

## Plan Highlights

# Voluntary Group Accident Insurance



## Michaels Stores, Inc

### COVERAGE

Voluntary group 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 Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

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

- ▶ Your legal spouse or domestic partner.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Employee and Dependent.

### BENEFIT AMOUNT

See Full Schedule of Benefits on next page

### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

### BI-WEEKLY PREMIUM

| Coverage            | Premium  |
|---------------------|----------|
| Employee            | \$ 3.91  |
| Employee and Spouse | \$ 7.26  |
| Employee & Children | \$ 9.18  |
| Employee & Family   | \$ 12.17 |

### FEATURES

- ▶ Portability
- ▶ FMLA/MSLA Continuation
- ▶ Newlywed and Newborn Provision
- ▶ 24-Hour Travel Assistance Services

| Benefits  | Amount   |
|---|--|
| <b>Ambulance</b>  | \$350 Ground, \$1,750 Air  |
| <b>Blood, Plasma and Platelets</b>                          | \$400  |
| <b>Burns</b>  | To \$2,000 for 2nd degree burns; To \$16,000 for 3rd degree burns; Skin Graft - 50% of benefit payable for Burns   |
| <b>Chiropractic Services (per Visit)</b>                    | \$60 per session, 6 sessions maximum   |
| <b>Coma</b>   | \$10,000   |
| <b>Concussion</b>   | \$300  |
| <b>Dental Injury</b>  | \$300 for Crown; \$100 for Extraction  |
| <b>Diagnostic Exams</b>                                     | \$250 per CT/MRI scan  |
| <b>Dislocation</b>  | To \$4,000 for Non-surgical; To \$8,000 for Surgical; Partial - 50% of full dislocation; Multiple - 200% of highest dislocation benefit                          |
| <b>Emergency Treatment</b>                                  | \$225  |
| <b>Epidural Anesthesia Injection (per Injection)</b>        | \$200, 2 maximum   |
| <b>Eye Injury</b>   | \$200 for removal of foreign object, \$400 for surgical repair   |
| <b>Fractures</b>  | To \$6,250 for Non-surgical; To \$12,500 for Surgical repair; Chip fracture: 50% of non-surgical benefit; Multiple fractures: 200% of highest sustained fracture |
| <b>Initial Hospital Admission</b>                           | \$2,000  |
| <b>Initial Intensive Care Unit (ICU) Hospital Admission</b> | \$2,000  |
| <b>Hospital Confinement (per Day)</b>                       | \$350, 365 days maximum  |
| <b>Intensive Care Unit (ICU) Confinement (per Day)</b>      | \$700, 30 days maximum   |
| <b>Lacerations</b>  | To \$800   |
| <b>Lodging (per Day)</b>                                    | \$175 per day up to 30 days if more than 100 miles from residence  |
| <b>Medical Appliances</b>                                   | \$200  |
| <b>Organized Youth Sports Benefit</b>                       | 25% of the benefit amount  |
| <b>Paralysis</b>  | \$15,000 quadriplegia; \$7,500 paraplegia/hemiplegia   |
| <b>Physical Therapy (per Session)</b>                       | \$60, 12 sessions maximum  |
| <b>Physician Visit</b>                                      | \$200 Initial, \$200 Follow-up   |
| <b>Prosthesis</b>   | \$1,000 for one, \$2,000 for two or more   |
| <b>Rehabilitation Facility Confinement (per Day)</b>        | \$125, 30 days maximum   |
| <b>Surgery</b>  | \$250 for Exploratory; \$750 for Knee Cartilage; \$2,500 for Abdominal or Thoracic; \$1,250 for Ruptured Disc; to \$1,500 Tendon, Ligament, or Rotator cuff      |
| <b>Transportation</b>                                       | \$600, if more than 100 miles from residence   |
| <b>X-Rays</b>   | \$100  |

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9547, et al, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Product features and availability may vary by state.

Reliance Matrix is a branding name. Coverage is underwritten by Reliance Standard Life Insurance Company, which is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are offered by First Reliance Standard Life Insurance Company, Home Office, New York, NY. Where applicable, absence services are provided by Matrix Absence Management, Inc.