

# Plan Highlights

## Voluntary Group Accident Insurance



### Illinois Eastern Community Colleges - 2024

#### 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

**Employees:** Each Active Full-Time Bargaining-Unit Faculty member and each Full-Time Employee regularly working 40 or more hours per week, except any person working on a temporary or seasonal basis. Employee must be under age 70 at date of application.

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

- > Your legal spouse or your domestic partner or civil union partner if legally recognized under applicable state law. Spouse must be under age 70 at date of application.
- > Your unmarried dependent child(ren)\* under age 26; or 30 if the dependent is an Illinois resident; served as a member of the active or reserve components of any of the branches of the Armed Forces of the United States, and has received a release or discharge other than a dishonorable discharge.

\*adoptive, step-children and foster children who are financially dependent on you for support

Age limit does not apply to handicapped children.  
A person may not have coverage as both an Employee and Dependent.

#### BENEFIT AMOUNT

See Full Schedule of Benefits on next page

#### BENEFIT REDUCTION DUE TO AGE- AD&D

(applicable to employee/spouse coverage)

Age	Original Benefit Reduced to:
65	50%
70	25%

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

#### RATES

Coverage Types	Plan A Premiums	Plan B Premiums	Plan C Premiums
Employee	\$ 8.70	\$12.65	\$17.99
Employee & Spouse	\$14.07	\$20.42	\$28.63
Employee & Child(ren)	\$17.50	\$25.24	\$34.68
Employee & Family	\$23.12	\$33.38	\$45.92

#### FEATURES

Portability to employee age 70 FMLA/MSLA Continuation

#### 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; or injuries arising out of or in the course of employment for wage or profit

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-9453-0111 ,et al.

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### Illinois Eastern Community Colleges-2024

#### SCHEDULE OF BENEFITS

	Plan A	Plan B	Plan C
<b>Emergency Care Benefits</b>			
Ambulance Transportation	\$100 Ground, \$500 Air	\$150 Ground, \$750 Air	\$200 Ground, \$1000 Air
Emergency Treatment	\$150	\$200	\$250
Diagnostic Examination (once per covered accident)	\$100	\$200	\$400
Initial Physician Office Visit (once per covered accident)	\$50	\$75	\$100
<b>General Treatment Benefits</b>			
Initial Hospital Admission (once per covered accident)	\$500	\$1,000	\$1,500
Initial ICU Hospital Admission	\$1,000	\$1,500	\$2,250
Hospital Confinement per day	\$200, 365 days max	\$250, 365 days max	\$350, 365 days max
ICU Confinement per day	\$400, 30 days max	\$500, 30 days max	\$700, 30 days max
Rehabilitation Facility Confinement	\$50/day, 30 days max	\$100/day, 30 days max	\$150/day, 30 days max
Follow-up Physician Office Visit (once per covered accident)	\$50	\$75	\$100
Transportation (more than 100 miles, 3 roundtrips max)	\$300	\$450	\$600
Lodging (for 1 person, more than 100 miles from residence)	\$100/30 days max	\$150/30 days max	\$200/30 days max
<b>Paralysis Benefits</b>			
Paralysis Benefits	\$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia	\$15,000 quadriplegia; \$7,500 paraplegia/hemiplegia	\$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia
<b>Surgery Benefits</b>			
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	\$150 for Exploratory no repair; \$450 for Knee Cartilage; \$1,500 for Abdominal or Thoracic; \$750 for Ruptured Disc; Up to \$900 Tendon, Ligament, or Rotator Cuff	\$200 for Exploratory no repair; \$800 for Knee Cartilage; \$2,000 for Abdominal or Thoracic; \$1,000 for Ruptured Disc; Up to \$1,500 Tendon, Ligament, or Rotator Cuff
<b>Transitional Benefits</b>			
Medical Appliance	\$100	\$150	\$200
Prosthesis	\$1,000 for two or more, \$500 for one	\$1,500 for two or more, \$750 for one	\$2,000 for two or more, \$1,000 for one
Physical Therapy	\$25 per session, up to 6 sessions	\$35 per session, up to 6 sessions	\$50 per session, up to 6 sessions

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### Illinois Eastern Community Colleges- 2024

#### SCHEDULE OF BENEFITS (Continued)

	Plan A	Plan B	Plan C
<b>Specific Covered Injury &amp; Treatment Benefits</b>			
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	Up to \$7,500 for certain surgical repair; Up to \$3,750 for non-surgical; Chip:25% of non-surgical full fracture benefit; Multiple:100% of highest sustained fracture	Up to \$10,000 for certain surgical repair; Up to \$5,000 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	Up to \$4,800 for surgical; Up to \$2,400 for non-surgical; Partial- 25% of non-surgical full dislocation; Multiple-100% of highest dislocation benefit	Up to \$6,400 for surgical; Up to \$3,200 for non-surgical; Partial- 25% of non-surgical full dislocation; Multiple-100% of highest dislocation benefit
Blood/Plasma/Platelets	\$200	\$300	\$400
Burns	Up to \$800 for 2nd degree burns; Up to \$6400 for 3rd degree burns; Skin Graft- 25% of benefit payable for Burns	Up to \$1,600 for 2nd degree burns; Up to \$12,800 for 3rd degree burns; Skin Graft- 25% of benefit payable for Burns	Up to \$3,200 for 2nd degree burns; Up to \$25,600 for 3rd degree burns; Skin Graft- 25% of benefit payable for Burns
Coma	\$5,000	\$7,500	\$10,000
Concussion	\$100	\$150	\$200
Dental Injury	\$150 for Crown; \$50 for Extraction	\$300 for Crown; \$75 for Extraction	\$400 for Crown; \$100 for Extraction
Eye Injury	\$100 for removal of foreign object; \$200 for surgical repair	\$150 for removal of foreign object; \$300 for surgical repair	\$200 for removal of foreign object; \$400 for surgical repair
Lacerations	Up to \$400	Up to \$600	Up to \$800
<b>Accidental Death &amp; Dismemberment Benefits</b>			
Accidental Death	Employee: \$25,000 Spouse: \$12,500	Employee: \$50,000 Spouse: \$25,000	Employee: \$100,000 Spouse: \$50,000
Common Carrier	100% of Accidental Death Benefit	100% of Accidental Death Benefit	100% of Accidental Death Benefit
<b>Accidental Dismemberment</b>			
Single Loss- hand/foot/arm/leg/sight in one eye/hearing in one ear	50% of Accidental Death Benefit	50% of Accidental Death Benefit	50% of Accidental Death Benefit
Catastrophic Loss- 2+ losses (except thumb, finger or toe)	100% of Accidental Death Benefit	100% of Accidental Death Benefit	100% of Accidental Death Benefit
Thumb/Finger/Toe	\$250-\$750	\$500-\$1500	\$500-\$1500
Catastrophic Loss of Speech	100% of Accidental Death Benefit	100% of Accidental Death Benefit	100% of Accidental Death Benefit
<b>Wellness (Health Screening) Benefit</b>			
Wellness Benefit (Specific Health Screening Tests)	\$50	\$75	\$100