

Plan Highlights

Group Accident

Lucky Strike Entertainment

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 Lucky Strike Entertainment 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

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

WEEKLY PREMIUM

Coverage	Low Plan	High Plan
Employee	\$1.86	\$2.87
Employee and Spouse	\$2.91	\$4.64
Employee and Children	\$3.64	\$6.32
Employee and Family	\$4.75	\$8.15

BI-WEEKLY PREMIUM

Coverage	Low Plan	High Plan
Employee	\$3.72	\$5.74
Employee and Spouse	\$5.82	\$9.28
Employee and Children	\$7.28	\$12.65
Employee and Family	\$9.50	\$16.29



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Included Benefits

Benefits	Low Plan	High Plan
Ambulance	\$200 Ground	\$400 Ground
Transportation	\$1,000 Air	\$2,000 Air
Blood/Plasma/Platelets	\$250	\$500
Burns		
2nd Degree Burns		
Covering less than 10% of the body	\$160	\$313
Covering 10% but less than 25% of the body	\$320	\$626
Covering 25% but less than 35% of the body	\$640	\$1,252
Covering 35% or greater of the body	\$1,280	\$2,504
3rd Degree Burns		
Covering less than 10% of the body	\$1,280	\$2,504
Covering 10% but less than 25% of the body	\$2,560	\$5,008
Covering 25% but less than 35% of the body	\$5,120	\$10,016
Covering 35% or greater of the body	\$10,240	\$20,032
Skin Graft	50%	50%
Chiropractic Services Limit 12 per calendar year per family	\$37.5 per session, 6 sessions maximum	\$50 per session, 6 sessions maximum
Coma	\$10,000	\$15,000
Concussion	\$250	\$500
Dental Injury	\$300 for Crown; \$100 for Extraction	\$405 for Crown; \$135 for Extraction
Diagnostic Examination	\$200 per CT/MRI scan	\$400 per CT/MRI scan
Dislocations	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	\$2,400 / \$1,200	\$5,400 / \$2,700
Collarbone	\$2,400 / \$1,200	\$5,400 / \$2,700
Elbow	\$1,200 / \$600	\$2,700 / \$1,350
Finger	\$400 / \$200	\$900 / \$450
Foot	\$2,400 / \$1,200	\$5,400 / \$2,700
Hand	\$1,200 / \$600	\$2,700 / \$1,350
Hip	\$6,400 / \$3,200	\$14,400 / \$7,200
Knee	\$4,000 / \$2,000	\$9,000 / \$4,500
Lower Jaw	\$1,200 / \$600	\$2,700 / \$1,350
Shoulder	\$1,200 / \$600	\$2,700 / \$1,350
Toe	\$400 / \$200	\$900 / \$450
Wrist	\$1,200 / \$600	\$2,700 / \$1,350



