

Plan Highlights



Voluntary Group Accident Insurance

Palm Beach County Firefighters Employee Benefits Fund

COVERAGE

Voluntary 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 child care.

ELIGIBILITY

All Active Full-Time bargaining unit employees of Palm Beach County Fire Rescue in pay status, all full-time non-bargaining unit employees of Palm Beach County Fire Rescue in pay status that are participants in the Palm Beach County Firefighters Employee Benefits Fund, all full-time employees of the Professional Firefighters/Paramedics of Palm Beach County, Local 2928 IAFF, Inc. in pay status, and all full-time employees of the Palm Beach County Firefighters Employee Benefits Fund in pay status, and all full-time employees of the Palm Beach County Firefighters Health Clinic LLC in pay status.

Dependents: You must be insured in order for Dependents to be covered. Dependents are:

- Ø Your legal Spouse. Spouse must be under age 70 at date of application.
- Ø Your dependent children* from birth to 26 years.

*natural, legal adopted, children, children dependent on Insured during waiting period before adoption, stepchildren, and foster children in Insured's custody.

FEATURES

- „ Portability to employee age 70
- „ FMLA/MSLA Continuation

BENEFIT AMOUNT

See Full Schedule of Benefits on next page

CONTRIBUTION REQUIREMENTS

Employer paid for employee
Employee paid for dependents

EXCLUSIONS

Benefits will not be paid for any loss caused by: sickness; suicide; war; air travel (except as a passenger on commercial flights); assault/felony; acute or chronic intoxication; voluntary consumption of illegal or controlled substance or prescribed narcotic or drug.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL 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-9462-0111, et al.

SCHEDULE OF BENEFITS

Plan A	
Emergency Care Benefits	
Ambulance Transportation	\$100 Ground, \$500 Air
Emergency Treatment	\$150
Diagnostic Examination (once per covered accident)	\$100
Initial Physician Office Visit(once per covered accident)	\$50
General Treatment Benefits	
Initial Hospital Admission(once per covered accident)	\$500
Initial ICU Hospital Admission	\$1,000
Hospital Confinement per day	\$200, 365 days max
ICU Confinement per day	\$400, 30 days max
Rehabilitation Facility Confinement	\$50/day, 30 days max
Follow-up Physician Office Visit (once per covered accident)	\$50
Transportation(more than 100 miles, 3 roundtrips max)	\$300
Lodging (for 1 person, more than 100 miles from residence)	\$100/30 days max
Paralysis Benefits	
Paralysis Benefits	\$10,000 quadriplegia;\$5,000 paraplegia/hemiplegia
Surgery Benefits	
Surgery Benefits	\$100 for Exploratory no repair; \$300 for Knee Cartilage \$1,000 for Abdominal or Thoracic;\$500 for Ruptured Disc; Up to \$600 Tendon, Ligament, or Rotator Cuff
Transitional Benefits	
Medical Appliance	\$100
Prosthesis	\$1,000 for two or more, \$500 for one
Physical Therapy	\$25 per session, up to 6 sessions
Specific Covered Injury & Treatment Benefits	
Fractures	Up to \$5,000 for certain surgical repair; Up to \$2,500 for non-surgical; Chip:25% of non-surgical full fracture benefit; Multiple:100% of highest sustained fracture
Dislocations	Up to \$3,200 for surgical; Up to \$1,600 for non-surgical; Partial– 25% of non-surgical full dislocation; Multiple– 100% of highest dislocation benefit
Blood/Plasma/Platelets	\$200
Burns	Up to \$800 for 2nd degree burns; Up to \$6400 for 3rd degree burns; Skin Graft– 25% of benefit payable for Burns
Coma	\$5,000
Concussion	\$100
Dental Injury	\$150 for Crown; \$50 for Extraction
Eye Injury	\$100 for removal of foreign object; \$200 for surgical repair
Lacerations	Up to \$400

**Reliance Standard Voluntary Plans
Accident Insurance
Premium Table**

Plan Holder: Palm Beach County Firefighters Employee Benefits Fund

Scheduled Benefit Class 01:

Your employer is contributing 100% towards your coverage. The premium table below reflects your total premium after your employer's contribution. Each eligible employee may elect a Plan Type and Coverage Option from the table below.

- **Plan Type:** Choose from the options below, refer to your plan highlight sheet for plan details
- **Coverage Options:** Employee Only, Employee and Spouse, Employee and Child(ren), or Employee & Family (which includes both spouse and child(ren))

Semi-Monthly Premiums

Plan Type	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Plan A	\$0.00	\$2.13	\$4.73	\$6.68

Please note, these rates are approximate and subject to change.