

## Plan Highlights

# Group Accident

## Stafford Management Company, LLC

### 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 Northbridge Companies 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.

### BI-WEEKLY PREMIUM

Coverage	Plan A
Employee	\$3.97
Employee and Spouse	\$6.48
Employee and Children	\$7.96
Employee and Family	\$10.58



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## Included Benefits

Benefits	PLAN A
Ambulance Transportation	\$300 Ground \$1,500 Air
Blood/Plasma/Platelets	\$300
Burns	
2nd Degree Burns	
Covering less than 10% of the body	\$190
Covering 10% but less than 25% of the body	\$380
Covering 25% but less than 35% of the body	\$760
Covering 35% or greater of the body	\$1,520
3rd Degree Burns	
Covering less than 10% of the body	\$1,520
Covering 10% but less than 25% of the body	\$3,040
Covering 25% but less than 35% of the body	\$6,080
Covering 35% or greater of the body	\$12,160
Skin Graft	50%
Chiropractic Services Limit 12 per calendar year per family	\$35 per session, 6 sessions maximum
Coma	\$10,000
Concussion	\$150
Dental Injury	\$300 for Crown; \$100 for Extraction
Diagnostic Examination	\$200 per CT/MRI scan
Dislocations	Surgical / Non-Surgical
Ankle	\$1,800 / \$900
Collarbone	\$1,800 / \$900
Elbow	\$900 / \$450
Finger	\$300 / \$150
Foot	\$1,800 / \$900
Hand	\$900 / \$450
Hip	\$4,800 / \$2,400
Knee	\$3,000 / \$1,500
Lower Jaw	\$900 / \$450
Shoulder	\$900 / \$450
Toe	\$300 / \$150
Wrist	\$900 / \$450



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<b>Benefits</b>	<b>PLAN A</b>
Partial Dislocation Amount of benefit for non-surgical dislocation	50%
Multiple Dislocations Percent of highest benefit for any one dislocation among all dislocations sustained	200%
Emergency Treatment	\$150
Epidural Anesthesia Injections	\$100 per injection, 2 maximum
Eye Injury	\$200 for removal of foreign object, \$400 for surgical repair
Fractures	Surgical / Non-Surgical
Ankle	\$1,200 / \$600
Arm	\$1,200 / \$600
Bones of Face	\$600 / \$300
Coccyx	\$600 / \$300
Collarbone	\$1,200 / \$600
Elbow	\$1,200 / \$600
Finger	\$200 / \$100
Foot	\$1,200 / \$600
Hand	\$1,200 / \$600
Hip	\$6,400 / \$3,200
Kneecap	\$1,200 / \$600
Leg	\$3,200 / \$1,600
Jaw	\$1,200 / \$600
Nose	\$600 / \$300
Pelvis	\$3,200 / \$1,600
Rib	\$600 / \$300
Shoulder Blade	\$1,200 / \$600
Skull (Except bones of face or nose - Depressed)	\$10,000 / \$5,000
Skull (Simple)	\$3,000 / \$1,500
Sternum	\$1,200 / \$600
Toe	\$200 / \$100
Vertebrae	\$1,200 / \$600
Vertebral Column	\$3,200 / \$1,600
Wrist	\$1,200 / \$600
Chip Fractures Amount of benefit for non-surgical fracture	50%
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 A</b>
Initial Hospital Admission	\$1,000
Initial ICU Hospital Admission	\$2,000
Hospital Confinement (per Day)	\$230 per day, 365 days maximum
ICU Confinement (per Day)	\$460 per day, 30 days maximum
<b>Lacerations</b>	
No Sutures Required	\$35
Sutures Required	Less than 2" long \$70
Total length of all sutured Lacerations	2" but less than 6" long \$280 6" long or greater \$560
Lodging	\$125 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$150
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	\$35 per session; 12 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
<b>Surgery Benefits</b>	
Abdominal or Thoracic	\$1,500
Exploratory Surgery (no repair)	\$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	\$510, if more than 100 miles from residence
X-rays per covered accident	\$50
<b>Additional Features</b>	



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<b>Benefits</b>	<b>PLAN A</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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