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Benefits	Low Plan	High Plan
Partial Dislocation Amount of benefit for non-surgical dislocation	50%	50%
Multiple Dislocations Percent of highest benefit for any one dislocation among all dislocations sustained	200%	200%
Emergency Treatment	\$150	\$300
Eye Injury	\$50 for removal of foreign object, \$100 for surgical repair	\$100 for removal of foreign object, \$200 for surgical repair
Fractures	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	\$1,890 / \$945	\$3,750 / \$1,875
Arm	\$1,890 / \$945	\$3,750 / \$1,875
Bones of Face	\$945 / \$472.5	\$1,875 / \$937.5
Coccyx	\$945 / \$472.5	\$1,875 / \$937.5
Collarbone	\$1,890 / \$945	\$3,750 / \$1,875
Elbow	\$1,890 / \$945	\$3,750 / \$1,875
Finger	\$315 / \$157.5	\$625 / \$312.5
Foot	\$1,890 / \$945	\$3,750 / \$1,875
Hand	\$1,890 / \$945	\$3,750 / \$1,875
Hip	\$10,080 / \$5,040	\$20,000 / \$10,000
Kneecap	\$1,890 / \$945	\$3,750 / \$1,875
Leg	\$5,040 / \$2,520	\$10,000 / \$5,000
Jaw	\$1,890 / \$945	\$3,750 / \$1,875
Nose	\$945 / \$472.5	\$1,875 / \$937.5
Pelvis	\$5,040 / \$2,520	\$10,000 / \$5,000
Rib	\$945 / \$472.5	\$1,875 / \$937.5
Shoulder Blade	\$1,890 / \$945	\$3,750 / \$1,875
Skull (Except bones of face or nose - Depressed)	\$15,750 / \$7,875	\$31,250 / \$15,625
Skull (Simple)	\$4,725 / \$2,362.5	\$9,375 / \$4,687.5
Sternum	\$1,890 / \$945	\$3,750 / \$1,875
Toe	\$315 / \$157.5	\$625 / \$312.5
Vertebrae	\$1,890 / \$945	\$3,750 / \$1,875
Vertebral Column	\$5,040 / \$2,520	\$10,000 / \$5,000
Wrist	\$1,890 / \$945	\$3,750 / \$1,875
Chip Fractures Amount of benefit for non-surgical fracture	50%	50%
Multiple Fracture Amount of the highest benefit for any one fracture among all fractures sustained	200%	200%
Hospitalization		
Initial Hospital Admission	\$1,000	\$2,000
Initial ICU Hospital Admission	\$1,000	\$2,000



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Benefits	Low Plan	High Plan
Hospital Confinement (per Day)	\$200 per day, 365 days maximum	\$300 per day, 365 days maximum
ICU Confinement (per Day)	\$400 per day, 30 days maximum	\$600 per day, 30 days maximum
Lacerations		
No Sutures Required	\$25	\$50
Sutures Required	Less than 2" long \$50	Less than 2" long \$100
Total length of all sutured Lacerations	2" but less than 6" long \$200 6" long or greater \$400	2" but less than 6" long \$400 6" long or greater \$800
Medical Appliances	\$200	\$300
Organized Youth Sports Benefit % of benefit amount, excluding the AD&D benefit, if applicable	25%	25%
Physical Therapy	\$25 per session; 12 sessions maximum	\$50 per session; 12 sessions maximum
Physician Office Visit	\$75 Initial, \$75 Follow-up	\$150 Initial, \$150 Follow-up
Rehabilitation Facility Confinement	\$100 per day, 30 days maximum	\$200 per day, 30 days maximum
Surgery Benefits		
Abdominal or Thoracic	\$2,000	\$3,000
Exploratory Surgery (no repair)	\$200	\$300
Knee Cartilage (surgically repaired)	\$600	\$900
Ruptured Disc (surgically repaired)	\$1,000	\$1,500
Rotator Cuff (one surgically repaired)	\$600	\$900
Rotator Cuff (two or more surgically repaired)	\$1,200	\$1,800
Tendon or Ligament (one surgically repaired)	\$600	\$900
Tendon or Ligament (two or more surgically repaired)	\$1,200	\$1,800
X-rays per covered accident	\$50	\$75
Accidental Death & Dismemberment Benefits		
Accidental Death Benefit	Employee: \$50,000 Spouse: \$25,000 Child(ren): \$10,000	Employee: \$50,000 Spouse: \$25,000 Child(ren): \$10,000
Accidental Death on Common Carrier	100% of Death Benefit	100% of Death Benefit
Accidental Dismemberment		
Single Loss	50% of Death Benefit	50% of Death Benefit
Thumb/Finger/Toe	1% of Death Benefit	1% of Death Benefit



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Benefits	Low Plan	High Plan
Multiple Loss (Catastrophic)	100% of Death Benefit	100% of Death Benefit
Speech	100% of Death Benefit	100% of Death Benefit
2+ Thumb/Finger/Toe	3% of Death Benefit	3% of Death Benefit
Two or more losses except the loss of fingers, thumbs or toes is a separate category	100% of Death Benefit	100% of Death Benefit
Additional Features		
Portability	Included	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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