

Plan Highlights

Voluntary Group Accident Insurance



Incenter Lender Services LLC

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 30 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 or domestic partner.
- ▶ 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.

MONTHLY PREMIUM

Coverage	Plan A	Plan B
Employee	\$ 12.20	\$ 13.91
Employee and Spouse	\$ 18.47	\$ 20.84
Employee & Children	\$ 19.37	\$ 25.77
Employee & Family	\$ 26.41	\$ 33.39

FEATURES

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



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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	\$100 Ground, \$500 Air	\$300 Ground, \$1,500 Air
Blood, Plasma and Platelets	\$200	\$450
Burns	To \$800 for 2nd degree burns; To \$6,400 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns	To \$1,600 for 2nd degree burns; To \$12,800 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns
Chiropractic Services (per Visit)	\$25 per session, 6 sessions maximum	\$37.50 per session, 6 sessions maximum
Coma	\$5,000	\$10,000
Concussion	\$100	\$200
Dental Injury	\$150 for Crown; \$50 for Extraction	\$300 for Crown; \$100 for Extraction
Diagnostic Exams	\$100 per CT/MRI scan	\$300 per CT/MRI scan
Dislocation	To \$4,000 for Non-surgical; To \$8,000 for Surgical; Partial - 50% of full dislocation; Multiple - 200% of highest dislocation benefit	To \$5,008 for Non-surgical; To \$10,016 for Surgical; Partial - 50% of full dislocation; Multiple - 150% of highest dislocation benefit
Emergency Treatment	\$150	\$300
Epidural Anesthesia Injection (per Injection)	\$100, 2 maximum	\$200, 2 maximum
Eye Injury	\$100 for removal of foreign object, \$200 for surgical repair	\$200 for removal of foreign object, \$400 for surgical repair
Fractures	To \$4,000 for Non-surgical; To \$8,000 for Surgical repair; Chip fracture: 50% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture	To \$5,000 for Non-surgical; To \$10,000 for Surgical repair; Chip fracture: 50% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture
Initial Hospital Admission	\$1,000	\$1,500
Initial Intensive Care Unit (ICU) Hospital Admission	\$2,000	\$3,000
Hospital Confinement (per Day)	\$200, 365 days maximum	\$300, 365 days maximum
Intensive Care Unit (ICU) Confinement (per Day)	\$400, 30 days maximum	\$600, 30 days maximum
Lacerations	To \$400	To \$800
Lodging (per Day)	\$100 per day up to 30 days if more than 100 miles from residence	\$200 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$125	\$275
Organized Youth Sports Benefit	25% of the benefit amount	25% of the benefit amount
Paralysis	\$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia	\$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia
Physical Therapy (per Session)	\$40, 6 sessions maximum	\$60, 6 sessions maximum
Physician Visit	\$75 Initial, \$75 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 (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	\$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	\$300, if more than 100 miles from residence	\$600, if more than 100 miles from residence
X-Rays	\$25	\$75
Accidental Death Benefits	Plan A	Plan B
Employee AD&D	\$30,000	\$50,000
Spouse AD&D	\$12,500	\$20,000



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Child AD&D	\$6,000	\$10,000
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)	\$100	\$50

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