

Plan Highlights

Group Accident

Minnesota Urology

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 Minnesota Urology 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

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

MONTHLY PREMIUM

Coverage	Plan A
Employee	\$9.60
Employee and Spouse	\$14.80
Employee and Children	\$18.25
Employee and Family	\$23.50

BENEFIT	PLAN A
Ambulance Transportation	\$300 Ground \$1,500 Air
Blood/Plasma/Platelets	\$300
Burns	
2nd Degree Burns	
Covering less than 10% of the body	\$188
Covering 10% but less than 25% of the body	\$376
Covering 25% but less than 35% of the body	\$752
Covering 35% or greater of the body	\$1,504



www.reliancematrix.com

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BENEFIT	PLAN A
3rd Degree Burns	
Covering less than 10% of the body	\$1,504
Covering 10% but less than 25% of the body	\$3,008
Covering 25% but less than 35% of the body	\$6,016
Covering 35% or greater of the body	\$12,032
Skin Graft	50%
Chiropractic Services (per visit) <i>Limit 12 per calendar year per family</i>	\$50 per session, 6 sessions maximum
Coma	\$12,500
Concussion	\$300
Dental Injury	\$400.50 for Crown; \$133.50 for Extraction
Diagnostic Examination	\$300 per CT/MRI scan
Dislocations	Surgical / Non-Surgical
Ankle	\$2,628 / \$1,314
Collarbone	\$2,628 / \$1,314
Elbow	\$1,314 / \$657
Finger	\$438 / \$219
Foot	\$2,628 / \$1,314
Hand	\$1,314 / \$657
Hip	\$7,008 / \$3,504
Knee	\$4,380 / \$2,190
Lower Jaw	\$1,314 / \$657
Shoulder	\$1,314 / \$657
Toe	\$438 / \$219
Wrist	\$1,314 / \$657
Partial Dislocation <i>Amount of benefit for non-surgical dislocation</i>	50%
Multiple Dislocations <i>Amount of highest benefit for any one dislocation among all dislocations sustained</i>	200%
Emergency Treatment	\$250.50
Epidural Anesthesia Injection	\$100 per injection, 2 maximum
Eye Injury	\$150 for removal of foreign object, \$300 for surgical repair
Fractures	Surgical / Non-Surgical
Ankle	\$960 / \$480
Arm	\$960 / \$480
Bones of Face	\$480 / \$240
Coccyx	\$480 / \$240
Collarbone	\$960 / \$480
Elbow	\$960 / \$480
Finger	\$160 / \$80
Foot	\$960 / \$480
Hand	\$960 / \$480
Hip	\$5,120 / \$2,560
Kneecap	\$960 / \$480
Leg	\$2,560 / \$1,280
Jaw	\$960 / \$480
Nose	\$480 / \$240
Pelvis	\$2,560 / \$1,280
Rib	\$480 / \$240
Shoulder Blade	\$960 / \$480



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BENEFIT	PLAN A
Skull (Except bones of face or nose - Depressed)	\$8,000 / \$4,000
Skull (Simple)	\$2,400 / \$1,200
Sternum	\$960 / \$480
Toe	\$160 / \$80
Vertebrae	\$960 / \$480
Vertebral Column	\$2,560 / \$1,280
Wrist	\$960 / \$480
Chip Fractures <i>Amount of benefit for non-surgical fracture</i>	50%
Multiple Fractures <i>Amount of highest benefit for any one fracture among all fractures sustained</i>	200%
Hospitalization	
Initial Hospital Admission	\$1,500
Initial ICU Hospital Admission	\$3,000
Hospital Confinement (per Day)	\$300 per day, 365 days maximum
ICU Confinement (per Day)	\$600 per day, 30 days maximum
Lacerations (Total length of all sutured lacerations)	
No Sutures Required	\$31.25
Sutures Less Than 2"	\$62.50
Sutures 2" but less than 6"	\$250
Sutures 6" or greater	\$500
Lodging (per day)	\$150 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$600
Organized Youth Sports Benefit <i>% of benefit amount, excluding the AD&D benefit, if applicable</i>	25%
Paralysis	\$50,000 quadriplegia; \$25,000 paraplegia / hemiplegia
Physical Therapy	\$50 per session; 10 sessions maximum
Physician Visit	\$75 Initial, \$75 Follow-up
Prosthesis	\$1,000 for one, \$2,000 for two or more
Rehabilitation Facility Confinement	\$150 per day, 30 days maximum
Surgery	
Abdominal or Thoracic	\$1,500
Exploratory Surgery (<i>no repair</i>)	\$150
Knee Cartilage (surgically repaired)	\$450
Ruptured Disc (surgically repaired)	\$750
Rotator Cuff (one surgically repaired)	\$450
Rotator Cuff (two or more surgically repaired)	\$900
Tendon or Ligament (one surgically repaired)	\$450
Tendon or Ligament (two or more surgically repaired)	\$900
Transportation	\$600, if more than 100 miles from residence
X-Rays <i>per covered accident</i>	\$50
Accidental Dismemberment Benefits	

BENEFIT	PLAN A
Accidental Death Benefits	Employee: \$100,000 Spouse: \$50,000 Child(ren): \$25,000
Accidental Death on Common Carrier	100% of Death Benefit
Accidental Dismemberment	
Single Loss	50% of Death Benefit
Thumb/Finger/Toe	1% of Death Benefit
Multiple Loss (<i>Catastrophic</i>)	100% of Death Benefit
Speech	100% of Death Benefit
2+ Thumb/Finger/Toe	3% of Death Benefit
Two or more losses except the loss of fingers, thumbs or toes is a separate category	100% of Death Benefit
Additional Features	
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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