

Plan Highlights

Voluntary Group Accident Insurance



Wills Eye Hospital

COVERAGE

Voluntary 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

Employees: All eligible employees.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ Your legal spouse or your domestic partner. Spouse must be under age 70 at date of application.
- ▶ Your dependent children* from birth to 26 years.

*An eligible employee's child(ren) from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible employee to be considered a Dependent; and an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.

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 C
Employee	\$ 10.27	\$ 19.05
Employee and Spouse	\$ 16.86	\$ 31.62
Employee & Children	\$ 21.12	\$ 39.69
Employee & Family	\$ 27.97	\$ 53.68

FEATURES

- ▶ Portability to employee age 70
- ▶ FMLA/MSLA Continuation
- ▶ Newlywed and Newborn Provision
- ▶ 24-hour Travel Assistance Services

EXCLUSIONS

Benefits will not be paid for any loss caused by: suicide; war; air travel (except as a passenger on commercial flights); assault/felony; acute or chronic intoxication; voluntary consumption of illegal or controlled substance or prescribed narcotic or drug; or injuries arising out of or in the course of employment for wage or profit.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL 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.

Benefits	Plan A	Plan C
Ambulance	\$100 Ground, \$500 Air	\$200 Ground, \$1,000 Air
Blood, Plasma and Platelets	\$200	\$400
Burns	To \$800 for 2nd degree burns; To \$6,400 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns	To \$3,200 for 2nd degree burns; To \$25,600 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns
Coma	\$5,000	\$10,000
Concussion	\$100	\$200
Dental Injury	\$150 for Crown; \$50 for Extraction	\$400 for Crown; \$100 for Extraction
Diagnostic Exams	\$100 per CT/MRI scan	\$400 per CT/MRI scan
Dislocation	To \$1,600 for Non-surgical; To \$3,200 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit	To \$3,200 for Non-surgical; To \$6,400 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit
Emergency Treatment	\$150	\$250
Eye Injury	\$100 for removal of foreign object, \$200 for surgical repair	\$200 for removal of foreign object, \$400 for surgical repair
Fractures	To \$2,500 for Non-surgical; To \$5,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture	To \$5,000 for Non-surgical; To \$10,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture
Initial Hospital Admission	\$500	\$1,500
Initial Intensive Care Unit (ICU) Hospital Admission	\$1,000	\$2,250
Hospital Confinement (per Day)	\$200, 365 days maximum	\$350, 365 days maximum
Intensive Care Unit (ICU) Confinement (per Day)	\$400, 30 days maximum	\$700, 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	\$100	\$200
Paralysis	\$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia	\$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia
Physical Therapy (per Session)	\$25, 6 sessions maximum	\$50, 6 sessions maximum
Physician Visit	\$50 Initial, \$50 Follow-up	\$100 Initial, \$100 Follow-up
Prosthesis	\$500 for one, \$1,000 for two or more	\$1,000 for one, \$2,000 for two or more
Rehabilitation Facility Confinement (per Day)	\$50, 30 days maximum	\$150, 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	\$200 for Exploratory; \$800 for Knee Cartilage; \$2,000 for Abdominal or Thoracic; \$1,000 for Ruptured Disc; to \$1,500 Tendon, Ligament, or Rotator cuff
Transportation	\$300, if more than 100 miles from residence	\$600, if more than 100 miles from residence
Wellness (Health Screening) Benefit	Plan A	Plan C
Wellness (Health Screening)	\$50	\$100