

Plan Highlights

Group Accident

County of Kings

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 County of Kings 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.

SEMI-MONTHLY PREMIUM

Coverage	Plan A	Plan B
Employee	\$3.27	\$5.35
Employee and Spouse	\$6.75	\$11.10
Employee and Children	\$9.10	\$16.15
Employee and Family	\$12.55	\$21.90



www.reliancematrix.com

Reliance Matrix is a branding name. Reliance Standard Life Insurance Company (Home Office Schaumburg, IL) is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. First Reliance Standard Life Insurance Company (Home Office New York, NY) is licensed in New York and Delaware. Standard Security Life Insurance Company of New York (Home Office New York, NY) is licensed in all states. Absence services are provided by Matrix Absence Management, Inc. Product features and availability may vary by state.

Included Benefits

Benefits	PLAN A	PLAN B
Ambulance Transportation	\$240 Ground \$1,200 Air	\$360 Ground \$1,800 Air
Blood/Plasma/Platelets	\$400	\$600
Burns		
2nd Degree Burns		
Covering less than 10% of the body	\$157	\$235
Covering 10% but less than 25% of the body	\$314	\$470
Covering 25% but less than 35% of the body	\$628	\$940
Covering 35% or greater of the body	\$1,256	\$1,880
3rd Degree Burns		
Covering less than 10% of the body	\$1,256	\$1,880
Covering 10% but less than 25% of the body	\$2,512	\$3,760
Covering 25% but less than 35% of the body	\$5,024	\$7,520
Covering 35% or greater of the body	\$10,048	\$15,040
Skin Graft	50%	50%
Chiropractic Services Limit 12 per calendar year per family	\$30 per session, 6 sessions maximum	\$45 per session, 6 sessions maximum
Coma	\$11,500	\$17,000
Concussion	\$150	\$225
Dental Injury	\$250.5 for Crown; \$83.5 for Extraction	\$351 for Crown; \$117 for Extraction
Diagnostic Examination	\$125 per CT/MRI scan	\$275 per CT/MRI scan
Dislocations	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	\$1,920 / \$960	\$2,892 / \$1,446
Collarbone	\$1,920 / \$960	\$2,892 / \$1,446
Elbow	\$960 / \$480	\$1,446 / \$723
Finger	\$320 / \$160	\$482 / \$241
Foot	\$1,920 / \$960	\$2,892 / \$1,446
Hand	\$960 / \$480	\$1,446 / \$723
Hip	\$5,120 / \$2,560	\$7,712 / \$3,856
Knee	\$3,200 / \$1,600	\$4,820 / \$2,410
Lower Jaw	\$960 / \$480	\$1,446 / \$723
Shoulder	\$960 / \$480	\$1,446 / \$723
Toe	\$320 / \$160	\$482 / \$241
Wrist	\$960 / \$480	\$1,446 / \$723



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Benefits	PLAN A	PLAN B
Partial Dislocation Amount of benefit for non-surgical dislocation	50%	50%
Multiple Dislocations Percent of highest benefit for any one dislocation among all dislocations sustained	200%	200%
Emergency Treatment	\$150	\$225
Epidural Anesthesia Injections	\$100 per injection, 2 maximum	\$200 per injection, 2 maximum
Eye Injury	\$113 for removal of foreign object, \$226 for surgical repair	\$200 for removal of foreign object, \$400 for surgical repair
Fractures	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	\$2,400 / \$1,200	\$3,600 / \$1,800
Arm	\$2,400 / \$1,200	\$3,600 / \$1,800
Bones of Face	\$1,200 / \$600	\$1,800 / \$900
Coccyx	\$1,200 / \$600	\$1,800 / \$900
Collarbone	\$2,400 / \$1,200	\$3,600 / \$1,800
Elbow	\$2,400 / \$1,200	\$3,600 / \$1,800
Finger	\$400 / \$200	\$600 / \$300
Foot	\$2,400 / \$1,200	\$3,600 / \$1,800
Hand	\$2,400 / \$1,200	\$3,600 / \$1,800
Hip	\$12,800 / \$6,400	\$19,200 / \$9,600
Kneecap	\$2,400 / \$1,200	\$3,600 / \$1,800
Leg	\$6,400 / \$3,200	\$9,600 / \$4,800
Jaw	\$2,400 / \$1,200	\$3,600 / \$1,800
Nose	\$1,200 / \$600	\$1,800 / \$900
Pelvis	\$6,400 / \$3,200	\$9,600 / \$4,800
Rib	\$1,200 / \$600	\$1,800 / \$900
Shoulder Blade	\$2,400 / \$1,200	\$3,600 / \$1,800
Skull (Except bones of face or nose - Depressed)	\$20,000 / \$10,000	\$30,000 / \$15,000
Skull (Simple)	\$6,000 / \$3,000	\$9,000 / \$4,500
Sternum	\$2,400 / \$1,200	\$3,600 / \$1,800
Toe	\$400 / \$200	\$600 / \$300
Vertebrae	\$2,400 / \$1,200	\$3,600 / \$1,800
Vertebral Column	\$6,400 / \$3,200	\$9,600 / \$4,800
Wrist	\$2,400 / \$1,200	\$3,600 / \$1,800
Chip Fractures Amount of benefit for non-surgical fracture	25%	25%
Multiple Fracture Amount of the highest benefit for any one fracture among all fractures sustained	200%	200%
Hospitalization		



