

Plan Highlights

Group Accident

AutoNation Benefits Company, 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. 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 *AutoNation Benefits Company, Inc.* and reflected in your Certificate of Insurance. **A person may not have coverage as both an Employee and Dependent.*

Employee: Each Active Full-Time Employee working 30 hours or more per week, except temporary and seasonal employees.

Spouse: Your legal spouse or domestic partner subject to state laws.

Dependent Children: From Birth to 26 years.

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.

WEEKLY PREMIUM

Coverage	Weekly Premium
Employee	\$1.26
Employee and Spouse	\$2.26
Employee and Children	\$2.68
Employee and Family	\$3.40



www.reliancematrix.com

Reliance Matrix is a branding name. Reliance Standard Life Insurance Company (Home Office Schaumburg, IL) is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. First Reliance Standard Life Insurance Company (Home Office New York, NY) is licensed in New York and Delaware. Standard Security Life Insurance Company of New York (Home Office New York, NY) is licensed in all states. Absence services are provided by Matrix Absence Management, Inc. Product features and availability may vary by state.

Included Benefits

Benefits

Ambulance Transportation	\$425 Ground \$2,125 Air
Blood/Plasma/Platelets	\$250
Burns	
2nd Degree Burns	
Covering less than 10% of the body	\$170
Covering 10% but less than 25% of the body	\$340
Covering 25% but less than 35% of the body	\$680
Covering 35% or greater of the body	\$1,360
3rd Degree Burns	
Covering less than 10% of the body	\$1,360
Covering 10% but less than 25% of the body	\$2,720
Covering 25% but less than 35% of the body	\$5,440
Covering 35% or greater of the body	\$10,880
Skin Graft	50% of the burn benefit
Chiropractic Services Limit 12 per calendar year per family	\$50 per session, 6 sessions maximum
Coma	\$10,000
Concussion	\$400
Dental Injury	\$300 for Crown; \$100 for Extraction
Diagnostic Examination	\$150 per CT/MRI scan
Dislocations	Surgical / Non-Surgical
Ankle	\$3,000 / \$1,500
Collarbone	\$3,000 / \$1,500
Elbow	\$1,500 / \$750
Finger	\$500 / \$250
Foot	\$3,000 / \$1,500
Hand	\$1,500 / \$750
Hip	\$8,000 / \$4,000
Knee	\$5,000 / \$2,500
Lower Jaw	\$1,500 / \$750
Shoulder	\$1,500 / \$750
Toe	\$500 / \$250
Wrist	\$1,500 / \$750



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Benefits

Partial Dislocation	50%
Amount of benefit for non-surgical dislocation	
Multiple Dislocations	200%
Percent of highest benefit for any one dislocation among all dislocations sustained	
Emergency Treatment <i>(includes ER, Urgent Care, Physician, Dentist)</i>	\$225
Epidural Anesthesia Injections	\$150 per injection, 2 injections maximum
Eye Injury	\$200 for removal of foreign object, \$400 for surgical repair
Fractures	Surgical / Non-Surgical
Ankle	\$1,890 / \$945
Arm	\$1,890 / \$945
Bones of Face	\$945 / \$472.50
Coccyx	\$945 / \$472.50
Collarbone	\$1,890 / \$945
Elbow	\$1,890 / \$945
Finger	\$315 / \$157.50
Foot	\$1,890 / \$945
Hand	\$1,890 / \$945
Hip	\$10,080 / \$5,040
Kneecap	\$1,890 / \$945
Leg	\$5,040 / \$2,520
Jaw	\$1,890 / \$945
Nose	\$945 / \$472.50
Pelvis	\$5,040 / \$2,520
Rib	\$945 / \$472.50
Shoulder Blade	\$1,890 / \$945
Skull (Except bones of face or nose - Depressed)	\$15,750 / \$7,875
Skull (Simple)	\$4,725 / \$2,362.50
Sternum	\$1,890 / \$945
Toe	\$315 / \$157.50
Vertebrae	\$1,890 / \$945
Vertebral Column	\$5,040 / \$2,520
Wrist	\$1,890 / \$945
Chip Fractures	50%
Amount of benefit for non-surgical fracture	
Multiple Fracture	200%
Amount of the highest benefit for any one fracture among all fractures sustained	
Hospitalization	

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Benefits	
Initial Hospital Admission	\$1,000
Initial ICU Hospital Admission	\$1,000
Hospital Confinement (per Day)	\$250 per day, 365 days maximum
ICU Confinement (per Day)	\$400 per day, 30 days maximum
Lacerations	
No Sutures Required	\$50
Sutures Required	Less than 2" long \$100
Total length of all sutured Lacerations	
	2" but less than 6" long \$400
	6" long or greater \$800
Lodging	\$75 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$200
Organized Youth Sports	Additional 25%
Benefit % of benefit amount, including the AD&D benefit	
Paralysis Benefits	\$30,000 quadriplegia; \$15,000 paraplegia / hemiplegia
Physical Therapy	\$62.50 per session; 12 sessions maximum
Physician Office Visit	\$150 Initial, \$150 Follow-up, 6 maximum
Prostheses	\$750 for one, \$1,500 for two or more
Rehabilitation Facility Confinement	\$100 per day, 30 days maximum
Surgery Benefits	
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	\$300, if more than 100 miles from residence
X-rays	\$150
per covered accident	



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Accidental Death & Dismemberment
Benefits

Accidental Death Benefit	Employee: \$25,000 Spouse: \$25,000 Child(ren): \$10,000
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
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	\$65
Portability	Included
FMLA/Military Service Leave	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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