

Plan Highlights

Voluntary Group Accident Insurance



Kelly Services

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 childcare.

ELIGIBILITY

Employees: Each Active Full-Time Employee except any person working on a temporary or seasonal basis.

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

Dependents are:

- Your legal spouse.
- Your children from birth to 26 years while attending college or other school on a full-time basis
 - * includes natural children, legally adopted children, children dependent on you during the waiting period before adoption, stepchildren, and foster children. Foster children must be in your custody to be considered a Dependent.
- Your child(ren) who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent upon you for support and maintenance

BENEFIT AMOUNT

See Full Schedule of Benefits on next page

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

MONTHLY RATES

Coverage	Premiums A	Premiums B	Premiums C
Employee	\$6.73	\$10.47	\$14.16
Employee and Spouse	\$11.95	\$17.81	\$23.66
Employee & Children	\$13.59	\$20.99	\$27.97
Employee & Family	\$18.88	\$28.48	\$37.69

FEATURES

- Portability to employee age 70
- FMLA/MSLA Continuation

EXCLUSIONS

Benefits will not be paid for any loss caused by: 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-9547-0318, et al.

Benefits	Plan A	Plan B	Plan C
Ambulance	\$100 Ground, \$500 Air	\$150 Ground, \$750 Air	\$200 Ground, \$1,000 Air
Blood, Plasma and Platelets	\$200	\$300	\$400
Burns	To \$800 for 2nd degree burns; To \$6,400 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns	To \$1,600 for 2nd degree burns; To \$12,800 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns	To \$3,200 for 2nd degree burns; To \$25,600 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns
Chiropractic Services (Per Visit)	\$25 per session, 6 sessions maximum	\$50 per session, 6 sessions maximum	\$75 per session, 6 sessions maximum
Coma	\$5,000	\$7,500	\$10,000
Concussion	\$100	\$150	\$200
Dental Injury	\$150 for Crown; \$50 for Extraction	\$300 for Crown; \$100 for Extraction	\$450 for Crown; \$150 for Extraction
Diagnostic Exams	\$100 per CT/MRI scan	\$200 per CT/MRI scan	\$400 per CT/MRI scan
Dislocation	To \$1,600 for Non-surgical; To \$3,200 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit	To \$2,400 for Non-surgical; To \$4,800 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit	To \$3,200 for Non-surgical; To \$6,400 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit
Emergency Treatment	\$150	\$225	\$225
Epidural Anesthesia Injection	\$100 per injection, 2 maximum	\$200 per injection, 2 maximum	300 per injection, 2 maximum
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
Fractures	To \$2,500 for Non-surgical; To \$5,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture	To \$3,750 for Non-surgical; To \$7,500 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture	To \$5,000 for Non-surgical; To \$10,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture
Hospital Confinement (Per Day)	\$200, 365 days maximum	\$300, 365 days	\$400, 365 days maximum
Intensive Care Unit (ICU) Confinement per Day	\$400, 30 days maximum	\$600, 30 days maximum	\$800, 30 days maximum
Initial Intensive Care Unit (ICU) Hospital Admission	\$1,000	\$1,500	\$2,250
Initial Hospital Admission	\$500	\$1,000	\$1,500
Lacerations	To \$400	To \$800	To \$1,200
Lodging (Per Day)	\$100 per day up to 30 days if more than 100 miles from residence	\$150 per day up to 30 days if more than 100 miles from residence	\$200 per day up to 30 days if more than 100 miles from residence
Medical Appliances	\$100	\$150	\$200
Organized Youth Sports Benefit	5% of the benefit Amount	5% of the benefit	5% of the benefit Amount
Paralysis	\$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia	\$15,000 quadriplegia; \$7,500 paraplegia/hemiplegia	\$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia
Physical Therapy (Per Session)	\$25, 6 sessions maximum	\$35, 6 sessions maximum	\$50, 6 sessions maximum
Physician Visit	\$50 Initial, \$50 Follow-up	\$75 Initial, \$75 Follow-up	\$100 Initial, \$100 Follow-up
Prosthesis	\$500 for one, \$1,000 for two or more	\$750 for one, \$1,500 for two or more	\$1,000 for one, \$2,000 for two or more
Rehabilitation Facility Confinement per Day)	\$50, 30 days maximum	\$100, 30 days maximum	\$150, 30 days maximum
Surgery	\$100 for Exploratory; \$300 for Knee Cartilage; \$1,000 for Abdominal or Thoracic; \$500 for Ruptured Disc; to \$600 Tendon, Ligament, or Rotator cuff	\$150 for Exploratory; \$450 for Knee Cartilage; \$1,500 for Abdominal or Thoracic; \$750 for Ruptured Disc; to \$900 Tendon, Ligament, or Rotator cuff	\$300 for Exploratory; \$900 for Knee Cartilage; \$3,000 for Abdominal or Thoracic; \$1,500 for Ruptured Disc; to \$1,800 Tendon, Ligament, or Rotator cuff
Transportation	\$300, if more than 100 miles from residence	\$450, if more than 100 miles from residence	\$600, if more than 100 miles from residence
X-Rays	\$25	\$50	\$75
Accidental Death Benefits			
Employee AD&D	n/a	\$25,000	\$50,000
Spouse AD&D	n/a	\$12,500	\$25,000
Child AD&D	n/a	\$5,000	\$10,000
Common Carrier	n/a	100%	100%
Accidental Dismemberment Benefits			
Single Loss	n/a	50%	50%
Multiple Loss (Catastrophic)	n/a	100%	100%
Thumb/Finger/Toe	n/a	1%	1%
2+Thumb/Finger/Toe	n/a	3%	3%
Speech	n/a	100%	100%
Wellness (Health Screening)	\$50	\$50	\$50