

Plan Highlights

Voluntary Group Accident Insurance



Mastronardi Produce

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 Employee working 20 hours or more per week, except for any person working on a temporary or seasonal basis. Employee must be under age 70 to enroll.

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.

WEEKLY PREMIUM

| Coverage | Premium |
|---------------------|---------|
| Employee | \$ 2.40 |
| Employee and Spouse | \$ 3.92 |
| Employee & Children | \$ 4.20 |
| Employee & Family | \$ 5.70 |



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 | \$225 Ground, \$1,125 Air |
| Blood, Plasma and Platelets | \$376 |
| Burns | To \$1,280 for 2nd degree burns; To \$10,240 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns |
| Chiropractic Services (per Visit) | \$35 per session, 6 sessions maximum |
| Concussion | \$150 |
| Dental Injury | \$225 for Crown; \$75 for Extraction |
| Diagnostic Exams | \$150 per CT/MRI scan |
| Dislocation | To \$2,400 for Non-surgical; To \$4,800 for Surgical; Partial - 50% of full dislocation; Multiple - 200% of highest dislocation benefit |
| Emergency Treatment | \$150 |
| Epidural Anesthesia Injection (per Injection) | \$75, 2 maximum |
| Eye Injury | \$150 for removal of foreign object, \$300 for surgical repair |
| Fractures | To \$3,750 for Non-surgical; To \$7,500 for Surgical repair; Chip fracture: 50% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture |
| Initial Hospital Admission | \$1,000 |
| Initial Intensive Care Unit (ICU) Hospital Admission | \$1,500 |
| Hospital Confinement (per Day) | \$200, 365 days maximum |
| Intensive Care Unit (ICU) Confinement (per Day) | \$400, 30 days maximum |
| Lacerations | To \$560 |
| Lodging (per Day) | \$150 per day up to 30 days if more than 100 miles from residence |
| Medical Appliances | \$75 |
| Organized Youth Sports Benefit | 25% of the benefit amount |
| Physical Therapy (per Session) | \$35, 6 sessions maximum |
| Physician Visit | \$75 Initial, \$75 Follow-up |
| Prosthesis | \$750 for one, \$1,500 for two or more |
| Rehabilitation Facility Confinement (per Day) | \$150, 30 days maximum |
| Surgery | \$150 for Exploratory; \$450 for Knee Cartilage; \$1,500 for Abdominal or Thoracic; \$750 for Ruptured Disc; to \$900 Tendon, Ligament, or Rotator cuff |
| Transportation | \$300, if more than 100 miles from residence |
| X-Rays | \$30 |
| Accidental Death Benefits | Amount |
| Employee AD&D | \$25,000 |
| Spouse AD&D | \$10,000 |
| Child AD&D | \$5,000 |
| 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% |



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.