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Benefits	PLAN A	PLAN B
Initial Hospital Admission	\$1,000	\$1,250
Initial ICU Hospital Admission	\$1,000	\$1,250
Hospital Confinement (per Day)	\$226 per day, 365 days maximum	\$276 per day, 365 days maximum
ICU Confinement (per Day)	\$352 per day, 30 days maximum	\$452 per day, 30 days maximum
Lacerations		
No Sutures Required	\$20	\$30
Sutures Required	Less than 2" long \$40	Less than 2" long \$60
Total length of all sutured Lacerations	2" but less than 6" long \$160 6" long or greater \$320	2" but less than 6" long \$240 6" long or greater \$480
Lodging	\$120 per day up to 30 days if more than 100 miles from residence	\$180 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$75	\$200
Organized Youth Sports Benefit % of benefit amount, excluding the AD&D benefit, if applicable	25%	25%
Paralysis Benefits	\$16,000 quadriplegia; \$8,000 paraplegia / hemiplegia	\$24,000 quadriplegia; \$12,000 paraplegia / hemiplegia
Physical Therapy	\$30 per session; 6 sessions maximum	\$50 per session; 6 sessions maximum
Physician Office Visit	\$75 Initial, \$75 Follow-up, 6 maximum	\$100 Initial, \$100 Follow-up, 6 maximum
Prosthesis	\$400 for one, \$800 for two or more	\$600 for one, \$1,200 for two or more
Rehabilitation Facility Confinement	\$125 per day, 30 days maximum	\$200 per day, 30 days maximum
Surgery Benefits		
Abdominal or Thoracic	\$1,000	\$1,300
Exploratory Surgery (no repair)	\$100	\$130
Knee Cartilage (surgically repaired)	\$300	\$390
Ruptured Disc (surgically repaired)	\$500	\$650
Rotator Cuff (one surgically repaired)	\$300	\$390
Rotator Cuff (two or more surgically repaired)	\$600	\$780
Tendon or Ligament (one surgically repaired)	\$300	\$390
Tendon or Ligament (two or more surgically repaired)	\$600	\$780
Transportation	\$501, if more than 100 miles from residence	\$750, if more than 100 miles from residence
X-rays per covered accident	\$50	\$75



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Benefits	PLAN A	PLAN B
Accidental Death & Dismemberment Benefits		
Accidental Death Benefit	Employee: \$25,000 Spouse: \$10,000 Child(ren): \$5,000	Employee: \$40,000 Spouse: \$15,000 Child(ren): \$8,000
Accidental Death on Common Carrier	100% of Death Benefit	100% of Death Benefit
Accidental Dismemberment		
Single Loss	50% of Death Benefit	50% of Death Benefit
Thumb/Finger/Toe	1% of Death Benefit	1% of Death Benefit
Multiple Loss (Catastrophic)	100% of Death Benefit	100% of Death Benefit
Speech	100% of Death Benefit	100% of Death Benefit
2+ Thumb/Finger/Toe	3% of Death Benefit	3% of Death Benefit
Two or more losses except the loss of fingers, thumbs or toes is a separate category	100% of Death Benefit	100% of Death Benefit
Additional Features		
Wellness (Health Screening) Benefit	\$75	\$75
Portability	Included	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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