Plan Highlights

Group Accident

Dicalite Management Group, Inc.

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 Dicalite Management Group, Inc. 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.

MONTHLY PREMIUM

Coverage	Plan A	Plan B
Employee	$9.22	$13.71
Employee and Spouse	$14.56	$21.89
Employee and Children	$20.25	$30.76
Employee and Family	$25.85	$39.28

BENEFIT	PLAN A	PLAN B
Ambulance Transportation	$200 Ground $1,000 Air	$300 Ground $1,500 Air
Blood/Plasma/Platelets	$300	$450
Burns		
2nd Degree Burns		
Covering less than 10% of the body	$150	$200
Covering 10% but less than 25% of the body	$300	$400
Covering 25% but less than 35% of the body	$600	$800
Covering 35% or greater of the body	$1,200	$1,600
3rd Degree Burns		
Covering less than 10% of the body	$1,200	$1,600
Covering 10% but less than 25% of the body	$2,400	$3,200
Covering 25% but less than 35% of the body	$4,800	$6,400
Covering 35% or greater of the body	$9,600	$12,800
Skin Graft	50%	50%
Chiropractic Services *Limit 12 per calendar year per person*	$25 per session, 6 sessions maximum	$37.50 per session, 6 sessions maximum

BENEFIT	PLAN A	PLAN B
Coma	$5,000	$10,000
Concussion	$150	$200
Dental Injury	$150 for Crown; $50 for Extraction	$300 for Crown; $100 for Extraction
Diagnostic Examination	$150 per CT/MRI scan	$200 per CT/MRI scan
Dislocations	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	$1,800 / $900	$2,700 / $1,350
Collarbone	$1,800 / $900	$2,700 / $1,350
Elbow	$900 / $450	$1,350 / $675
Finger	$300 / $150	$450 / $225
Foot	$1,800 / $900	$2,700 / $1,350
Hand	$900 / $450	$1,350 / $675
Hip	$4,800 / $2,400	$7,200 / $3,600
Knee	$3,000 / $1,500	$4,500 / $2,250
Lower Jaw	$900 / $450	$1,350 / $675
Shoulder	$900 / $450	$1,350 / $675
Toe	$300 / $150	$450 / $225
Wrist	$900 / $450	$1,350 / $675
Partial Dislocation *Amount of benefit for non-surgical dislocation*	50%	50%
Multiple Dislocations *Amount of highest benefit for any one dislocation among all dislocations sustained*	200%	200%
Emergency Treatment	$150	$300
Epidural Anesthesia Injection	$100 per injection, 2 maximum	$200 per injection, 2 maximum
Eye Injury	$100 for removal of foreign object, $200 for surgical repair	$200 for removal of foreign object, $400 for surgical repair
Fractures	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	$900 / $450	$1,350 / $675
Arm	$900 / $450	$1,350 / $675
Bones of Face	$450 / $225	$675 / $337.50
Coccyx	$450 / $225	$675 / $337.50
Collarbone	$900 / $450	$1,350 / $675
Elbow	$900 / $450	$1,350 / $675
Finger	$150 / $75	$225 / $112.50
Foot	$900 / $450	$1,350 / $675
Hand	$900 / $450	$1,350 / $675
Hip	$4,800 / $2,400	$7,200 / $3,600
Kneecap	$900 / $450	$1,350 / $675
Leg	$2,400 / $1,200	$3,600 / $1,800
Jaw	$900 / $450	$1,350 / $675
Nose	$450 / $225	$675 / $337.50
Pelvis	$2,400 / $1,200	$3,600 / $1,800
Rib	$450 / $225	$675 / $337.50
Shoulder Blade	$900 / $450	$1,350 / $675
Skull (Except bones of face or nose - Depressed)	$7,500 / $3,750	$11,250 / $5,625
Skull (Simple)	$2,250 / $1,125	$3,375 / $1,687.50
Sternum	$900 / $450	$1,350 / $675
Toe	$150 / $75	$225 / $112.50
Vertebrae	$900 / $450	$1,350 / $675
Vertebral Column	$2,400 / $1,200	$3,600 / $1,800
Wrist	$900 / $450	$1,350 / $675
Chip Fractures *Amount of benefit for non-surgical fracture*	50%	50%
Multiple Fractures *Amount of highest benefit for any one fracture among all fractures sustained*	200%	200%
Hospitalization		
Initial Hospital Admission	$750	$1,000
Initial ICU Hospital Admission	$1,000	$1,500
Hospital Confinement (per Day)	$200 per day, 365 days maximum	$300 per day, 365 days maximum

BENEFIT	PLAN A	PLAN B
ICU Confinement (per Day)	$400 per day, 30 days maximum	$600 per day, 30 days maximum
Lacerations *(Total length of all sutured lacerations)*		
No Sutures Required	$37.50	$50
Sutures Less Than 2"	$75	$100
Sutures 2" but less than 6"	$300	$400
Sutures 6" or greater	$600	$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	$150	$225
Organized Youth Sports Benefit *% of benefit amount, excluding the AD&D benefit, if applicable*	25%	25%
Paralysis	$10,000 quadriplegia; $5,000 paraplegia / hemiplegia	$20,000 quadriplegia; $10,000 paraplegia / hemiplegia
Physical Therapy	$25 per session; 12 sessions maximum	$37.50 per session; 12 sessions maximum
Physician Visit	$50 Initial, $50 Follow-up, 6 maximum	$75 Initial, $75 Follow-up, 6 maximum
Prosthesis	$500 for one, $1,000 for two or more	$750 for one, $1,500 for two or more
Rehabilitation Facility Confinement	$50 per day, 30 days maximum	$100 per day, 30 days maximum
Surgery		
Abdominal or Thoracic	$1,500	$2,250
Exploratory Surgery *(no repair)*	$150	$225
Knee Cartilage (surgically repaired)	$450	$675
Ruptured Disc (surgically repaired)	$750	$1,125
Rotator Cuff (one surgically repaired)	$450	$675
Rotator Cuff (two or more surgically repaired)	$900	$1,350
Tendon or Ligament (one surgically repaired)	$450	$675
Tendon or Ligament (two or more surgically repaired)	$900	$1,350
Transportation	$300, if more than 100 miles from residence	$600, if more than 100 miles from residence
X-Rays *per covered accident*	$50	$75
Additional Features		
Wellness (Health Screening) Benefit	$50	$50
Portability	Included	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.