

## Plan Highlights

# Group Accident

## Stanadyne Operating Company, LLC

### 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 Stanadyne Operating Company, LLC 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

### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

### WEEKLY PREMIUM

Coverage	Plan B
Employee	\$1.56
Employee and Spouse	\$3.54
Employee and Children	\$4.38
Employee and Family	\$6.36

BENEFIT	PLAN B
<b>Ambulance Transportation</b>	\$200 Ground \$1,000 Air
<b>Blood/Plasma/Platelets</b>	\$300
<b>Burns</b>	
2nd Degree Burns	
Covering less than 10% of the body	\$100
Covering 10% but less than 25% of the body	\$200
Covering 25% but less than 35% of the body	\$400
Covering 35% or greater of the body	\$800



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BENEFIT	PLAN B
3rd Degree Burns	
Covering less than 10% of the body	\$800
Covering 10% but less than 25% of the body	\$1,600
Covering 25% but less than 35% of the body	\$3,200
Covering 35% or greater of the body	\$6,400
Skin Graft	50% of burn benefit
<b>Chiropractic Services (per visit)</b> <i>Limit 12 per calendar year per family</i>	\$50 per session, 6 sessions maximum
<b>Coma</b>	\$15,000
<b>Concussion</b>	\$100
<b>Dental Injury</b>	\$300 for Crown; \$100 for Extraction
<b>Diagnostic Examination (1 exam per person per year)</b>	\$200 per CT/MRI scan
<b>Dislocations</b>	Surgical / Non-Surgical
Ankle	\$2,400 / \$1,200
Collarbone	\$2,400 / \$1,200
Elbow	\$1,200 / \$600
Finger	\$400 / \$200
Foot	\$2,400 / \$1,200
Hand	\$1,200 / \$600
Hip	\$6,400 / \$3,200
Knee	\$4,000 / \$2,000
Lower Jaw	\$1,200 / \$600
Shoulder	\$1,200 / \$600
Toe	\$400 / \$200
Wrist	\$1,200 / \$600
Partial Dislocation <i>Amount of benefit for non-surgical dislocation</i>	50%
Multiple Dislocations <i>Amount of highest benefit for any one dislocation among all dislocations sustained</i>	200%
<b>Emergency Treatment (Covers ER, Urgent Care, Dr. in 1st 72 hrs.)</b>	\$210
<b>Epidural Anesthesia Injection</b>	\$50 per injection, 2 maximum
<b>Eye Injury</b>	\$150 for removal of foreign object, \$300 for surgical repair
<b>Fractures</b>	Surgical / Non-Surgical
Ankle	\$1,800 / \$900
Arm	\$1,800 / \$900
Bones of Face	\$900 / \$450
Coccyx	\$900 / \$450
Collarbone	\$1,800 / \$900
Elbow	\$1,800 / \$900
Finger	\$300 / \$150
Foot	\$1,800 / \$900
Hand	\$1,800 / \$900
Hip	\$9,600 / \$4,800
Kneecap	\$1,800 / \$900
Leg	\$4,800 / \$2,400
Jaw	\$1,800 / \$900
Nose	\$900 / \$450
Pelvis	\$4,800 / \$2,400
Rib	\$900 / \$450
Shoulder Blade	\$1,800 / \$900



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<b>BENEFIT</b>	<b>PLAN B</b>
Skull (Except bones of face or nose - Depressed)	\$15,000 / \$7,500
Skull (Simple)	\$4,500 / \$2,250
Sternum	\$1,800 / \$900
Toe	\$300 / \$150
Vertebrae	\$1,800 / \$900
Vertebral Column	\$4,800 / \$2,400
Wrist	\$1,800 / \$900
Chip Fractures <i>Amount of benefit for non-surgical fracture</i>	50%
Multiple Fractures <i>Amount of highest benefit for any one fracture among all fractures sustained</i>	200%
<b>Hospitalization</b>	
Initial Hospital Admission	\$1,000
Initial ICU Hospital Admission	\$2,000
Hospital Confinement (per Day)	\$228 per day, 365 days maximum
ICU Confinement (per Day)	\$480 per day, 30 days maximum
<b>Lacerations (Total length of all sutured lacerations)</b>	
No Sutures Required	\$25
Sutures Less Than 2"	\$50
Sutures 2" but less than 6"	\$200
Sutures 6" or greater	\$400
<b>Lodging (per day)</b>	\$100 per day up to 30 days if more than 100 miles from residence
<b>Medical Appliances</b>	\$150
<b>Organized Youth Sports Benefit</b> <i>% of benefit amount, excluding the AD&amp;D benefit, if applicable</i>	25%
<b>Paralysis</b>	\$40,000 quadriplegia; \$20,000 paraplegia / hemiplegia
<b>Physical Therapy</b>	\$50 per session; 12 sessions maximum
<b>Physician Visit</b>	\$25 Initial, \$25 Follow-up, 6 maximum
<b>Prosthesis</b>	\$500 for one, \$1,000 for two or more
<b>Rehabilitation Facility Confinement</b>	\$75 per day, 30 days maximum
<b>Surgery</b>	
Abdominal or Thoracic	\$2,000
Exploratory Surgery ( <i>no repair</i> )	\$200
Knee Cartilage (surgically repaired)	\$600
Ruptured Disc (surgically repaired)	\$1,000
Rotator Cuff (one surgically repaired)	\$600
Rotator Cuff (two or more surgically repaired)	\$1,200
Tendon or Ligament (one surgically repaired)	\$600
Tendon or Ligament (two or more surgically repaired)	\$1,200
<b>Transportation</b>	\$300, if more than 100 miles from residence
<b>X-Rays</b> <i>per covered accident</i>	\$40

BENEFIT	PLAN B
<b>Accidental Dismemberment Benefits</b>	
<b>Accidental Death Benefits</b>	Employee: \$40,000 Spouse: \$20,000 Child(ren): \$10,000
Accidental Death on Common Carrier	100% of Death Benefit
Accidental Dismemberment	
Single Loss	50% of Death Benefit
Thumb/Finger/Toe	1% of Death Benefit
Multiple Loss ( <i>Catastrophic</i> )	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
<b>Additional Features</b>	
Portability	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.