

## Plan Highlights

# Voluntary Group Accident Insurance



## Standard Motor Products, Inc.

### 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. 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

### BENEFIT REDUCTION DUE TO AGE

(Applicable to AD&D coverage only)

| Age | Original Benefit Reduced to |
|-----|-----------------------------|
| 65  | 50%                         |
| 70  | 25%                         |

### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

### 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  | \$150 Ground, \$750 Air   |
| Blood, Plasma and Platelets                          | \$200   |
| Burns  | To \$2,600 for 2nd degree burns; To \$20,800 for 3rd degree burns; Skin Graft - 25% of benefit payable for Burns  |
| Chiropractic Services (per Visit)                    | \$25 per session, 6 sessions maximum  |
| Coma   | \$10,000  |
| Concussion   | \$200   |
| Dental Injury  | \$150 for Crown; \$50 for Extraction  |
| Diagnostic Exams                                     | \$150 per CT/MRI scan   |
| Dislocation  | To \$3,600 for Non-surgical; To \$7,200 for Surgical; Partial - 25% of full dislocation; Multiple - 100% of highest dislocation benefit                           |
| Emergency Treatment                                  | \$225   |
| Eye Injury   | \$125 for removal of foreign object, \$250 for surgical repair  |
| Fractures  | To \$10,000 for Non-surgical; To \$20,000 for Surgical repair; Chip fracture: 25% of non-surgical benefit; Multiple fractures: 100% of highest sustained fracture |
| Initial Hospital Admission                           | \$1,000   |
| Initial Intensive Care Unit (ICU) Hospital Admission | \$1,500   |
| Hospital Confinement (per Day)                       | \$200, 365 days maximum   |
| Intensive Care Unit (ICU) Confinement (per Day)      | \$400, 30 days maximum  |
| Lacerations  | To \$400  |
| Lodging (per Day)                                    | \$100 per day up to 30 days if more than 100 miles from residence   |
| Medical Appliances                                   | \$100   |
| Organized Youth Sports Benefit                       | 5% of the benefit amount  |
| Paralysis  | \$10,000 quadriplegia; \$5,000 paraplegia/hemiplegia  |
| Physical Therapy (per Session)                       | \$50, 6 sessions maximum  |
| Physician Visit                                      | \$125 Initial, \$125 Follow-up  |
| Prosthesis   | \$500 for one, \$1,000 for two or more  |
| Rehabilitation Facility Confinement (per Day)        | \$75, 30 days maximum   |
| Surgery  | \$200 for Exploratory; \$600 for Knee Cartilage; \$2,000 for Abdominal or Thoracic; \$1,000 for Ruptured Disc; to \$1,200 Tendon, Ligament, or Rotator cuff       |
| Transportation                                       | \$300, if more than 100 miles from residence  |
| X-Rays   | \$50  |
| Accidental Death Benefits                            | Amount  |
| Employee AD&D  | \$50,000  |
| Spouse AD&D  | \$25,000  |
| Child AD&D   | \$10,000  |
| Common Carrier                                       | 100%  |
| Accidental Dismemberment Benefits                    | % of AD Benefit Amount  |
| Single Loss  | 50%   |
| Multiple Loss (Catastrophic)                         | 100%  |
| Thumb / Finger / Toe                                 | 1%  |
| 2+ Thumb / Finger / Toe                              | 3%  |
| Speech   | 100%  |

## Plan Highlights

# Voluntary Group Critical Illness Insurance



## Standard Motor Products, Inc.

### COVERAGE

Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

### ELIGIBILITY

**Employees:** All eligible employees.

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

Dependents are:

- ▶ Your legal spouse. Spouse must be under age 70 at date of application. Coverage terminates at age 75.
- ▶ 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

**Employee:** Choose from a benefit of \$5,000 to a maximum of \$30,000 in \$1,000 increments.

**Spouse:** Choose from a benefit of \$5,000 to a maximum of \$30,000 in \$1,000 increments, not to exceed 100% of approved employee amount.

**Dependent child(ren):** 50% of approved employee amount up to a maximum of \$15,000.

### GUARANTEED ISSUE

**Employee:** \$30,000

**Spouse:** \$30,000

**Child:** all child amounts are guaranteed issue

### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

## FEATURES

| DIAGNOSIS ADULT                               | BENEFIT |
|---|---------|
| Alzheimer's Disease                           | 25%     |
| Benign Brain Tumor                            | 100%    |
| Carcinoma In Situ                             | 25%     |
| Coma  | 100%    |
| Coronary Disease                              | 25%     |
| Heart Attack                                  | 100%    |
| Life Threatening Cancer                       | 100%    |
| Loss of Sight                                 | 100%    |
| Major Organ Failure                           | 100%    |
| Motor Neuron Disease (ALS)                    | 100%    |
| Paralysis                                     | 100%    |
| Parkinson's Disease                           | 25%     |
| Ruptured Cerebral, Carotid or Aortic Aneurysm | 100%    |
| Severe Brain Damage                           | 100%    |
| Skin Cancer                                   | 5%      |
| Stroke  | 100%    |
| DIAGNOSIS CHILD                               | BENEFIT |
| Cerebral Palsy                                | 100%    |
| Cleft Lip or Palate                           | 100%    |
| Cystic Fibrosis                               | 100%    |
| Downs' Syndrome                               | 100%    |
| Muscular Dystrophy                            | 100%    |
| Spina Bifida                                  | 100%    |
| Type 1 Diabetes                               | 100%    |

