

Plan Highlights

Voluntary Group Accident Insurance



Central Garden & Pet

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: All eligible employees.

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

Dependents are:

- ▶ Your legal spouse or your domestic partner. Spouse must be under age 70 at date of application.
- ▶ Your dependent children* from birth to 26 years.

*An eligible employee's child(ren) from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible employee to be considered a Dependent; and an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.

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.

MONTHLY PREMIUM

| Coverage | Premium |
|---------------------|----------|
| Employee | \$ 11.74 |
| Employee and Spouse | \$ 19.59 |
| Employee & Children | \$ 26.69 |
| Employee & Family | \$ 34.71 |

FEATURES

- ▶ Portability to employee age 70
- ▶ FMLA/MSLA Continuation
- ▶ Newlywed and Newborn Provision
- ▶ 24-hour Travel Assistance Services

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.

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 | Amount |
|---|---|
| Ambulance | \$200 Ground, \$1,000 Air |
| Blood, Plasma and Platelets | \$226 |
| Burns | To \$1,568 for 2nd degree burns; To \$12,544 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns |
| Chiropractic Services (per Visit) | \$50 per session, 6 sessions maximum |
| Coma | \$10,000 |
| Concussion | \$175 |
| Dental Injury | \$300 for Crown; \$100 for Extraction |
| Diagnostic Exams | \$200 per CT/MRI scan |
| Dislocation | To \$4,800 for Non-surgical; To \$9,600 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit |
| Emergency Treatment | \$225 |
| Eye Injury | \$130 for removal of foreign object, \$260 for surgical repair |
| Fractures | To \$12,500 for Non-surgical; To \$25,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture |
| Initial Hospital Admission | \$1,000 |
| Hospital Confinement (per Day) | \$300, 365 days maximum |
| Intensive Care Unit (ICU) Confinement (per Day) | \$500, 30 days maximum |
| Lacerations | To \$400 |
| Lodging (per Day) | \$75 per day up to 30 days if more than 100 miles from residence |
| Medical Appliances | \$100 |
| Organized Youth Sports Benefit | 25% of the benefit amount |
| Paralysis | \$20,000 quadriplegia; \$10,000 paraplegia/hemiplegia |
| Physical Therapy (per Session) | \$40, 6 sessions maximum |
| Physician Visit | \$75 Initial, \$75 Follow-up |
| Prosthesis | \$500 for one, \$1,000 for two or more |
| Rehabilitation Facility Confinement (per Day) | \$100, 30 days maximum |
| Surgery | \$150 for Exploratory; \$450 for Knee Cartilage; \$1,500 for Abdominal or Thoracic; \$750 for Ruptured Disc; to \$900 Tendon, Ligament, or Rotator cuff |
| Transportation | \$300, if more than 100 miles from residence |
| X-Rays | \$50 |
| Wellness (Health Screening) Benefit | Amount |
| Wellness (Health Screening) | \$50 |