

## Plan Highlights

# Voluntary Group Accident Insurance



## International Alliance of Theatrical Stage Members Local 728

### COVERAGE

Voluntary 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 Active Dues Paying Members in good standing, except for any person working on a temporary or seasonal basis.

**Dependents:** You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or domestic partner. Spouse must be under age 70 at date of application.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Member and Dependent.

### BENEFIT AMOUNT

See Full Schedule of Benefits on next page

### CONTRIBUTION REQUIREMENTS

Coverage is 100% Member Paid.

### MONTHLY PREMIUM

Coverage	Plan A	Plan C
Member	\$ 11.82	\$ 18.03
Member and Spouse	\$ 18.94	\$ 29.30
Member & Children	\$ 23.01	\$ 37.49
Member & Family	\$ 30.54	\$ 49.22

### FEATURES

- ▶ Portability to Member Age 70
- ▶ FMLA/MSLA Continuation
- ▶ 24-Hour Travel Assistance Services
- ▶ 24-Hour Coverage
- ▶ Global Coverage

Benefits	Plan A	Plan C
<b>Ambulance</b>	\$150 Ground, \$750 Air	\$250 Ground, \$1,250 Air
<b>Blood, Plasma and Platelets</b>	\$300	\$500
<b>Burns</b>	To \$8,000 for 2nd degree burns; To \$64,000 for 3rd degree burns; Skin Graft - 100% of benefit payable for Burns	To \$8,000 for 2nd degree burns; To \$64,000 for 3rd degree burns; Skin Graft - 100% of benefit payable for Burns
<b>Chiropractic Services (per Visit)</b>	\$31.25 per session, 6 sessions maximum	\$62.50 per session, 6 sessions maximum
<b>Coma</b>	\$5,000	\$10,000
<b>Concussion</b>	\$125	\$250
<b>Dental Injury</b>	\$150 for Crown; \$50 for Extraction	\$300 for Crown; \$100 for Extraction
<b>Diagnostic Exams</b>	\$125 per CT/MRI scan	\$250 per CT/MRI scan
<b>Dislocation</b>	To \$2,000 for Non-surgical; To \$4,000 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit	To \$4,000 for Non-surgical; To \$8,000 for Surgical; Partial - 50% of full dislocation; Multiple - 200% of highest dislocation benefit
<b>Emergency Treatment</b>	\$225	\$375
<b>Epidural Anesthesia Injection (per Injection)</b>	\$100, 2 maximum	\$250, 2 maximum
<b>Eye Injury</b>	\$200 for removal of foreign object, \$400 for surgical repair	\$300 for removal of foreign object, \$600 for surgical repair
<b>Fractures</b>	To \$3,125 for Non-surgical; To \$6,250 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture	To \$6,250 for Non-surgical; To \$12,500 for Surgical repair; Chip fracture: 50% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture
<b>Initial Hospital Admission</b>	\$500	\$1,000
<b>Initial Intensive Care Unit (ICU) Hospital Admission</b>	\$1,000	\$2,000
<b>Hospital Confinement (per Day)</b>	\$200, 365 days maximum	\$400, 365 days maximum
<b>Intensive Care Unit (ICU) Confinement (per Day)</b>	\$400, 30 days maximum	\$800, 30 days maximum
<b>Lacerations</b>	To \$800	To \$1,000
<b>Lodging (per Day)</b>	\$150 per day up to 30 days if more than 100 miles from residence	\$250 per day up to 30 days if more than 100 miles from residence
<b>Medical Appliances</b>	\$150	\$250
<b>Organized Youth Sports Benefit</b>	25% of the benefit amount	25% of the benefit amount
<b>Paralysis</b>	\$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia	\$25,000 quadriplegia; \$12,500 paraplegia/hemiplegia
<b>Physical Therapy (per Session)</b>	\$37.50, 6 sessions maximum	\$75, 6 sessions maximum
<b>Physician Visit</b>	\$75 Initial, \$75 Follow-up	\$125 Initial, \$125 Follow-up
<b>Prosthesis</b>	\$500 for one, \$1,000 for two or more	\$1,000 for one, \$2,000 for two or more
<b>Rehabilitation Facility Confinement (per Day)</b>	\$50, 30 days maximum	\$150, 30 days maximum
<b>Surgery</b>	\$200 for Exploratory; \$600 for Knee Cartilage; \$2,000 for Abdominal or Thoracic; \$1,000 for Ruptured Disc; to \$1,200 Tendon, Ligament, or Rotator cuff	\$300 for Exploratory; \$900 for Knee Cartilage; \$3,000 for Abdominal or Thoracic; \$1,500 for Ruptured Disc; to \$1,800 Tendon, Ligament, or Rotator cuff
<b>Transportation</b>	\$300, if more than 100 miles from residence	\$600, if more than 100 miles from residence
<b>X-Rays</b>	\$37.50	\$62.50
<b>Accidental Death Benefits</b>	<b>Plan A</b>	<b>Plan C</b>
<b>Member AD&amp;D</b>	\$10,000	\$10,000
<b>Spouse AD&amp;D</b>	\$10,000	\$10,000

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9547, 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.

Reliance Standard Life Insurance Company 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 provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

Child AD&D	\$5,000	\$5,000
Common Carrier	100%	100%
<b>Accidental Dismemberment Benefits</b>	<b>% of Plan A AD Benefit</b>	<b>% of Plan C AD Benefit</b>
Single Loss	50%	50%
Multiple Loss (Catastrophic)	100%	100%
Thumb / Finger / Toe	1%	1%
2+ Thumb / Finger / Toe	3%	3%
Speech	100%	100%
<b>Wellness (Health Screening) Benefit</b>	<b>Plan A</b>	<b>Plan C</b>
Wellness (Health Screening)	\$50	\$50

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