Plan Highlights

Group Accident

Bright Health Management, Inc. dba NeueHealth

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 Bright Health Management, Inc. dba NeueHealth 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	$9.64
Employee and Spouse	$14.80
Employee and Children	$18.57
Employee and Family	$24.11

BENEFIT	PLAN A
Ambulance Transportation	$300 Ground $1,500 Air
Blood/Plasma/Platelets	$500
Burns	
2nd Degree Burns	
Covering less than 10% of the body	$160
Covering 10% but less than 25% of the body	$320
Covering 25% but less than 35% of the body	$640
Covering 35% or greater of the body	$1,280
3rd Degree Burns	
Covering less than 10% of the body	$1,280
Covering 10% but less than 25% of the body	$2,560
Covering 25% but less than 35% of the body	$5,120
Covering 35% or greater of the body	$10,240
Skin Graft	50%
Chiropractic Services *Limit 12 per calendar year per person*	$50 per session, 6 sessions maximum

BENEFIT	PLAN A
Coma	$10,000
Concussion	$400
Dental Injury	$450 for Crown; $150 for Extraction
Diagnostic Examination	$200 per CT/MRI scan
Dislocations	Surgical / Non-Surgical
Ankle	$3,240 / $1,620
Collarbone	$3,240 / $1,620
Elbow	$1,620 / $810
Finger	$540 / $270
Foot	$3,240 / $1,620
Hand	$1,620 / $810
Hip	$8,640 / $4,320
Knee	$5,400 / $2,700
Lower Jaw	$1,620 / $810
Shoulder	$1,620 / $810
Toe	$540 / $270
Wrist	$1,620 / $810
Partial Dislocation *Amount of benefit for non-surgical dislocation*	25%
Multiple Dislocations *Amount of highest benefit for any one dislocation among all dislocations sustained*	200%
Emergency Treatment	$150
Epidural Anesthesia Injection	$100 per injection, 2 maximum
Eye Injury	$150 for removal of foreign object, $300 for surgical repair
Fractures	Surgical / Non-Surgical
Ankle	$1,620 / $810
Arm	$1,620 / $810
Bones of Face	$810 / $405
Coccyx	$810 / $405
Collarbone	$1,620 / $810
Elbow	$1,620 / $810
Finger	$270 / $135
Foot	$1,620 / $810
Hand	$1,620 / $810
Hip	$8,640 / $4,320
Kneecap	$1,620 / $810
Leg	$4,320 / $2,160
Jaw	$1,620 / $810
Nose	$810 / $405
Pelvis	$4,320 / $2,160
Rib	$810 / $405
Shoulder Blade	$1,620 / $810
Skull (Except bones of face or nose - Depressed)	$13,500 / $6,750
Skull (Simple)	$4,050 / $2,025
Sternum	$1,620 / $810
Toe	$270 / $135
Vertebrae	$1,620 / $810
Vertebral Column	$4,320 / $2,160
Wrist	$1,620 / $810
Chip Fractures *Amount of benefit for non-surgical fracture*	25%
Multiple Fractures *Amount of highest benefit for any one fracture among all fractures sustained*	200%
Hospitalization	
Initial Hospital Admission	$1,000
Initial ICU Hospital Admission	$2,000
Hospital Confinement (per Day)	$200 per day, 365 days maximum

BENEFIT	PLAN A
ICU Confinement (per Day)	$400 per day, 30 days maximum
Lacerations *(Total length of all sutured lacerations)*	
No Sutures Required	$40
Sutures Less Than 2"	$80
Sutures 2" but less than 6"	$320
Sutures 6" or greater	$640
Lodging (per day)	$200 per day up to 30 days if more than 100 miles from residence
Medical Appliances	$500
Organized Youth Sports Benefit *% of benefit amount, excluding the AD&D benefit, if applicable*	25%
Paralysis	$20,000 quadriplegia; $10,000 paraplegia / hemiplegia
Physical Therapy	$50 per session; 12 sessions maximum
Physician Visit	$100 Initial, $100 Follow-up
Prosthesis	$750 for one, $1,500 for two or more
Rehabilitation Facility Confinement	$200 per day, 30 days maximum
Surgery	
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	$405, if more than 100 miles from residence
X-Rays *per covered accident*	$100
Accidental Dismemberment Benefits	
Accidental Death Benefits	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	1% of Death Benefit
Multiple Loss *(Catastrophic)*	100% of Death Benefit
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.