

## Plan Highlights

# Voluntary Group Accident Insurance



### KNAPP 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

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary 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.

#### BI-WEEKLY PREMIUM

Coverage	Plan A	Plan B
Employee	\$ 5.82	\$ 7.28
Employee and Spouse	\$ 7.65	\$ 10.26
Employee & Children	\$ 8.13	\$ 11.74
Employee & Family	\$ 9.95	\$ 14.69

#### FEATURES

- ▶ Portability
- ▶ FMLA/MSLA Continuation
- ▶ Newlywed and Newborn Provision
- ▶ 24-Hour Travel Assistance Services
- ▶ Off the Job Coverage



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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	Plan A	Plan B
<b>Ambulance</b>	\$300 Ground, \$1,500 Air	\$400 Ground, \$2,000 Air
<b>Blood, Plasma and Platelets</b>	\$100	\$200
<b>Burns</b>	To \$1,280 for 2nd degree burns; To \$10,240 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns	To \$2,520 for 2nd degree burns; To \$20,160 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns
<b>Chiropractic Services (per Visit)</b>	\$25 per session, 6 sessions maximum	\$37.50 per session, 6 sessions maximum
<b>Coma</b>	\$5,000	\$10,000
<b>Concussion</b>	\$50	\$100
<b>Dental Injury</b>	\$105 for Crown; \$35 for Extraction	\$210 for Crown; \$70 for Extraction
<b>Diagnostic Exams</b>	\$100 per CT/MRI scan	\$200 per CT/MRI scan
<b>Dislocation</b>	To \$1,600 for Non-surgical; To \$3,200 for Surgical; Partial - 50% of full dislocation; Multiple - 200% of highest dislocation benefit	To \$3,200 for Non-surgical; To \$6,400 for Surgical; Partial - 50% of full dislocation; Multiple - 200% of highest dislocation benefit
<b>Emergency Treatment</b>	\$150	\$225
<b>Epidural Anesthesia Injection (per Injection)</b>	\$100, 2 maximum	\$200, 2 maximum
<b>Eye Injury</b>	\$125 for removal of foreign object, \$250 for surgical repair	\$250 for removal of foreign object, \$500 for surgical repair
<b>Fractures</b>	To \$1,500 for Non-surgical; To \$3,000 for Surgical repair; Chip fracture: 50% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture	To \$2,750 for Non-surgical; To \$5,500 for Surgical repair; Chip fracture: 50% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture
<b>Initial Hospital Admission</b>	\$1,500	\$2,000
<b>Initial Intensive Care Unit (ICU) Hospital Admission</b>	\$1,500	\$2,000
<b>Hospital Confinement (per Day)</b>	\$250, 365 days maximum	\$400, 365 days maximum
<b>Intensive Care Unit (ICU) Confinement (per Day)</b>	\$300, 30 days maximum	\$500, 30 days maximum
<b>Lacerations</b>	To \$320	To \$560
<b>Lodging (per Day)</b>	\$50 per day up to 30 days if more than 100 miles from residence	\$100 per day up to 30 days if more than 100 miles from residence
<b>Medical Appliances</b>	\$400	\$500
<b>Organized Youth Sports Benefit</b>	25% of the benefit amount	25% of the benefit amount
<b>Paralysis</b>	\$25,000 quadriplegia; \$12,500 paraplegia/hemiplegia	\$50,000 quadriplegia; \$25,000 paraplegia/hemiplegia
<b>Physical Therapy (per Session)</b>	\$25, 10 sessions maximum	\$25, 12 sessions maximum
<b>Physician Visit</b>	\$75 Initial, \$75 Follow-up	\$200 Initial, \$200 Follow-up
<b>Prosthesis</b>	\$250 for one, \$500 for two or more	\$500 for one, \$1,000 for two or more
<b>Rehabilitation Facility Confinement (per Day)</b>	\$50, 30 days maximum	\$100, 30 days maximum
<b>Surgery</b>	\$100 for Exploratory; \$300 for Knee Cartilage; \$1,000 for Abdominal or Thoracic; \$500 for Ruptured Disc; to \$600 Tendon, Ligament, or Rotator cuff	\$210 for Exploratory; \$630 for Knee Cartilage; \$2,100 for Abdominal or Thoracic; \$1,050 for Ruptured Disc; to \$1,260 Tendon, Ligament, or Rotator cuff
<b>Transportation</b>	\$225, if more than 100 miles from residence	\$510, if more than 100 miles from residence
<b>X-Rays</b>	\$50	\$100

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<b>Accidental Death Benefits</b>	<b>Plan A</b>	<b>Plan B</b>
<b>Employee AD&amp;D</b>	\$15,000	\$50,000
<b>Spouse AD&amp;D</b>	\$7,500	\$25,000
<b>Child AD&amp;D</b>	\$3,750	\$12,500
<b>Common Carrier</b>	100%	100%
<b>Accidental Dismemberment Benefits</b>	<b>% of Plan A AD Benefit</b>	<b>% of Plan B AD Benefit</b>
<b>Single Loss</b>	50%	50%
<b>Multiple Loss (Catastrophic)</b>	100%	100%
<b>Thumb / Finger / Toe</b>	1%	1%
<b>2+ Thumb / Finger / Toe</b>	3%	3%
<b>Speech</b>	100%	100%
<b>Wellness (Health Screening) Benefit</b>	<b>Plan A</b>	<b>Plan B</b>
Wellness (Health Screening)	\$150	\$150



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