Plan Highlights

Group Accident

Spalding University

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 Spalding University 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

Youth organized sports benefit - 50% 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.

BENEFIT	PLAN B
Ambulance Transportation	$500 Ground $2,500 Air
Blood/Plasma/Platelets	$200
Burns	
2nd Degree Burns	
Covering less than 10% of the body	$50
Covering 10% but less than 25% of the body	$100
Covering 25% but less than 35% of the body	$200
Covering 35% or greater of the body	$400
3rd Degree Burns	
Covering less than 10% of the body	$400
Covering 10% but less than 25% of the body	$800
Covering 25% but less than 35% of the body	$1,600
Covering 35% or greater of the body	$3,200
Skin Graft	25% of the burn benefit
Chiropractic Services	$25 per session, 6 sessions maximum
Coma	$5,000
Concussion	$100
Dental Injury	$150 for Crown; $50 for Extraction
Diagnostic Examination *1 exam per person per accident*	$300 per CT/MRI scan
Dislocations	Surgical / Non-Surgical
Ankle	$1,200 / $600
Collarbone	$1,200 / $600
Elbow	$600 / $300
Finger	$200 / $100
Foot	$1,200 / $600
Hand	$600 / $300
Hip	$3,200 / $1,600

BENEFIT	PLAN B
Knee	$2,000 / $1,000
Lower Jaw	$600 / $300
Shoulder	$600 / $300
Toe	$200 / $100
Wrist	$600 / $300
Partial Dislocation *Amount of benefit for non-surgical dislocation*	25%
Multiple Dislocations *Amount of highest benefit for any one dislocation among all dislocations sustained*	200%
Emergency Treatment	$250.50
Epidural Anesthesia Injection	$100 per injection, 2 maximum
Eye Injury	$100 for removal of foreign object, $200 for surgical repair
Fractures	Surgical / Non-Surgical
Ankle	$1,050 / $525
Arm	$1,050 / $525
Bones of Face	$525 / $262.50
Coccyx	$525 / $262.50
Collarbone	$1,050 / $525
Elbow	$1,050 / $525
Finger	$175 / $87.50
Foot	$1,050 / $525
Hand	$1,050 / $525
Hip	$5,600 / $2,800
Kneecap	$1,050 / $525
Leg	$2,800 / $1,400
Jaw	$1,050 / $525
Nose	$525 / $262.50
Pelvis	$2,800 / $1,400
Rib	$525 / $262.50
Shoulder Blade	$1,050 / $525
Skull (Except bones of face or nose - Depressed)	$8,750 / $4,375
Skull (Simple)	$2,625 / $1,312.50
Sternum	$1,050 / $525
Toe	$175 / $87.50
Vertebrae	$1,050 / $525
Vertebral Column	$2,800 / $1,400
Wrist	$1,050 / $525
Chip Fractures *Amount of benefit for non-surgical fracture*	50%
Multiple Fractures *Amount of highest benefit for any one fracture among all fractures sustained*	200%
Hospitalization	
Initial Hospital Admission	$1,500
Initial ICU Hospital Admission	$3,000
Hospital Confinement (per Day)	$250 per day, 365 days maximum
ICU Confinement (per Day)	$500 per day, 30 days maximum
Lacerations *(Total length of all sutured lacerations)*	
No Sutures Required	$25
Sutures Less Than 2"	$50
Sutures 2" but less than 6"	$200
Sutures 6" or greater	$400
Lodging (per day)	$100 per day up to 30 days if more than 100 miles from residence
Medical Appliances	$350
Organized Youth Sports Benefit *% of benefit amount, excluding the AD&D benefit, if applicable*	50%
Physical Therapy	$75 per session; 12 sessions maximum

BENEFIT	PLAN B
Physician Visit	$100 Initial, $100 Follow-up, 6 maximum
Prosthesis	$500 for one, $1,000 for two or more
Rehabilitation Facility Confinement	$50 per day, 30 days maximum
Surgery	
Abdominal or Thoracic	$1,000
Exploratory Surgery *(no repair)*	$100
Knee Cartilage (surgically repaired)	$300
Ruptured Disc (surgically repaired)	$500
Rotator Cuff (one surgically repaired)	$300
Rotator Cuff (two or more surgically repaired)	$600
Tendon or Ligament (one surgically repaired)	$300
Tendon or Ligament (two or more surgically repaired)	$600
Transportation	$300, if more than 100 miles from residence
X-Rays *per covered accident*	$100
Accidental Dismemberment Benefits	
Accidental Death Benefits	Employee: $50,000 Spouse: $25,000 Child(ren): $13,000
Accidental Death on Common Carrier	Employee: $50,000 Spouse: $25,000 Child(ren): $13,000
Accidental Dismemberment	
Single Loss	50% of Death Benefit
Thumb/Finger/Toe	1% of Death Benefit
Multiple Loss *(Catastrophic)*	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	
Wellness (Health Screening) Benefit	$50
Portability	None
Waiver of Premium	None

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.