

Voluntary Group Accident Insurance

Virginia Commonwealth University Health System Authority



Coverage

Voluntary group accident insurance provides benefits for injuries resulting from an accident/injury. Examples of benefits paid include ER, Urgent Care, Fractures/Dislocations, Dr. visits, Physical Therapy, and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

Features

- Portable - at the same rate
- No limit on # of Accidents
- Cost is less than \$2/wk
- 25% Organized Sports Benefit
- 24-Hour Coverage - on/off job

Eligibility

Each active Regular Full-Time Team Member working at least 35 hours per week and Part-Time Team Member working at least 20 hours per week.

- ▶ **Dependents:** You must be insured for your Dependents to be covered. Dependents are:
 - Your legal spouse or domestic partner.
 - Your dependent children from birth to 26 years.
 - A person may not have coverage as both an Team Member and Dependent.

Benefit Amount

See Full Schedule of Benefits on next page.

Contribution Requirements

Coverage is 100% Team Member Paid.

Bi-Weekly Premium

Coverage	Premium
Team Member Only	\$ 3.62
Team Member + Spouse/Domestic Partner*	\$ 5.55
Team Member + Children*	\$ 8.19
Team Member + Family*	\$ 11.62

Monthly Premium

Coverage	Premium
Team Member Only	\$ 7.84
Team Member + Spouse/Domestic Partner*	\$ 12.02
Team Member + Children*	\$ 17.74
Team Member + Family*	\$ 25.18

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9547, et al, 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. Product features and availability may vary by state.

Coverage is underwritten by Reliance Standard Life Insurance Company, which 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 offered by First Reliance Standard Life Insurance Company, Home Office, New York, NY. Where applicable, absence services are provided by Matrix Absence Management, Inc.

Benefits	Amount
Ambulance	\$200 Ground, \$1,000 Air
Blood, Plasma and Platelets	\$300
Burns	To \$800 for 2nd degree burns; To \$6,400 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns
Chiropractic Services (per Visit)	\$60 per session, 6 sessions maximum
Coma	\$10,000
Concussion	\$150
Dental Injury	\$300 for Crown; \$100 for Extraction
Diagnostic Exams	\$200 per CT/MRI scan
Dislocation	To \$4,800 for Non-surgical; To \$9,600 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit
Emergency Treatment	\$450 (includes ER, Urgent Care, Dentist Office, Doctor's Visits)
Epidural Anesthesia Injection (per Injection)	\$100, 2 maximum
Eye Injury	\$100 for removal of foreign object, \$200 for surgical repair
Fractures	To \$12,500 for Non-surgical; To \$25,000 for Surgical repair; Chip fracture: 25% of nonsurgical benefit; Multiple fractures: 100% of highest sustained fracture
Initial Hospital Admission	\$1,500
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 \$400
Medical Appliances	\$150
Organized Youth Sports Benefit	25% of the benefit amount
Paralysis	\$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia
Physical Therapy (per Session)	\$50, 12 sessions maximum
Physician Visit	\$100 Initial, \$100 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

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