

Plan Highlights

Group Accident

Newport Fab LLC dba Tower Semiconductor Newport Beach

COVERAGE

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 eligible Employees and their Dependents as defined by Newport Fab LLC dba Tower Semiconductor Newport Beach and reflected in your Certificate of Insurance. **A person may not have coverage as both an Employee and Dependent.*

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.

MONTHLY PREMIUM

Coverage	Plan A	Plan B
Employee	\$9.52	\$18.34
Employee and Spouse	\$14.78	\$28.44
Employee and Children	\$17.24	\$33.14
Employee and Family	\$22.96	\$44.15



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Included Benefits

Benefits	PLAN A	PLAN B
Ambulance Transportation	\$200 Ground \$1,000 Air	\$300 Ground \$1,500 Air
Blood/Plasma/Platelets	\$300	\$450
Burns		
2nd Degree Burns		
Covering less than 10% of the body	\$100	\$175
Covering 10% but less than 25% of the body	\$200	\$350
Covering 25% but less than 35% of the body	\$400	\$700
Covering 35% or greater of the body	\$800	\$1,400
3rd Degree Burns		
Covering less than 10% of the body	\$800	\$1,400
Covering 10% but less than 25% of the body	\$1,600	\$2,800
Covering 25% but less than 35% of the body	\$3,200	\$5,600
Covering 35% or greater of the body	\$6,400	\$11,200
Skin Graft	50%	50%
Chiropractic Services Limit 12 per calendar year per family	\$25 per session, 6 sessions maximum	\$25 per session, 6 sessions maximum
Coma	\$5,000	\$10,000
Concussion	\$200	\$400
Dental Injury	\$150 for Crown; \$50 for Extraction	\$300 for Crown; \$100 for Extraction
Diagnostic Examination	\$100 per CT/MRI scan	\$200 per CT/MRI scan
Dislocations	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	\$1,200 / \$600	\$2,400 / \$1,200
Collarbone	\$1,200 / \$600	\$2,400 / \$1,200
Elbow	\$600 / \$300	\$1,200 / \$600
Finger	\$200 / \$100	\$400 / \$200
Foot	\$1,200 / \$600	\$2,400 / \$1,200
Hand	\$600 / \$300	\$1,200 / \$600
Hip	\$3,200 / \$1,600	\$6,400 / \$3,200
Knee	\$2,000 / \$1,000	\$4,000 / \$2,000
Lower Jaw	\$600 / \$300	\$1,200 / \$600
Shoulder	\$600 / \$300	\$1,200 / \$600
Toe	\$200 / \$100	\$400 / \$200
Wrist	\$600 / \$300	\$1,200 / \$600



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Benefits	PLAN A	PLAN B
Partial Dislocation Amount of benefit for non-surgical dislocation	50%	50%
Multiple Dislocations Percent of highest benefit for any one dislocation among all dislocations sustained	200%	200%
Emergency Treatment	\$75	\$112.5
Epidural Anesthesia Injections	\$100 per injection, 2 maximum	\$200 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
Fractures	Surgical / Non-Surgical	Surgical / Non-Surgical
Ankle	\$600 / \$300	\$1,200 / \$600
Arm	\$600 / \$300	\$1,200 / \$600
Bones of Face	\$300 / \$150	\$600 / \$300
Coccyx	\$300 / \$150	\$600 / \$300
Collarbone	\$600 / \$300	\$1,200 / \$600
Elbow	\$600 / \$300	\$1,200 / \$600
Finger	\$100 / \$50	\$200 / \$100
Foot	\$600 / \$300	\$1,200 / \$600
Hand	\$600 / \$300	\$1,200 / \$600
Hip	\$3,200 / \$1,600	\$6,400 / \$3,200
Kneecap	\$600 / \$300	\$1,200 / \$600
Leg	\$1,600 / \$800	\$3,200 / \$1,600
Jaw	\$600 / \$300	\$1,200 / \$600
Nose	\$300 / \$150	\$600 / \$300
Pelvis	\$1,600 / \$800	\$3,200 / \$1,600
Rib	\$300 / \$150	\$600 / \$300
Shoulder Blade	\$600 / \$300	\$1,200 / \$600
Skull (Except bones of face or nose - Depressed)	\$5,000 / \$2,500	\$10,000 / \$5,000
Skull (Simple)	\$1,500 / \$750	\$3,000 / \$1,500
Sternum	\$600 / \$300	\$1,200 / \$600
Toe	\$100 / \$50	\$200 / \$100
Vertebrae	\$600 / \$300	\$1,200 / \$600
Vertebral Column	\$1,600 / \$800	\$3,200 / \$1,600
Wrist	\$600 / \$300	\$1,200 / \$600
Chip Fractures Amount of benefit for non-surgical fracture	50%	50%
Multiple Fracture Amount of the highest benefit for any one fracture among all fractures sustained	200%	200%
Hospitalization		



