

Plan Highlights

Voluntary Group Accident Insurance



Grande Cheese Company

COVERAGE

Voluntary group 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 Full-Time Employees working 30 hours or more per week, 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.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

See Full Schedule of Benefits on next page

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

BI-WEEKLY PREMIUM

Coverage	Plan A	Plan C
Employee	\$ 3.72	\$ 5.58
Employee and Spouse	\$ 6.49	\$ 10.08
Employee & Children	\$ 8.62	\$ 10.63
Employee & Family	\$ 11.40	\$ 15.13

FEATURES

- ▶ Portability
- ▶ MSLA Continuation
- ▶ 24-Hour Travel Assistance Services
- ▶ Off the Job Coverage

Benefits	Plan A	Plan C
Ambulance	\$200 Ground, \$1,000 Air	\$400 Ground, \$2,000 Air
Blood, Plasma and Platelets	\$300	\$500
Burns	To \$960 for 2nd degree burns; To \$7,680 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns	To \$1,880 for 2nd degree burns; To \$15,040 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns
Chiropractic Services (per Visit)	\$35 per session, 6 sessions maximum	\$50 per session, 6 sessions maximum
Coma	\$5,000	\$10,000
Concussion	\$210	\$300
Dental Injury	\$300 for Crown; \$100 for Extraction	\$450 for Crown; \$150 for Extraction
Diagnostic Exams	\$160 per CT/MRI scan	\$300 per CT/MRI scan
Dislocation	To \$3,200 for Non-surgical; To \$6,400 for Surgical; Partial - 50% of full dislocation; Multiple - 200% of highest dislocation benefit	To \$4,800 for Non-surgical; To \$9,600 for Surgical; Partial - 50% of full dislocation; Multiple - 200% of highest dislocation benefit
Emergency Treatment	\$225	\$300
Epidural Anesthesia Injection (per Injection)	\$60, 2 maximum	\$100, 2 maximum
Eye Injury	\$100 for removal of foreign object, \$200 for surgical repair	\$200 for removal of foreign object, \$400 for surgical repair
Fractures	To \$7,500 for Non-surgical; To \$15,000 for Surgical repair; Chip fracture: 50% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture	To \$10,000 for Non-surgical; To \$20,000 for Surgical repair; Chip fracture: 50% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture
Initial Hospital Admission	\$900	\$1,000
Initial Intensive Care Unit (ICU) Hospital Admission	\$1,500	\$2,000
Hospital Confinement (per Day)	\$250, 365 days maximum	\$300, 365 days maximum
Intensive Care Unit (ICU) Confinement (per Day)	\$500, 30 days maximum	\$600, 30 days maximum
Lacerations	To \$400	To \$800
Lodging (per Day)	\$100 per day up to 30 days if more than 100 miles from residence	\$200 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$140	\$200
Organized Youth Sports Benefit	25% of the benefit amount	25% of the benefit amount
Paralysis	\$25,000 quadriplegia; \$12,500 paraplegia/hemiplegia	\$50,000 quadriplegia; \$25,000 paraplegia/hemiplegia
Physical Therapy (per Session)	\$35, 12 sessions maximum	\$50, 12 sessions maximum
Physician Visit	\$60 Initial, \$60 Follow-up	\$100 Initial, \$100 Follow-up
Prosthesis	\$500 for one, \$1,000 for two or more	\$1,000 for one, \$2,000 for two or more
Rehabilitation Facility Confinement (per Day)	\$50, 30 days maximum	\$150, 30 days maximum
Surgery	\$170 for Exploratory; \$510 for Knee Cartilage; \$1,700 for Abdominal or Thoracic; \$850 for Ruptured Disc; to \$1,020 Tendon, Ligament, or Rotator cuff	\$250 for Exploratory; \$750 for Knee Cartilage; \$2,500 for Abdominal or Thoracic; \$1,250 for Ruptured Disc; to \$1,500 Tendon, Ligament, or Rotator cuff
Transportation	\$75, if more than 100 miles from residence	\$150, if more than 100 miles from residence
X-Rays	\$100	\$150
Accidental Death Benefits	Plan A	Plan C
Employee AD&D	\$25,000	\$50,000

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.

Reliance Matrix is a branding name. 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.

Spouse AD&D	\$12,500	\$25,000
Child AD&D	\$6,250	\$12,500
Common Carrier	100%	100%
Accidental Dismemberment Benefits	% of Plan A AD Benefit	% of Plan C AD Benefit
Single Loss	50%	50%
Multiple Loss (Catastrophic)	100%	100%
Thumb / Finger / Toe	1%	1%
2+ Thumb / Finger / Toe	3%	3%
Speech	100%	100%
Wellness (Health Screening) Benefit	Plan A	Plan C
Wellness (Health Screening)	\$75	\$75

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