	\$25,000
Child AD&D	\$7,500	\$12,500



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Common Carrier	100%	100%
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%
Wellness (Health Screening) Benefit	Plan A	Plan B
Wellness (Health Screening)	\$50	\$50

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