

## Plan Highlights

# Group Accident

## SigmaPharm Laboratories

### 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 may be used for any reason, from deductibles and prescriptions to transportation and childcare.

### ELIGIBILITY

All eligible Employees and their Dependents as defined by SigmaPharm Laboratories and reflected in your Certificate of Insurance.

*\*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
- No Lifetime Maximum Benefit Limit
- Portability - you can take your coverage with you at the same rates
- Youth organized sports benefit - 25% benefit increase if accident occurs while participating in an organized youth sport
- Wellness Benefits - Any preventative health screening or test including but not limited to, annual physicals, immunizations, dental exams and mental health screenings

### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

### BIWEEKLY PREMIUM

Coverage	Plan B
Employee	\$6.58
Employee and Spouse	\$10.13
Employee and Children	\$12.31
Employee and Family	\$16.20



**reliancestandard**  
LIFE INSURANCE COMPANY

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## Included Benefits

Benefits	PLAN B
Ambulance Transportation	\$300 Ground \$1,500 Air
Blood/Plasma/Platelets	\$300
Burns	
2nd Degree Burns	
Covering less than 10% of the body	\$157
Covering 10% but less than 25% of the body	\$314
Covering 25% but less than 35% of the body	\$628
Covering 35% or greater of the body	\$1,256
3rd Degree Burns	
Covering less than 10% of the body	\$1,256
Covering 10% but less than 25% of the body	\$2,512
Covering 25% but less than 35% of the body	\$5,024
Covering 35% or greater of the body	\$10,048
Skin Graft	25%
Chiropractic Services Limit 12 per calendar year per family	\$50 per session, 6 sessions maximum
Coma	\$7,500
Concussion	\$150
Dental Injury	\$201 for Crown; \$67 for Extraction
Diagnostic Examination	\$200 per CT/MRI scan
Dislocations	Surgical / Non-Surgical
Ankle	\$3,204 / \$1,602
Collarbone	\$3,204 / \$1,602
Elbow	\$1,602 / \$801
Finger	\$534 / \$267
Foot	\$3,204 / \$1,602
Hand	\$1,602 / \$801
Hip	\$8,544 / \$4,272
Knee	\$5,340 / \$2,670
Lower Jaw	\$1,602 / \$801
Shoulder	\$1,602 / \$801
Toe	\$534 / \$267
Wrist	\$1,602 / \$801



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<b>Benefits</b>	<b>PLAN B</b>
Partial Dislocation Amount of benefit for non-surgical dislocation	25%
Multiple Dislocations Percent of highest benefit for any one dislocation among all dislocations sustained	200%
Emergency Treatment	\$150
Epidural Anesthesia Injections	\$200 per injection, 2 maximum
Eye Injury	\$200 for removal of foreign object, \$400 for surgical repair
Fractures	Surgical / Non-Surgical
Ankle	\$1,002 / \$501
Arm	\$1,002 / \$501
Bones of Face	\$501 / \$250.5
Coccyx	\$501 / \$250.5
Collarbone	\$1,002 / \$501
Elbow	\$1,002 / \$501
Finger	\$167 / \$83.5
Foot	\$1,002 / \$501
Hand	\$1,002 / \$501
Hip	\$5,344 / \$2,672
Kneecap	\$1,002 / \$501
Leg	\$2,672 / \$1,336
Jaw	\$1,002 / \$501
Nose	\$501 / \$250.5
Pelvis	\$2,672 / \$1,336
Rib	\$501 / \$250.5
Shoulder Blade	\$1,002 / \$501
Skull (Except bones of face or nose - Depressed)	\$8,350 / \$4,175
Skull (Simple)	\$2,505 / \$1,252.5
Sternum	\$1,002 / \$501
Toe	\$167 / \$83.5
Vertebrae	\$1,002 / \$501
Vertebral Column	\$2,672 / \$1,336
Wrist	\$1,002 / \$501
Chip Fractures Amount of benefit for non-surgical fracture	25%
Multiple Fracture Amount of the highest benefit for any one fracture among all fractures sustained	200%
Hospitalization	



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<b>Benefits</b>	<b>PLAN B</b>
Initial Hospital Admission	\$1,000
Initial ICU Hospital Admission	\$750
Hospital Confinement (per Day)	\$200 per day, 365 days maximum
ICU Confinement (per Day)	\$200 per day, 30 days maximum
Lacerations	
No Sutures Required	\$37.5
Sutures Required	Less than 2" long \$75
Total length of all sutured Lacerations	2" but less than 6" long \$300
	6" long or greater \$600
Lodging	\$175 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$100
Organized Youth Sports Benefit % of benefit amount, excluding the AD&D benefit, if applicable	25%
Paralysis Benefits	\$20,000 quadriplegia; \$10,000 paraplegia / hemiplegia
Physical Therapy	\$50 per session; 3 sessions maximum
Physician Office Visit	\$50 Initial, \$50 Follow-up
Prosthesis	\$500 for one, \$1,000 for two or more
Rehabilitation Facility Confinement	\$100 per day, 30 days maximum
Surgery Benefits	
Abdominal or Thoracic	\$2,500
Exploratory Surgery (no repair)	\$250
Knee Cartilage (surgically repaired)	\$750
Ruptured Disc (surgically repaired)	\$1,250
Rotator Cuff (one surgically repaired)	\$750
Rotator Cuff (two or more surgically repaired)	\$1,500
Tendon or Ligament (one surgically repaired)	\$750
Tendon or Ligament (two or more surgically repaired)	\$1,500
Transportation	\$150, if more than 100 miles from residence
X-rays per covered accident	\$50
Additional Features	



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Benefits	PLAN B
Wellness (Health Screening) Benefit	\$50
Portability	Included

## EXCLUSIONS and LIMITATIONS

Exclusions and limitations apply and can vary by state. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance.

## 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.



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