

## Plan Highlights

# Voluntary Group Accident Insurance



### Westwood ISD

#### 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

Each Active Full-Time Employee working 20 hours or more per week, except for any person working on a temporary or seasonal basis. Employee must be under age 70 to enroll.

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

- ▶ Your legal spouse or domestic partner. Spouse must be under age 70 at date of application.
- ▶ 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.

#### SEMI-MONTHLY PREMIUM

Coverage	Plan A	Plan B
Employee	\$ 6.00	\$ 9.46
Employee and Spouse	\$ 10.37	\$ 16.31
Employee & Children	\$ 13.98	\$ 22.45
Employee & Family	\$ 18.44	\$ 29.45



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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
<b>Ambulance</b>	\$480 Ground, \$1,500 Air	\$600 Ground, \$1,875 Air
<b>Blood, Plasma and Platelets</b>	\$250	\$300
<b>Burns</b>	To \$800 for 2nd degree burns; To \$6,400 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns	To \$960 for 2nd degree burns; To \$7,680 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns
<b>Chiropractic Services (per Visit)</b>	\$50 per session, 6 sessions maximum	\$150 per session, 6 sessions maximum
<b>Coma</b>	\$12,500	\$15,000
<b>Concussion</b>	\$200	\$350
<b>Dental Injury</b>	\$210 for Crown; \$70 for Extraction	\$360 for Crown; \$120 for Extraction
<b>Diagnostic Exams</b>	\$150 per CT/MRI scan	\$200 per CT/MRI scan
<b>Dislocation</b>	To \$8,000 for Non-surgical; To \$16,000 for Surgical; Partial - 50% of full dislocation; Multiple - 200% of highest dislocation benefit	To \$12,800 for Non-surgical; To \$25,600 for Surgical; Partial - 50% of full dislocation; Multiple - 200% of highest dislocation benefit
<b>Emergency Treatment</b>	\$150	\$201
<b>Epidural Anesthesia Injection (per Injection)</b>	\$50, 2 maximum	\$150, 2 maximum
<b>Eye Injury</b>	\$100 for removal of foreign object, \$200 for surgical repair	\$180 for removal of foreign object, \$360 for surgical repair
<b>Fractures</b>	To \$16,750 for Non-surgical; To \$33,500 for Surgical repair; Chip fracture: 50% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture	To \$25,000 for Non-surgical; To \$50,000 for Surgical repair; Chip fracture: 50% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture
<b>Initial Hospital Admission</b>	\$1,200	\$1,500
<b>Initial Intensive Care Unit (ICU) Hospital Admission</b>	\$2,400	\$3,000
<b>Hospital Confinement (per Day)</b>	\$180, 365 days maximum	\$230, 365 days maximum
<b>Intensive Care Unit (ICU) Confinement (per Day)</b>	\$360, 30 days maximum	\$460, 30 days maximum
<b>Lacerations</b>	To \$500	To \$880
<b>Lodging (per Day)</b>	\$120 per day up to 30 days if more than 100 miles from residence	\$150 per day up to 30 days if more than 100 miles from residence
<b>Medical Appliances</b>	\$200	\$350
<b>Organized Youth Sports Benefit</b>	25% of the benefit amount	25% of the benefit amount
<b>Paralysis</b>	\$12,500 quadriplegia; \$6,250 paraplegia/hemiplegia	\$15,000 quadriplegia; \$7,500 paraplegia/hemiplegia
<b>Physical Therapy (per Session)</b>	\$50, 12 sessions maximum	\$150, 12 sessions maximum
<b>Physician Visit</b>	\$50 Initial, \$50 Follow-up	\$150 Initial, \$150 Follow-up
<b>Prosthesis</b>	\$500 for one, \$1,000 for two or more	\$600 for one, \$1,200 for two or more
<b>Rehabilitation Facility Confinement (per Day)</b>	\$185, 30 days maximum	\$225, 30 days maximum
<b>Surgery</b>	\$125 for Exploratory; \$375 for Knee Cartilage; \$1,250 for Abdominal or Thoracic; \$625 for Ruptured Disc; to \$750 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
<b>Transportation</b>	\$255, if more than 100 miles from residence	\$300, if more than 100 miles from residence
<b>X-Rays</b>	\$150	\$200
<b>Accidental Death Benefits</b>	<b>Plan A</b>	<b>Plan B</b>
<b>Employee AD&amp;D</b>	\$25,000	\$50,000
<b>Spouse AD&amp;D</b>	\$25,000	\$50,000



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Child AD&D	\$25,000	\$50,000
Common Carrier	100%	100%
<b>Accidental Dismemberment Benefits</b>	<b>% of Plan A AD Benefit</b>	<b>% of Plan B AD Benefit</b>
Single Loss	50%	50%
Multiple Loss (Catastrophic)	100%	100%
Thumb / Finger / Toe	1%	1%
2+ Thumb / Finger / Toe	3%	3%
Speech	100%	100%
<b>Wellness (Health Screening) Benefit</b>	<b>Plan A</b>	<b>Plan B</b>
Wellness (Health Screening)	\$50	\$50



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