

Plan Highlights

Group Accident

Ormat Technologies, Inc.

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 Ormat Technologies, Inc. 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

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

MONTHLY PREMIUM

Coverage	Plan A
Employee	\$11.89
Employee and Spouse	\$18.28
Employee and Children	\$15.51
Employee and Family	\$22.42



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Included Benefits

Benefits	PLAN A
Ambulance Transportation	\$300 Ground \$1,500 Air
Blood/Plasma/Platelets	\$200
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%
Coma	\$5,000
Concussion	\$100
Dental Injury	\$150 for Crown; \$50 for Extraction
Diagnostic Examination	\$240 per CT/MRI scan
Dislocations	Surgical / Non-Surgical
Ankle	\$3,600 / \$1,800
Collarbone	\$3,600 / \$1,800
Elbow	\$1,800 / \$900
Finger	\$600 / \$300
Foot	\$3,600 / \$1,800
Hand	\$1,800 / \$900
Hip	\$9,600 / \$4,800
Knee	\$6,000 / \$3,000
Lower Jaw	\$1,800 / \$900
Shoulder	\$1,800 / \$900
Toe	\$600 / \$300
Wrist	\$1,800 / \$900
Partial Dislocation	50%
Amount of benefit for non-surgical dislocation	



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Benefits	PLAN A
Multiple Dislocations Percent of highest benefit for any one dislocation among all dislocations sustained	200%
Emergency Treatment	\$150
Eye Injury	\$100 for removal of foreign object, \$200 for surgical repair
Fractures	Surgical / Non-Surgical
Ankle	\$1,800 / \$900
Arm	\$1,800 / \$900
Bones of Face	\$900 / \$450
Coccyx	\$900 / \$450
Collarbone	\$1,800 / \$900
Elbow	\$1,800 / \$900
Finger	\$300 / \$150
Foot	\$1,800 / \$900
Hand	\$1,800 / \$900
Hip	\$9,600 / \$4,800
Kneecap	\$1,800 / \$900
Leg	\$4,800 / \$2,400
Jaw	\$1,800 / \$900
Nose	\$900 / \$450
Pelvis	\$4,800 / \$2,400
Rib	\$900 / \$450
Shoulder Blade	\$1,800 / \$900
Skull (Except bones of face or nose - Depressed)	\$15,000 / \$7,500
Skull (Simple)	\$4,500 / \$2,250
Sternum	\$1,800 / \$900
Toe	\$300 / \$150
Vertebrae	\$1,800 / \$900
Vertebral Column	\$4,800 / \$2,400
Wrist	\$1,800 / \$900
Chip Fractures Amount of benefit for non-surgical fracture	50%
Multiple Fracture Amount of the highest benefit for any one fracture among all fractures sustained	200%
Hospitalization	
Initial Hospital Admission	\$1,500
Initial ICU Hospital Admission	\$1,500
Hospital Confinement (per Day)	\$200 per day, 365 days maximum
ICU Confinement (per Day)	\$400 per day, 30 days maximum



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Benefits	PLAN A
Lacerations	
No Sutures Required	\$25
Sutures Required	Less than 2" long \$50
Total length of all sutured Lacerations	2" but less than 6" long \$200
	6" long or greater \$400
Lodging	\$100 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$100
Organized Youth Sports Benefit	25%
% of benefit amount, excluding the AD&D benefit, if applicable	
Paralysis Benefits	\$10,000 quadriplegia; \$5,000 paraplegia / hemiplegia
Physical Therapy	\$50 per session; 12 sessions maximum
Physician Office Visit	\$150 Initial, \$150 Follow-up
Prosthesis	\$500 for one, \$1,000 for two or more
Surgery Benefits	
Abdominal or Thoracic	\$1,000
Exploratory Surgery (no repair)	\$100
Knee Cartilage (surgically repaired)	\$300
Ruptured Disc (surgically repaired)	\$500
Rotator Cuff (one surgically repaired)	\$300
Rotator Cuff (two or more surgically repaired)	\$600
Tendon or Ligament (one surgically repaired)	\$300
Tendon or Ligament (two or more surgically repaired)	\$600
Transportation	\$300, if more than 100 miles from residence
X-rays per covered accident	\$25
Accidental Death & Dismemberment Benefits	
Accidental Death Benefit	Employee: \$15,000 Spouse: \$15,000 Child(ren): \$5,000
Accidental Death on Common Carrier	100% of Death Benefit
Accidental Dismemberment	
Single Loss	50% of Death Benefit
Thumb/Finger/Toe	1% of Death Benefit
Multiple Loss (Catastrophic)	100% of Death Benefit



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Benefits	PLAN A
Speech	100% of Death Benefit
2+ Thumb/Finger/Toe	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	\$50
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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