

Plan Highlights

Group Accident Insurance



Neenah Joint 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 maybe used for any reason, from deductibles and prescriptions to transportation and childcare.

ELIGIBILITY

All eligible Employees and their Dependents as defined by Neenah Joint School District and reflected in your Certificate of Insurance. **Note: The definition of Dependent may vary by state.** *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
- Newlywed and Newborn Provision
- No Lifetime Maximum Benefit Limit
- Accidental Death Benefit Doubled on Common Carrier (land, sea, or air vehicle transporting public passengers)
- Portability

BENEFIT PROVISIONS

CONTINUATION OF COVERAGE FOR:

- **Absence due to Family and Medical Leave Act of 1993 (FMLA)**

If your employer is subject to FMLA, your coverage and that of any of your Insured Dependents will continue if you are on an approved leave of absence under FMLA if the premium for such coverage continues to be paid during the leave. As long as this requirement is satisfied, we will continue coverage until the end of the leave period required by FMLA.

- **Absence due to Uniform Services Employment and Reemployment Rights Act (USERRA)**

Your coverage and that of any of your Insured Dependents will continue if you are on an approved leave of absence for military service under USERRA, if the premium for such coverage continues to be paid during the leave. As long as this requirement is satisfied, we will continue coverage until the end of the period required by USERRA.

- **Portability**

If you cease to be eligible for coverage (other than by termination of your employer's group policy, or your retirement), you may elect to continue coverage in effect prior to ceasing to be eligible.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

MONTHLY PREMIUM

| Coverage | Plan B |
|---------------------|---------|
| Employee | \$10.50 |
| Employee & Spouse | \$15.00 |
| Employee & Children | \$16.00 |
| Employee & Family | \$26.00 |

SEMI-MONTHLY PREMIUM

| Coverage | Plan B |
|---------------------|---------|
| Employee | \$5.25 |
| Employee & Spouse | \$7.50 |
| Employee & Children | \$8.00 |
| Employee & Family | \$13.00 |

The Dependent spouse Amount of Insurance will reduce in the same manner as the Insured employee's Amount of Insurance upon the Dependent spouse's attainment of the reducing age.

The Child Amount of Insurance will continue at the percentage reflected on the Plan Description of the Insured employee's Amount of Insurance prior to any reductions due to age.

EXCLUSIONS

A benefit will not be paid for an Accident if caused or contributed by an exclusion listed in the Certificate of Insurance.

Note for 20 Pay Employees: From January-June, 20 pay employees will have an extra deduction per paycheck to pre-pay for July and August coverage.



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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.

Included Benefits

| Benefits | PLAN B |
|--|---|
| <i>Ambulance Transportation</i> | \$400 Ground \$2,000 Air |
| <i>Blood/Plasma/Platelets</i> | \$450 |
| <i>Burns</i> | |
| <i>2nd Degree Burns</i> | |
| <i>Covering less than 10% of the body</i> | \$200 |
| <i>Covering 10% but less than 25% of the body</i> | \$400 |
| <i>Covering 25% but less than 35% of the body</i> | \$800 |
| <i>Covering 35% or greater of the body</i> | \$1,600 |
| <i>3rd Degree Burns</i> | |
| <i>Covering less than 10% of the body</i> | \$1,600 |
| <i>Covering 10% but less than 25% of the body</i> | \$3,200 |
| <i>Covering 25% but less than 35% of the body</i> | \$6,400 |
| <i>Covering 35% or greater of the body</i> | \$12,800 |
| <i>Skin Graft</i> | 50% |
| <i>Chiropractic Services (Limit 12 per calendar year per family)</i> | \$37.5 per session, 6 sessions maximum |
| <i>Coma</i> | \$10,000 |
| <i>Concussion</i> | \$200 |
| <i>Dental Injury</i> | \$300 for Crown; \$100 for Extraction |
| <i>Diagnostic Examination</i> | \$200 per CT/MRI scan |
| <i>Dislocations</i> | Surgical / Non-Surgical |
| <i>Ankle</i> | \$2,256 / \$1,128 |
| <i>Collarbone</i> | \$2,256 / \$1,128 |
| <i>Elbow</i> | \$1,128 / \$564 |
| <i>Finger</i> | \$376 / \$188 |
| <i>Foot</i> | \$2,256 / \$1,128 |
| <i>Hand</i> | \$1,128 / \$564 |



