### **Plan Highlights**

# Accident

## Unified Employers Trust - City of NY Program

#### COVERAGE

Accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment. 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 Unified Employers Trust - City of NY Program 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 limitation or cap on the # of Accident claims filed
- 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

#### **CONTRIBUTION REQUIREMENTS**

Coverage is 100% employee paid.

#### MONTHLY PREMIUM

Coverage	
Employee	\$6.96
Employee and Spouse	\$10.99
Employee and Children	\$14.53
Employee and Family	\$18.73



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#### **Included Benefits**

Ambulance Transportation	\$100 Ground
	\$500 Air \$200
Blood/Plasma/Platelets	\$200
Burns	
2nd Degree Burns	¢100
Covering less than 10% of the body	\$100
Covering 10% but less than 25% of the body	\$200
Covering 25% but less than 35% of the body	\$400
Covering 35% or greater of the body	\$800
3rd Degree Burns	
Covering less than 10% of the body	\$800
Covering 10% but less than 25% of the body	\$1,600
Covering 25% but less than 35% of the body	\$3,200
Covering 35% or greater of the body	\$6,400
Skin Graft	25%
Chiropractic Services	\$25 per session,
Limit 12 per calendar year per family	6 sessions maximum
Coma	\$5,000
Concussion	\$100
Dental Injury	\$150 for Crown;
	\$50 for Extraction
Diagnostic Examination	\$100 per CT/MRI scan
Dislocations	Surgical / Non-Surgical
Ankle	\$1,200 / \$600
Collarbone	\$1,200 / \$600
Elbow	\$600 / \$300
Finger	\$200 / \$100
Foot	\$1,200 / \$600
Hand	\$600 / \$300
Нір	\$3,200 / \$1,600
Knee	\$2,000 / \$1,000
Lower Jaw	\$600 / \$300
Shoulder	\$600 / \$300
Тое	\$200 / \$100
Wrist	\$600 / \$300



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Benefits	
Partial Dislocation Amount of benefit for non-surgical dislocation	25%
Multiple Dislocations Percent of highest benefit for any one dislocation among all dislocations sustained	100%
Emergency Treatment - ER, Urgent Care	\$150
Epidural Anesthesia Injections	\$100 per injection, 2 maximum
Eye Injury	\$100 for removal of foreign object, \$200 for surgical repair
Fractures	Surgical / Non-Surgical
Ankle	\$600 / \$300
Arm	\$600 / \$300
Bones of Face	\$300 / \$150
Соссух	\$300 / \$150
Collarbone	\$600 / \$300
Elbow	\$600 / \$300
Finger	\$100 / \$50
Foot	\$600 / \$300
Hand	\$600 / \$300
Нір	\$3,200 / \$1,600
Kneecap	\$600 / \$300
Leg	\$1,600 / \$800
Jaw	\$600 / \$300
Nose	\$300 / \$150
Pelvis	\$1,600 / \$800
Rib	\$300 / \$150
Shoulder Blade	\$600 / \$300
Skull (Except bones of face or nose - Depressed)	\$5,000 / \$2,500
Skull (Simple)	\$1,500 / \$750
Sternum	\$600 / \$300
Тое	\$100 / \$50
Vertebrae	\$600 / \$300
Vertebral Column	\$1,600 / \$800
Wrist	\$600 / \$300
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	100%
Hospitalization	



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Benefits	
Initial Hospital Admission	\$500
Initial ICU Hospital Admission	\$1,000
Hospital Confinement (per Day)	\$200 per day,
	365 days maximum
ICU Confinement (per Day)	\$400 per day,
	30 days maximum
Lacerations	005
No Sutures Required	\$25
Sutures Required Total length of all sutured Lacerations	Less than 2" long \$50
	2" but less than 6" long \$200
	6" long or greater \$400
Lodging	\$100 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	\$10,000 quadriplegia; \$5,000 paraplegia / hemiplegia
Physical Therapy	\$25 per session; 6 sessions maximum
Physician Office Visit	\$50 Initial, \$50 Follow-up, 6 visits maximum
Prosthesis	\$500 for one, \$1,000 for two or more
Rehabilitation Facility Confinement	\$50 per day, 30 days maximum
Surgery Benefits	
Abdominal or Thoracic	\$1,000
Exploratory Surgery (no repair)	\$100
Knee Cartilage (surgically repaired)	\$300
Ruptured Disc (surgically repaired)	\$500
Rotator Cuff (one surgically repaired)	\$300
Rotator Cuff (two or more surgically repaired)	\$600
Tendon or Ligament (one surgically repaired)	\$300
Tendon or Ligament (two or more surgically repaired)	\$600
Transportation	\$300, if more than 100 miles from residence
X-rays per covered accident	\$25



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#### Benefits

Accidental Death Benefit	Employee: \$25,000
	Spouse: \$12,500
	Child(ren): \$5,000
Accidental Death on Common Carrier	200% of Death Benefit
Accidental Dismemberment	
Single Loss	50% of Death Benefit
Thumb/Finger/Toe	1% of Death Benefit
Multiple Loss (Catastrophic)	100% of Death Benefit
Speech	100% of Death Benefit
2+ Thumb/Finger/Toe	3% of Death Benefit
Two or more losses except	100% of Death Benefit
the loss of fingers, thumbs or	
toes is a separate category	
Additional Features	
FMLA / Military Service Leave	Included
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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