

Plan Highlights

Group Accident

Saks Global Enterprises, 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. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare. This plan covers accidents that occur on and off the job.

ELIGIBILITY

All eligible Employees and their Dependents as defined by Saks Global 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% increase in total payout 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 well child visits - pays \$75 once per year per covered person (not to exceed total of 6 per family)

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

BI-WEEKLY PREMIUM

Coverage	Cost
Employee	\$3.43
Employee and Spouse	\$6.59
Employee and Children	\$7.33
Employee and Family	\$10.14



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Included Benefits

Benefits	PLAN B
Ambulance Transportation	\$500 Ground \$2,500 Air
Blood/Plasma/Platelets	\$400
Burns	
2nd Degree Burns	
Covering less than 10% of the body	\$300
Covering 10% but less than 25% of the body	\$600
Covering 25% but less than 35% of the body	\$1,200
Covering 35% or greater of the body	\$2,400
3rd Degree Burns	
Covering less than 10% of the body	\$2,400
Covering 10% but less than 25% of the body	\$4,800
Covering 25% but less than 35% of the body	\$9,600
Covering 35% or greater of the body	\$19,200
Skin Graft	50%
Chiropractic Services Limit 12 per calendar year per family	\$50 per session, 6 sessions maximum
Coma	\$10,000
Concussion	\$400
Dental Injury	\$375 for Crown; \$125 for Extraction
Diagnostic Examination	\$200 per CT/MRI scan
Dislocations	Surgical / Non-Surgical
Ankle	\$4,200 / \$2,100
Collarbone	\$4,200 / \$2,100
Elbow	\$2,100 / \$1,050
Finger	\$700 / \$350
Foot	\$4,200 / \$2,100
Hand	\$2,100 / \$1,050
Hip	\$11,200 / \$5,600
Knee	\$7,000 / \$3,500
Lower Jaw	\$2,100 / \$1,050
Shoulder	\$2,100 / \$1,050
Toe	\$700 / \$350
Wrist	\$2,100 / \$1,050



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Benefits	PLAN B
Partial Dislocation	50%
Amount of benefit for non-surgical dislocation	
Multiple Dislocations	200%
Percent of highest benefit for any one dislocation among all dislocations sustained	
Emergency Treatment	\$300
Epidural Anesthesia Injections	\$100 per injection, 2 maximum
Eye Injury	\$250 for removal of foreign object, \$500 for surgical repair
Fractures	Surgical / Non-Surgical
Ankle	\$3,000 / \$1,500
Arm	\$3,000 / \$1,500
Bones of Face	\$1,500 / \$750
Coccyx	\$1,500 / \$750
Collarbone	\$3,000 / \$1,500
Elbow	\$3,000 / \$1,500
Finger	\$500 / \$250
Foot	\$3,000 / \$1,500
Hand	\$3,000 / \$1,500
Hip	\$16,000 / \$8,000
Kneecap	\$3,000 / \$1,500
Leg	\$8,000 / \$4,000
Jaw	\$3,000 / \$1,500
Nose	\$1,500 / \$750
Pelvis	\$8,000 / \$4,000
Rib	\$1,500 / \$750
Shoulder Blade	\$3,000 / \$1,500
Skull (Except bones of face or nose - Depressed)	\$25,000 / \$12,500
Skull (Simple)	\$7,500 / \$3,750
Sternum	\$3,000 / \$1,500
Toe	\$500 / \$250
Vertebrae	\$3,000 / \$1,500
Vertebral Column	\$8,000 / \$4,000
Wrist	\$3,000 / \$1,500
Chip Fractures	50%
Amount of benefit for non-surgical fracture	
Multiple Fracture	200%
Amount of the highest benefit for any one fracture among all fractures sustained	
Hospitalization	



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Benefits	PLAN B
Initial Hospital Admission	\$1,250
Initial ICU Hospital Admission	\$1,250
Hospital Confinement (per Day)	\$300 per day, 365 days maximum
ICU Confinement (per Day)	\$600 per day, 30 days maximum
Lacerations	
No Sutures Required	\$60
Sutures Required	Less than 2" long \$120
Total length of all sutured	
Lacerations	
	2" but less than 6" long \$480
	6" long or greater \$960
Lodging	\$150 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$225
Organized Youth Sports Benefit	25%
% of benefit amount, excluding the AD&D benefit, if applicable	
Paralysis Benefits	\$20,000 quadriplegia; \$10,000 paraplegia / hemiplegia
Physical Therapy	\$50 per session; 12 sessions maximum
Physician Office Visit	\$100 Initial, \$100 Follow-up
Prosthesis	\$1,000 for one, \$2,000 for two or more
Rehabilitation Facility Confinement	\$100 per day, 30 days maximum
Surgery Benefits	
Abdominal or Thoracic	\$1,500
Exploratory Surgery (no repair)	\$150
Knee Cartilage (surgically repaired)	\$450
Ruptured Disc (surgically repaired)	\$750
Rotator Cuff (one surgically repaired)	\$450
Rotator Cuff (two or more surgically repaired)	\$900
Tendon or Ligament (one surgically repaired)	\$450
Tendon or Ligament (two or more surgically repaired)	\$900
Transportation	\$600, if more than 100 miles from residence
X-rays per covered accident	\$100
Accidental Death & Dismemberment Benefits	



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Benefits	PLAN B
Accidental Death Benefit	Employee: \$50,000 Spouse: \$25,000 Child(ren): \$12,500
Accidental Death on Common Carrier	100% of Death Benefit
Accidental Dismemberment	
Single Loss	50% of Death Benefit
Thumb/Finger/Toe (may be subject to minimum dollar amount)	1% of Death Benefit
Multiple Loss (Catastrophic)	100% of Death Benefit
Speech	100% of Death Benefit
2+ Thumb/Finger/Toe (may be subject to minimum dollar amount)	3% of Death Benefit
Two or more losses except the loss of fingers, thumbs or toes is a separate category	100% of Death Benefit
Additional Features	
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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