

## Plan Highlights

# Group Accident

## Centauri Health Solutions, Inc.

### 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 Centauri Health Solutions, Inc. 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.

### MONTHLY PREMIUM

Coverage	Plan B
Employee	\$11.86
Employee and Spouse	\$19.15
Employee and Children	\$23.66
Employee and Family	\$31.30



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## Included Benefits

Benefits	PLAN B
Ambulance Transportation	\$150 Ground \$750 Air
Blood/Plasma/Platelets	\$300
Burns	
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
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%
Chiropractic Services Limit 12 per calendar year per family	\$37.5 per session, 6 sessions maximum
Coma	\$7,500
Concussion	\$150
Dental Injury	\$300 for Crown; \$100 for Extraction
Diagnostic Examination	\$200 per CT/MRI scan
Dislocations	Surgical / Non-Surgical
Ankle	\$1,800 / \$900
Collarbone	\$1,800 / \$900
Elbow	\$900 / \$450
Finger	\$300 / \$150
Foot	\$1,800 / \$900
Hand	\$900 / \$450
Hip	\$4,800 / \$2,400
Knee	\$3,000 / \$1,500
Lower Jaw	\$900 / \$450
Shoulder	\$900 / \$450
Toe	\$300 / \$150
Wrist	\$900 / \$450
Partial Dislocation Amount of benefit for non-surgical dislocation	37.5%



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<b>Benefits</b>	<b>PLAN B</b>
Multiple Dislocations Percent of highest benefit for any one dislocation among all dislocations sustained	150%
Emergency Treatment	\$225
Epidural Anesthesia Injections	\$200 per injection, 2 maximum
Eye Injury	\$150 for removal of foreign object, \$300 for surgical repair
Fractures	Surgical / Non-Surgical
Ankle	\$900 / \$450
Arm	\$900 / \$450
Bones of Face	\$450 / \$225
Coccyx	\$450 / \$225
Collarbone	\$900 / \$450
Elbow	\$900 / \$450
Finger	\$150 / \$75
Foot	\$900 / \$450
Hand	\$900 / \$450
Hip	\$4,800 / \$2,400
Kneecap	\$900 / \$450
Leg	\$2,400 / \$1,200
Jaw	\$900 / \$450
Nose	\$450 / \$225
Pelvis	\$2,400 / \$1,200
Rib	\$450 / \$225
Shoulder Blade	\$900 / \$450
Skull (Except bones of face or nose - Depressed)	\$7,500 / \$3,750
Skull (Simple)	\$2,250 / \$1,125
Sternum	\$900 / \$450
Toe	\$150 / \$75
Vertebrae	\$900 / \$450
Vertebral Column	\$2,400 / \$1,200
Wrist	\$900 / \$450
Chip Fractures Amount of benefit for non-surgical fracture	37.5%
Multiple Fracture Amount of the highest benefit for any one fracture among all fractures sustained	150%
Hospitalization	
Initial Hospital Admission	\$1,000
Initial ICU Hospital Admission	\$1,500
Hospital Confinement (per Day)	\$250 per day, 365 days maximum



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<b>Benefits</b>	<b>PLAN B</b>
ICU Confinement (per Day)	\$500 per day, 30 days maximum
<b>Lacerations</b>	
No Sutures Required	\$37.5
Sutures Required	Less than 2" long \$75
Total length of all sutured Lacerations	2" but less than 6" long \$300 6" long or greater \$600
Lodging	\$150 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$150
Organized Youth Sports Benefit % of benefit amount, excluding the AD&D benefit, if applicable	25%
Paralysis Benefits	\$15,000 quadriplegia; \$7,500 paraplegia / hemiplegia
Physical Therapy	\$37.5 per session; 6 sessions maximum
Physician Office Visit	\$75 Initial, \$75 Follow-up
Prosthesis	\$750 for one, \$1,500 for two or more
Rehabilitation Facility Confinement	\$100 per day, 30 days maximum
<b>Surgery Benefits</b>	
Abdominal or Thoracic	\$2,500
Exploratory Surgery (no repair)	\$250
Knee Cartilage (surgically repaired)	\$750
Ruptured Disc (surgically repaired)	\$1,250
Rotator Cuff (one surgically repaired)	\$750
Rotator Cuff (two or more surgically repaired)	\$1,500
Tendon or Ligament (one surgically repaired)	\$750
Tendon or Ligament (two or more surgically repaired)	\$1,500
Transportation	\$450, if more than 100 miles from residence
X-rays per covered accident	\$75
<b>Accidental Death &amp; Dismemberment Benefits</b>	
Accidental Death Benefit	Employee: \$50,000 Spouse: \$25,000 Child(ren): \$10,000
Accidental Death on Common Carrier	100% of Death Benefit
Accidental Dismemberment	



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<b>Benefits</b>	<b>PLAN B</b>
Single Loss	50% of Death Benefit
Thumb/Finger/Toe	1% of Death Benefit
Multiple Loss (Catastrophic)	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>	
Wellness (Health Screening) Benefit	\$75
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.



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