

Plan Highlights

Voluntary Group Accident Insurance



Augusta Health Care, Inc.

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 and Part-time Employee, except any person employed on a temporary (PRN) or seasonal basis.

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.

MONTHLY PREMIUM

Coverage	Premium
Employee	\$ 13.01
Employee and Spouse	\$ 20.17
Employee & Children	\$ 23.51
Employee & Family	\$ 30.76

FEATURES

- ▶ Portability to Employee Age 70
- ▶ FMLA/MSLA Continuation
- ▶ Newlywed and Newborn Provision
- ▶ 24-Hour Travel Assistance Services
- ▶ 24-Hour Coverage



www.reliancematrix.com

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9547, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

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	Amount
Ambulance	\$1,500 Ground, \$300 Air
Blood, Plasma and Platelets	\$400
Burns	To \$1,600 for 2nd degree burns; To \$12,800 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns
Chiropractic Services (per Visit)	\$50 per session, 0 sessions maximum
Coma	\$10,000
Concussion	\$400
Dental Injury	\$300 for Crown; \$100 for Extraction
Diagnostic Exams	\$200 per CT/MRI scan
Dislocation	To \$4,000 for Non-surgical; To \$8,000 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit
Emergency Treatment	\$101
Epidural Anesthesia Injection (per Injection)	\$100, 0 maximum
Eye Injury	\$300 for removal of foreign object, \$600 for surgical repair
Fractures	To \$6,250 for Non-surgical; To \$12,500 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture
Initial Hospital Admission	\$1,000
Initial Intensive Care Unit (ICU) Hospital Admission	\$2,000
Hospital Confinement (per Day)	\$200, 0 days maximum
Intensive Care Unit (ICU) Confinement (per Day)	\$400, 30 days maximum
Lacerations	To \$600
Medical Appliances	\$150
Organized Youth Sports Benefit	5% of the benefit amount
Paralysis	\$50,000 quadriplegia; \$25,000 paraplegia/hemiplegia
Physical Therapy (per Session)	\$25, 0 sessions maximum
Physician Visit	\$75 Initial, \$75 Follow-up
Prosthesis	\$750 for one, \$1,500 for two or more
Rehabilitation Facility Confinement (per Day)	\$200, 0 days maximum
Surgery	\$250 for Exploratory; \$750 for Knee Cartilage; \$2,500 for Abdominal or Thoracic; \$1,250 for Ruptured Disc; to \$750 Tendon, Ligament, or Rotator cuff
Transportation	\$600, if more than 0 miles from residence
X-Rays	\$125
Accidental Death Benefits	Amount
Employee AD&D	\$50,000
Spouse AD&D	\$25,000
Child AD&D	\$10,000
Common Carrier	100%
Accidental Dismemberment Benefits	% of AD Benefit Amount
Single Loss	50%
Multiple Loss (Catastrophic)	100%
Thumb / Finger / Toe	1%
2+ Thumb / Finger / Toe	3%
Speech	100%
Wellness (Health Screening) Benefit	Amount
Wellness (Health Screening)	\$75



This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9547, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

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.