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| Benefits | PLAN B |
|--|---|
| <i>Hip</i> | \$6,016 / \$3,008 |
| <i>Knee</i> | \$3,760 / \$1,880 |
| <i>Lower Jaw</i> | \$1,128 / \$564 |
| <i>Shoulder</i> | \$1,128 / \$564 |
| <i>Toe</i> | \$376 / \$188 |
| <i>Wrist</i> | \$1,128 / \$564 |
| <i>Partial Dislocation (Amount of benefit for non-surgical dislocation)</i> | 25% |
| <i>Multiple Dislocations (Percent of highest benefit for any one dislocation among all dislocations sustained)</i> | 200% |
| <i>Emergency Treatment</i> | \$201 |
| <i>Epidural Anesthesia Injections</i> | \$200 per injection, 2 maximum |
| <i>Eye Injury</i> | \$200 for removal of foreign object, \$400 for surgical repair |
| <i>Fractures</i> | Surgical / Non-Surgical |
| <i>Ankle</i> | \$720 / \$360 |
| <i>Arm</i> | \$720 / \$360 |
| <i>Bones of Face</i> | \$360 / \$180 |
| <i>Coccyx</i> | \$360 / \$180 |
| <i>Collarbone</i> | \$720 / \$360 |
| <i>Elbow</i> | \$720 / \$360 |
| <i>Finger</i> | \$120 / \$60 |
| <i>Foot</i> | \$720 / \$360 |
| <i>Hand</i> | \$720 / \$360 |
| <i>Hip</i> | \$3,840 / \$1,920 |
| <i>Kneecap</i> | \$720 / \$360 |
| <i>Leg</i> | \$1,920 / \$960 |
| <i>Jaw</i> | \$720 / \$360 |
| <i>Nose</i> | \$360 / \$180 |
| <i>Pelvis</i> | \$1,920 / \$960 |
| <i>Rib</i> | \$360 / \$180 |
| <i>Shoulder Blade</i> | \$720 / \$360 |
| <i>Skull (Except bones of face or nose - Depressed)</i> | \$6,000 / \$3,000 |
| <i>Skull (Simple)</i> | \$1,800 / \$900 |
| <i>Sternum</i> | \$720 / \$360 |



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| Benefits | PLAN B |
|---|---|
| Toe | \$120 / \$60 |
| Vertebrae | \$720 / \$360 |
| Vertebral Column | \$1,920 / \$960 |
| Wrist | \$720 / \$360 |
| Chip Fractures (Amount of benefit for non- surgical fracture) | 50% |
| Multiple Fracture (Amount of the highest benefit for any one fracture among all fractures sustained) | 200% |
| Hospitalization | |
| Initial Hospital Admission | \$1,000 |
| Initial ICU Hospital Admission | \$1,500 |
| Hospital Confinement (per Day) | \$300 per day, 365 days maximum |
| ICU Confinement (per Day) | \$600 per day, 30 days maximum |
| Lacerations | |
| No Sutures Required | \$37.5 |
| Sutures Required (Total length of all sutured Lacerations) | Less than 2" long \$75 |
| | 2" but less than 6" long \$300 |
| | 6" long or greater \$600 |
| Lodging | \$200 per day up to 30 days if more than 100 miles from residence |
| Medical Appliances | \$225 |
| Paralysis Benefits | \$20,000 quadriplegia; \$10,000 paraplegia / hemiplegia |
| Physical Therapy | \$37.5 per session; 12 sessions maximum |
| Physician Office Visit | \$75 Initial, \$75 Follow-up |
| Prosthesis | \$750 for one, \$1,500 for two or more |
| Rehabilitation Facility Confinement | \$100 per day, 30 days maximum |
| Surgery Benefits | |
| Abdominal or Thoracic | \$2,250 |
| Exploratory Surgery (no repair) | \$225 |
| Knee Cartilage (surgically repaired) | \$675 |
| Ruptured Disc (surgically repaired) | \$1,125 |
| Rotator Cuff (one surgically repaired) | \$675 |



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| Benefits | PLAN B |
|---|--|
| <i>Rotator Cuff (two or more surgically repaired)</i> | \$1,350 |
| <i>Tendon or Ligament (one surgically repaired)</i> | \$675 |
| <i>Tendon or Ligament (two or more surgically repaired)</i> | \$1,350 |
| <i>Transportation</i> | \$600, if more than 100 miles from residence |
| <i>X-rays (per covered accident)</i> | \$75 |
| Accidental Death & Dismemberment Benefits | |
| <i>Accidental Death Benefit</i> | Employee: \$50,000 Spouse: \$25,000 Child(ren): \$10,000 |
| <i>Accidental Death on Common Carrier</i> | 100% of Death Benefit |
| Accidental Dismemberment | |
| <i>Single Loss</i> | 50% of Death Benefit |
| <i>Thumb/Finger/Toe</i> | 1% of Death Benefit |
| <i>Multiple Loss (Catastrophic)</i> | 100% of Death Benefit |
| <i>Speech</i> | 100% of Death Benefit |
| <i>2+ Thumb/Finger/Toe</i> | 3% of Death Benefit |
| <i>Two or more losses except the loss of fingers, thumbs or toes is a separate category</i> | 100% of Death Benefit |
| Additional Features | |
| <i>*Wellness (Health Screening) Benefit</i> | \$50 |
| <i>Portability</i> | Unlimited or when employee retires |

***Wellness Care** means medical examinations and procedures that are preventive in nature and not for the treatment of Injury or Sickness.



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