- ▶ Lifetime Maximum Benefit – 1000% of Insurance Amount

- ▶ Subsequent Occurrence Benefit – 100% of benefit if diagnosed 1 months or later
- ▶ Recurrence Benefit (Same Illness) – 100% of benefit if diagnosed 6 months or later
- ▶ FMLA / MSLA Continuation
- ▶ Transfer of Coverage
- ▶ Portability to employee age 70
- ▶ **Wellness (Health Screening) Benefit – \$50**

### Benefit Waiting Period = 0 days

**Exclusions** - A benefit will not be paid if the Critical Illness is caused by or contributed to by one of the following: an act of war, declared or undeclared; intentionally self-inflicted Injury; commission or attempted commission of a felony; the use of alcohol or drugs unless taken as prescribed by a Physician; a Sickness or Injury that occurs while confined in a penal or correctional institution; cosmetic or elective surgery that is not medically necessary; committing or attempting to commit suicide while sane or insane; participation in a riot or insurrection; for a Critical Illness Diagnosed outside of the US unless confirmed within the US; for a Critical Illness which is Diagnosed during the Benefit Waiting Period; for a Critical Illness that follows a different Critical Illness Diagnosis for which a benefit has been paid, within a shorter time period than reflected under Features. (Subsequent Occurrence); and for the same Critical Illness for which a benefit has been paid, if it is Diagnosed within a shorter time period than reflected under Features. (Recurrence).

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance, which 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-9537-0118, et al.

## Plan Highlights

# Voluntary Hospital Indemnity Insurance



## Standard Motor Products, Inc.

### COVERAGE

Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

### ELIGIBILITY

**Employees:** All eligible employees

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

Dependents are:

- the Insured's lawful spouse; and
- the Insured's children 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.

### FEATURES

- Guaranteed issue; no medical questions
- No pre-existing conditions exclusions
- Mental & Nervous and Substance Abuse treated same as any other hospital admission
- No deductibles
- Eligible for continuation of coverage
- HIPAA privacy compliant
- Overlying Major Medical Plan NOT Required\*
- Coverage Offered on a Voluntary Basis

\*Overlying major medical plan is required for all California residents.

### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

### BENEFITS

#### Hospital Room & Board Benefits

|   |       |
|---|-------|
| Room & Board Benefit per Day<br>(180 Daily Benefits per Coverage Year)* | \$150 |
|---|-------|

#### Hospital Admission Benefit

|                                     |         |
|-------------------------------------|---------|
| One Daily Benefit per Coverage Year | \$1,500 |
|-------------------------------------|---------|

#### Non-Insurance Services

|                           |          |
|---------------------------|----------|
| On-Call Travel Assistance | Included |
|---------------------------|----------|

*\*In no event will the Daily Benefits exceed 180 daily benefits per Coverage Year.*

### EXCLUSIONS

Benefits will not be paid for any loss caused by: suicide; war; assault/felony; dental care except hospitalizations for the care of sound, natural teeth and gums required on account of accidental injury that happens while covered, and that occur within 6 months of the accident; hospitalizations that occur while outside the United States of America; or care or treatment rendered in connection with cosmetic surgery, except hospitalizations for cosmetic surgery needed for breast reconstruction following a mastectomy or for an accident that happens while covered. The cosmetic surgery needed for an accidental injury must be performed within 90 days of the accident. 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.



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## Plan Highlights

# Voluntary Non Integrated Group Short Term Disability Insurance



Standard Motor Products, Inc.

### COVERAGE

Disability income protection insurance provides a benefit for “short term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

### ELIGIBILITY

Each Active, Full-time employee working 30 or more hours per week, and earning an annual salary of at least \$15,000, except any person working on a temporary or seasonal basis.

### BENEFIT AMOUNT

The weekly benefit is an amount equal to 40% of covered earnings, up to a maximum benefit of \$1,500 per week.

### DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on the 8th consecutive day of disability;

or the day following the number of accumulated sick days applicable to the employee.

### MAXIMUM BENEFIT DURATION

Benefits for one period of disability, will be paid up to a maximum of 25 weeks.

### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

### FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage
- ▶ Transfer of Coverage provision

### LIMITATIONS

- ▶ Pre-Existing Condition Limitation - 3/12

Please note- pre-ex limitations also apply to benefit increases

### EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers’ compensation or other workers’ disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and 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-6451, et al.