



Voluntary Group Accident Insurance

Emergency Management Association

COVERAGE

Voluntary 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 members.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ Your legal spouse or your domestic partner. Spouse must be under age 70 at date of application.
- ▶ Your dependent children* from birth to 26 years.

*An eligible members's child(ren) from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible member during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible member to be considered a Dependent; and an eligible member's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible member for support and maintenance.

A person may not have coverage as both an member and Dependent.

BENEFIT AMOUNT

See Full Schedule of Benefits on next page

CONTRIBUTION REQUIREMENTS

Coverage is 100% member paid.



FEATURES

- ▶ Portability to member to age 70 (termination of the policy)
- ▶ 24-hour Travel Assistance Services
- ▶ Newlywed and Newborn Provision

EXCLUSIONS

Benefits will not be paid for any loss caused by: suicide; war; air travel (except as a passenger on commercial flights); assault/felony; acute or chronic intoxication; voluntary consumption of illegal or controlled substance or prescribed narcotic or drug.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL 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.

RELIANCE STANDARD

LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

www.RelianceStandard.com

Benefits	Amount
Ambulance	\$250 Ground, \$1,250 Air
Blood, Plasma and Platelets	\$300
Burns	To \$800 for 2nd degree burns; To \$6,400 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns
Chiropractic Services (per Visit)	\$50 per session, 6 sessions maximum
Coma	\$2,500
Concussion	\$100
Dental Injury	\$450 for Crown; \$150 for Extraction
Diagnostic Exams	\$100 per CT/MRI scan
Dislocation	To \$2,400 for Non-surgical; To \$4,800 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit
Emergency Treatment	\$150
Epidural Anesthesia Injection (per Injection)	\$100, 2 maximum
Eye Injury	\$200 for removal of foreign object, \$400 for surgical repair
Fractures	To \$2,500 for Non-surgical; To \$5,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture
Initial Hospital Admission	\$1,250
Initial Intensive Care Unit (ICU) Hospital Admission	\$1,250
Hospital Confinement (per Day)	\$300, 365 days maximum
Intensive Care Unit (ICU) Confinement (per Day)	\$500, 30 days maximum
Lacerations	To \$800
Lodging (per Day)	\$150 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$150
Organized Youth Sports Benefit	20% of the benefit amount
Paralysis	\$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia
Physical Therapy (per Session)	\$50, 6 sessions maximum
Physician Visit	\$50 Initial, \$50 Follow-up
Prosthesis	\$500 for one, \$1,000 for two or more
Rehabilitation Facility Confinement (per Day)	\$100, 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	\$450, if more than 100 miles from residence
X-Rays	\$50