

## Plan Highlights

# Group Accident



**Broward Health**  
Employee Benefits

## North Broward Hospital District D/B/A Broward Health

### 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 North Broward Hospital District D/B/A Broward Health 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

### Employer Facility Benefit

You, or your Insured Dependent, will receive a multiplier, applied to an applicable benefit amount, if you or your Insured Dependent qualify for benefits under the Policy and are initially admitted or confined at specific hospitals, outpatient facilities or other medical facilities that are owned and/or operated by your employer.

### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

### MONTHLY PREMIUM

Coverage	Plan B
Employee	\$8.21
Employee and Spouse	\$13.40
Employee and Children	\$16.70
Employee and Family	\$21.88



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## Included Benefits

Benefits	PLAN B
Ambulance Transportation	\$200 Ground \$1,000 Air
Blood/Plasma/Platelets	\$300
Burns	
2nd Degree Burns	
Covering less than 10% of the body	\$175
Covering 10% but less than 25% of the body	\$350
Covering 25% but less than 35% of the body	\$700
Covering 35% or greater of the body	\$1,400
3rd Degree Burns	
Covering less than 10% of the body	\$1,400
Covering 10% but less than 25% of the body	\$2,800
Covering 25% but less than 35% of the body	\$5,600
Covering 35% or greater of the body	\$11,200
Skin Graft	50%
Chiropractic Services Limit 12 per calendar year per family	\$50 per session, 6 sessions maximum
Coma	\$7,500
Concussion	\$350
Dental Injury	\$150 for Crown; \$50 for Extraction
Diagnostic Examination	\$150 per CT/MRI scan
Dislocations	
Ankle	\$5,100 / \$2,550
Collarbone	\$5,100 / \$2,550
Elbow	\$2,550 / \$1,275
Finger	\$850 / \$425
Foot	\$5,100 / \$2,550
Hand	\$2,550 / \$1,275
Hip	\$13,600 / \$6,800
Knee	\$8,500 / \$4,250
Lower Jaw	\$2,550 / \$1,275
Shoulder	\$2,550 / \$1,275
Toe	\$850 / \$425
Wrist	\$2,550 / \$1,275
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	\$201
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	\$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 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)	\$300 per day, 365 days maximum

<b>Benefits</b>	<b>PLAN B</b>
ICU Confinement (per Day)	\$600 per day, 30 days maximum
<b>Lacerations</b>	
No Sutures Required	\$50
Sutures Required	Less than 2" long \$100
Total length of all sutured Lacerations	2" but less than 6" long \$400 6" long or greater \$800
Lodging	\$150 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$75
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	\$50 per session; 12 sessions maximum
Physician Office Visit	\$100 Initial, \$100 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	\$2,000
Exploratory Surgery (no repair)	\$200
Knee Cartilage (surgically repaired)	\$600
Ruptured Disc (surgically repaired)	\$1,000
Rotator Cuff (one surgically repaired)	\$600
Rotator Cuff (two or more surgically repaired)	\$1,200
Tendon or Ligament (one surgically repaired)	\$600
Tendon or Ligament (two or more surgically repaired)	\$1,200
Transportation	\$450, if more than 100 miles from residence
X-rays per covered accident	\$50
<b>Additional Features</b>	
Employer Facility Benefit	50%
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.