

Plan Highlights

Voluntary Group Accident Insurance



Refresco Beverages US Inc.

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 scheduled to work 30 hours or more per week (excluding Concordville Union Employees) and All Active Part-Time Employees of Greendale Union scheduled to work 15 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.

MONTHLY PREMIUM

Coverage	Plan A	Plan B
Employee	\$ 7.64	\$ 10.53
Employee and Spouse	\$ 17.02	\$ 23.23
Employee & Children	\$ 15.08	\$ 20.68
Employee & Family	\$ 21.10	\$ 28.32

FEATURES

- ▶ Portability to Employee Age 70
- ▶ FMLA/MSLA Continuation
- ▶ Newlywed and Newborn Provision
- ▶ 24-Hour Travel Assistance Services
- ▶ Off the Job Coverage

Benefits	Plan A	Plan B
Ambulance	\$225 Ground, \$1,125 Air	\$300 Ground, \$1,500 Air
Blood, Plasma and Platelets	\$400	\$500
Burns	To \$1,256 for 2nd degree burns; To \$10,048 for 3rd degree burns; Skin Graft - 50.00% of benefit payable for Burns	To \$1,880 for 2nd degree burns; To \$15,040 for 3rd degree burns; Skin Graft - 50.00% of benefit payable for Burns
Chiropractic Services (per Visit)	\$35 per session, 6 sessions maximum	\$50 per session, 6 sessions maximum
Coma	\$7,500	\$10,000
Concussion	\$250	\$500
Dental Injury	\$225 for Crown; \$75 for Extraction	\$345 for Crown; \$115 for Extraction
Diagnostic Exams	\$150 per CT/MRI scan	\$200 per CT/MRI scan
Dislocation	To \$3,200 for Non-surgical; To \$6,400 for Surgical; Partial - 25% of full dislocation; Multiple - 200% of highest dislocation benefit	To \$5,360 for Non-surgical; To \$10,720 for Surgical; Partial - 25% of full dislocation; Multiple - 200% of highest dislocation benefit
Emergency Treatment	\$150	\$225
Epidural Anesthesia Injection (per Injection)	\$75, 2 maximum	\$200, 2 maximum
Eye Injury	\$150 for removal of foreign object, \$300 for surgical repair	\$200 for removal of foreign object, \$400 for surgical repair
Fractures	To \$5,000 for Non-surgical; To \$10,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture	To \$6,250 for Non-surgical; To \$12,500 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture
Initial Hospital Admission	\$1,000	\$1,500
Initial Intensive Care Unit (ICU) Hospital Admission	\$1,000	\$1,500
Hospital Confinement (per Day)	\$200, 365 days maximum	\$300, 365 days maximum
Intensive Care Unit (ICU) Confinement (per Day)	\$400, 30 days maximum	\$600, 30 days maximum
Lacerations	To \$400	To \$700
Lodging (per Day)	\$100 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
Medical Appliances	\$300	\$500
Organized Youth Sports Benefit	25% of the benefit amount	25% of the benefit amount
Paralysis	\$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia	\$40,000 quadriplegia; \$20,000 paraplegia/hemiplegia
Physical Therapy (per Session)	\$35, 12 sessions maximum	\$50, 12 sessions maximum
Physician Visit	\$75 Initial, \$75 Follow-up	\$100 Initial, \$100 Follow-up
Prosthesis	\$750 for one, \$1,500 for two or more	\$1,000 for one, \$2,000 for two or more
Rehabilitation Facility Confinement (per Day)	\$150, 30 days maximum	\$200, 30 days maximum
Surgery	\$150 for Exploratory; \$450 for Knee Cartilage; \$1,500 for Abdominal or Thoracic; \$750 for Ruptured Disc; to \$900 Tendon, Ligament, or Rotator cuff	\$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
Transportation	\$300, if more than 100 miles from residence	\$405, if more than 100 miles from residence
X-Rays	\$150	\$200
Accidental Death Benefits	Plan A	Plan B
Employee AD&D	\$25,000	\$50,000
Spouse AD&D	\$12,500	\$25,000
Child AD&D	\$5,000	\$10,000
Common Carrier	100%	100%
Wellness (Health Screening) Benefit	Plan A	Plan B
Wellness (Health Screening)	\$100	\$100



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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.