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Benefits	PLAN A	PLAN B
Initial Hospital Admission	\$500	\$1,000
Initial ICU Hospital Admission	\$1,000	\$2,000
Hospital Confinement (per Day)	\$100 per day, 365 days maximum	\$200 per day, 365 days maximum
ICU Confinement (per Day)	\$200 per day, 30 days maximum	\$400 per day, 30 days maximum
Lacerations		
No Sutures Required	\$12.5	\$25
Sutures Required	Less than 2" long \$25	Less than 2" long \$50
Total length of all sutured Lacerations	2" but less than 6" long \$100 6" long or greater \$200	2" but less than 6" long \$200 6" long or greater \$400
Lodging	\$100 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	\$500	\$1,000
Organized Youth Sports Benefit % of benefit amount, excluding the AD&D benefit, if applicable	25%	25%
Paralysis Benefits	\$10,000 quadriplegia; \$5,000 paraplegia / hemiplegia	\$50,000 quadriplegia; \$25,000 paraplegia / hemiplegia
Physical Therapy	\$25 per session; 12 sessions maximum	\$25 per session; 12 sessions maximum
Physician Office Visit	\$50 Initial, \$50 Follow-up	\$75 Initial, \$75 Follow-up
Prosthesis	\$500 for one, \$1,000 for two or more	\$750 for one, \$1,500 for two or more
Rehabilitation Facility Confinement	\$100 per day, 30 days maximum	\$200 per day, 30 days maximum
Surgery Benefits		
Abdominal or Thoracic	\$1,000	\$2,000
Exploratory Surgery (no repair)	\$100	\$200
Knee Cartilage (surgically repaired)	\$300	\$600
Ruptured Disc (surgically repaired)	\$500	\$1,000
Rotator Cuff (one surgically repaired)	\$300	\$600
Rotator Cuff (two or more surgically repaired)	\$600	\$1,200
Tendon or Ligament (one surgically repaired)	\$300	\$600
Tendon or Ligament (two or more surgically repaired)	\$600	\$1,200
Transportation	\$300, if more than 100 miles from residence	\$600, if more than 100 miles from residence
X-rays per covered accident	\$50	\$75



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Benefits	PLAN A	PLAN B
Accidental Death & Dismemberment Benefits		
Accidental Death Benefit	Employee: \$25,000 Spouse: \$12,500 Child(ren): \$5,000	Employee: \$50,000 Spouse: \$25,000 Child(ren): \$10,000
Accidental Death on Common Carrier	100% of Death Benefit	100% of Death Benefit
Accidental Dismemberment		
Single Loss	50% of Death Benefit	50% of Death Benefit
Thumb/Finger/Toe	1% of Death Benefit	1% of Death Benefit
Multiple Loss (Catastrophic)	100% of Death Benefit	100% of Death Benefit
Speech	100% of Death Benefit	100% of Death Benefit
2+ Thumb/Finger/Toe	3% of Death Benefit	3% of Death Benefit
Two or more losses except the loss of fingers, thumbs or toes is a separate category	100% of Death Benefit	100% of Death Benefit
Additional Features		
Wellness (Health Screening) Benefit	\$50	\$100
Portability	Included	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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