

## Plan Highlights

# Group Accident

## MTC Holding Corporation

### 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 MTC Holding Corporation 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 - 10% 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 A	Plan B
Employee	\$8.09	\$12.43
Employee and Spouse	\$14.12	\$21.54
Employee and Children	\$17.85	\$26.85
Employee and Family	\$24.07	\$36.26



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## 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	\$157	\$320
Covering 10% but less than 25% of the body	\$314	\$640
Covering 25% but less than 35% of the body	\$628	\$1,280
Covering 35% or greater of the body	\$1,256	\$2,560
3rd Degree Burns		
Covering less than 10% of the body	\$1,256	\$2,560
Covering 10% but less than 25% of the body	\$2,512	\$5,120
Covering 25% but less than 35% of the body	\$5,024	\$10,240
Covering 35% or greater of the body	\$10,048	\$20,480
Skin Graft	50%	50%
Coma	\$5,000	\$10,000
Concussion	\$50	\$100
Dental Injury	\$255 for Crown; \$85 for Extraction	\$300 for Crown; \$100 for Extraction
Diagnostic Examination	\$150 per CT/MRI scan	\$200 per CT/MRI scan
Dislocations	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	\$756 / \$378	\$1,500 / \$750
Collarbone	\$756 / \$378	\$1,500 / \$750
Elbow	\$378 / \$189	\$750 / \$375
Finger	\$126 / \$63	\$250 / \$125
Foot	\$756 / \$378	\$1,500 / \$750
Hand	\$378 / \$189	\$750 / \$375
Hip	\$2,016 / \$1,008	\$4,000 / \$2,000
Knee	\$1,260 / \$630	\$2,500 / \$1,250
Lower Jaw	\$378 / \$189	\$750 / \$375
Shoulder	\$378 / \$189	\$750 / \$375
Toe	\$126 / \$63	\$250 / \$125
Wrist	\$378 / \$189	\$750 / \$375
Partial Dislocation	25%	25%
Amount of benefit for non-surgical dislocation		



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Benefits	PLAN A	PLAN B
Multiple Dislocations Percent of highest benefit for any one dislocation among all dislocations sustained	200%	200%
Emergency Treatment	\$150	\$201
Epidural Anesthesia Injections	\$100 per injection, 2 maximum	\$150 per injection, 2 maximum
Eye Injury	\$63 for removal of foreign object, \$126 for surgical repair	\$125 for removal of foreign object, \$250 for surgical repair
Fractures	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	\$360 / \$180	\$600 / \$300
Arm	\$360 / \$180	\$600 / \$300
Bones of Face	\$180 / \$90	\$300 / \$150
Coccyx	\$180 / \$90	\$300 / \$150
Collarbone	\$360 / \$180	\$600 / \$300
Elbow	\$360 / \$180	\$600 / \$300
Finger	\$60 / \$30	\$100 / \$50
Foot	\$360 / \$180	\$600 / \$300
Hand	\$360 / \$180	\$600 / \$300
Hip	\$1,920 / \$960	\$3,200 / \$1,600
Kneecap	\$360 / \$180	\$600 / \$300
Leg	\$960 / \$480	\$1,600 / \$800
Jaw	\$360 / \$180	\$600 / \$300
Nose	\$180 / \$90	\$300 / \$150
Pelvis	\$960 / \$480	\$1,600 / \$800
Rib	\$180 / \$90	\$300 / \$150
Shoulder Blade	\$360 / \$180	\$600 / \$300
Skull (Except bones of face or nose - Depressed)	\$3,000 / \$1,500	\$5,000 / \$2,500
Skull (Simple)	\$900 / \$450	\$1,500 / \$750
Sternum	\$360 / \$180	\$600 / \$300
Toe	\$60 / \$30	\$100 / \$50
Vertebrae	\$360 / \$180	\$600 / \$300
Vertebral Column	\$960 / \$480	\$1,600 / \$800
Wrist	\$360 / \$180	\$600 / \$300
Chip Fractures Amount of benefit for non-surgical fracture	25%	25%
Multiple Fracture Amount of the highest benefit for any one fracture among all fractures sustained	200%	200%
Hospitalization		
Initial Hospital Admission	\$1,500	\$2,000
Initial ICU Hospital Admission	\$2,500	\$3,000



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<b>Benefits</b>	<b>PLAN A</b>	<b>PLAN B</b>
Hospital Confinement (per Day)	\$300 per day, 365 days maximum	\$400 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	\$15.75	\$31.25
Sutures Required	Less than 2" long \$31.5	Less than 2" long \$62.5
Total length of all sutured Lacerations		
	2" but less than 6" long \$126	2" but less than 6" long \$250
	6" long or greater \$252	6" long or greater \$500
Lodging	\$100 per day up to 30 days if more than 100 miles from residence	\$150 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$400	\$500
Organized Youth Sports Benefit % of benefit amount, excluding the AD&D benefit, if applicable	10%	10%
Paralysis Benefits	\$25,000 quadriplegia; \$12,500 paraplegia / hemiplegia	\$50,000 quadriplegia; \$25,000 paraplegia / hemiplegia
Physical Therapy	\$50 per session; 10 sessions maximum	\$50 per session; 12 sessions maximum
Physician Office Visit	\$75 Initial, \$75 Follow-up	\$100 Initial, \$100 Follow-up
Prosthesis	\$500 for one, \$1,000 for two or more	\$600 for one, \$1,200 for two or more
Rehabilitation Facility Confinement	\$50 per day, 30 days maximum	\$100 per day, 30 days maximum
Surgery Benefits		
Abdominal or Thoracic	\$1,250	\$2,500
Exploratory Surgery (no repair)	\$125	\$250
Knee Cartilage (surgically repaired)	\$375	\$750
Ruptured Disc (surgically repaired)	\$625	\$1,250
Rotator Cuff (one surgically repaired)	\$375	\$750
Rotator Cuff (two or more surgically repaired)	\$750	\$1,500
Tendon or Ligament (one surgically repaired)	\$375	\$750
Tendon or Ligament (two or more surgically repaired)	\$750	\$1,500
Transportation	\$300, if more than 100 miles from residence	\$600, if more than 100 miles from residence
X-rays per covered accident	\$50	\$100
Accidental Death & Dismemberment Benefits		



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Benefits	PLAN A	PLAN B
Accidental Death Benefit	Employee: \$25,000 Spouse: \$12,500 Child(ren): \$12,500	Employee: \$50,000 Spouse: \$25,000 Child(ren): \$25,000
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	\$50
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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