

Plan Highlights

Group Accident

Archer & Greiner, P.C.

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 Archer & Greiner, P.C. 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	\$4.74	\$6.72
Employee and Spouse	\$8.63	\$12.32
Employee and Children	\$8.59	\$12.72
Employee and Family	\$12.50	\$18.32



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	\$200 Ground \$1,000 Air	\$400 Ground \$2,000 Air
Blood/Plasma/Platelets	\$200	\$300
Burns		
2nd Degree Burns		
Covering less than 10% of the body	\$150	\$240
Covering 10% but less than 25% of the body	\$300	\$480
Covering 25% but less than 35% of the body	\$600	\$960
Covering 35% or greater of the body	\$1,200	\$1,920
3rd Degree Burns		
Covering less than 10% of the body	\$1,200	\$1,920
Covering 10% but less than 25% of the body	\$2,400	\$3,840
Covering 25% but less than 35% of the body	\$4,800	\$7,680
Covering 35% or greater of the body	\$9,600	\$15,360
Skin Graft	50%	50%
Chiropractic Services Limit 12 per calendar year per family	\$35 per session, 6 sessions maximum	\$60 per session, 6 sessions maximum
Coma	\$7,500	\$12,500
Concussion	\$100	\$200
Dental Injury	\$225 for Crown; \$75 for Extraction	\$450 for Crown; \$150 for Extraction
Diagnostic Examination	\$150 per CT/MRI scan	\$300 per CT/MRI scan
Dislocations	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	\$1,800 / \$900	\$2,700 / \$1,350
Collarbone	\$1,800 / \$900	\$2,700 / \$1,350
Elbow	\$900 / \$450	\$1,350 / \$675
Finger	\$300 / \$150	\$450 / \$225
Foot	\$1,800 / \$900	\$2,700 / \$1,350
Hand	\$900 / \$450	\$1,350 / \$675
Hip	\$4,800 / \$2,400	\$7,200 / \$3,600
Knee	\$3,000 / \$1,500	\$4,500 / \$2,250
Lower Jaw	\$900 / \$450	\$1,350 / \$675
Shoulder	\$900 / \$450	\$1,350 / \$675
Toe	\$300 / \$150	\$450 / \$225
Wrist	\$900 / \$450	\$1,350 / \$675



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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	\$150 for removal of foreign object, \$300 for surgical repair	\$200 for removal of foreign object, \$400 for surgical repair
Fractures	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	\$1,200 / \$600	\$1,800 / \$900
Arm	\$1,200 / \$600	\$1,800 / \$900
Bones of Face	\$600 / \$300	\$900 / \$450
Coccyx	\$600 / \$300	\$900 / \$450
Collarbone	\$1,200 / \$600	\$1,800 / \$900
Elbow	\$1,200 / \$600	\$1,800 / \$900
Finger	\$200 / \$100	\$300 / \$150
Foot	\$1,200 / \$600	\$1,800 / \$900
Hand	\$1,200 / \$600	\$1,800 / \$900
Hip	\$6,400 / \$3,200	\$9,600 / \$4,800
Kneecap	\$1,200 / \$600	\$1,800 / \$900
Leg	\$3,200 / \$1,600	\$4,800 / \$2,400
Jaw	\$1,200 / \$600	\$1,800 / \$900
Nose	\$600 / \$300	\$900 / \$450
Pelvis	\$3,200 / \$1,600	\$4,800 / \$2,400
Rib	\$600 / \$300	\$900 / \$450
Shoulder Blade	\$1,200 / \$600	\$1,800 / \$900
Skull (Except bones of face or nose - Depressed)	\$10,000 / \$5,000	\$15,000 / \$7,500
Skull (Simple)	\$3,000 / \$1,500	\$4,500 / \$2,250
Sternum	\$1,200 / \$600	\$1,800 / \$900
Toe	\$200 / \$100	\$300 / \$150
Vertebrae	\$1,200 / \$600	\$1,800 / \$900
Vertebral Column	\$3,200 / \$1,600	\$4,800 / \$2,400
Wrist	\$1,200 / \$600	\$1,800 / \$900
Chip Fractures Amount of benefit for non-surgical fracture	50%	50%
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	\$500	\$1,250
Initial ICU Hospital Admission	\$1,000	\$2,500
Hospital Confinement (per Day)	\$150 per day, 365 days maximum	\$250 per day, 365 days maximum
ICU Confinement (per Day)	\$300 per day, 30 days maximum	\$500 per day, 30 days maximum
Lacerations		
No Sutures Required	\$25	\$40
Sutures Required	Less than 2" long \$50	Less than 2" long \$80
Total length of all sutured Lacerations	2" but less than 6" long \$200 6" long or greater \$400	2" but less than 6" long \$320 6" long or greater \$640
Lodging	\$100 per day up to 30 days if more than 100 miles from residence	\$200 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$100	\$250
Organized Youth Sports Benefit % of benefit amount, excluding the AD&D benefit, if applicable	25%	25%
Paralysis Benefits	\$10,000 quadriplegia; \$5,000 paraplegia / hemiplegia	\$20,000 quadriplegia; \$10,000 paraplegia / hemiplegia
Physical Therapy	\$35 per session; 12 sessions maximum	\$60 per session; 12 sessions maximum
Physician Office Visit	\$50 Initial, \$50 Follow-up	\$75 Initial, \$75 Follow-up
Prosthesis	\$500 for one, \$1,000 for two or more	\$1,500 for one, \$3,000 for two or more
Rehabilitation Facility Confinement	\$150 per day, 30 days maximum	\$250 per day, 30 days maximum
Surgery Benefits		
Abdominal or Thoracic	\$1,000	\$2,000
Exploratory Surgery (no repair)	\$100	\$200
Knee Cartilage (surgically repaired)	\$300	\$600
Ruptured Disc (surgically repaired)	\$500	\$1,000
Rotator Cuff (one surgically repaired)	\$300	\$600
Rotator Cuff (two or more surgically repaired)	\$600	\$1,200
Tendon or Ligament (one surgically repaired)	\$300	\$600
Tendon or Ligament (two or more surgically repaired)	\$600	\$1,200
Transportation	\$300, if more than 100 miles from residence	\$600, 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: \$20,000 Spouse: \$20,000 Child(ren): \$4,000	Employee: \$20,000 Spouse: \$20,000 Child(ren): \$4,000
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	\$50	\$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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