



# Help minimize the financial impact that can come with an accidental injury

## What is it?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. Accident Insurance is a limited benefit policy. It is not health insurance, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

## Who can be covered?

You have the option to enroll yourself as well as your spouse\* and children\* in Accident Insurance coverage to meet your needs.

\*Employees must be enrolled in order to elect coverage for eligible spouse and eligible dependent children as defined in the Certificate of Coverage and Riders.

## Why should I consider it?

- Benefits will be paid directly to you to use for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it’s up to you.
- Coverage is always guaranteed issue.
- You can choose to take this coverage with you if you leave your employer or retire, and you’ll be billed at the same rates via direct billing



## Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you an annual benefit when you and covered family members complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

\$50 for employees, \$50 for spouses, \$50 per child, per calendar year

## How much does it cost?

This table shows your rates for Accident Insurance.

Coverage Type	Bi-Weekly Rates (26 Pay periods)
Employee	\$4.21
Employee + Spouse	\$6.68
Employee + Children	\$8.45
Family	\$10.92

## What kinds of injuries and treatments does it cover?

Your Accident Insurance coverage is always guaranteed issue, and it provides a benefit payment after a covered accident outside of work that results in specific injuries and treatments. The following list presents the benefits provided by Accident Insurance. State variations may apply. For a complete description of your available benefits, see your certificate of insurance and any riders.

Accident Hospital Care	Benefit
Surgery (open abdominal, thoracic)	\$2,000
Surgery (exploratory or without repair)	\$400
General Anesthesia	\$250
Blood, Plasma, Platelets	\$625
Hospital Admission	\$2,000
Hospital Confinement (per day, up to 365 days)	\$400
Critical Care Unit (CCU) Admission	\$3,000
Critical Care Unit Confinement (per day up to 30 days)	\$800
Rehabilitation Facility Confinement (per day up to 90 days)	\$175
Observation Unit Stay	\$350
Induced Coma (up to 14 days)	\$200
Non-Induced Coma (duration of 14 or more days)	\$15,000
Transportation (per trip up to 3 per accident)	\$500
Lodging (per day up to 30 days)	\$200
Pet Boarding	\$20
Family care (per child/adult up to 45 days)	\$30

Accident Care	Benefit
Initial Doctor Visit	\$175
Urgent Care Facility Treatment	\$250
Emergency Room Treatment	\$250
Ground Ambulance	\$600
Air ambulance	\$2,000
Follow-up Doctor Treatment	\$175
Home Health Care	\$75
Prescription Medicine	\$20
Medical Equipment	\$400
Physical or Occupational Therapy (per treatment up to 10)	\$50
Speech Therapy (per treatment up to 10)	\$50
Mental Health Therapy (per treatment up to 10)	\$50
Prosthetic Device (one)	\$1,125
Prosthetic Device (two or more)	\$2,000
Major Diagnostic Exams	\$300
<ul style="list-style-type: none"> <li>CT (computerized tomography) or CAT scan (computerized axial tomography)</li> <li>MRI (magnetic resource imaging)</li> <li>EEG (electroencephalogram)</li> <li>PET (positron emission tomography) scan</li> <li>Ultrasound</li> </ul>	
Outpatient Surgery	\$350
Outpatient IV Infusion Therapy	\$45
X-ray	\$250
Lab Services	\$90

Common Injuries	Benefit
Burns (2 <sup>nd</sup> degree, at least 36% of body)	\$1,500
Burns (3 <sup>rd</sup> degree, at least 2% but less than 4% of the total body surface area)	\$8,500
Burns (3 <sup>rd</sup> degree, 4% or more of the total body surface area)	\$20,000
Skin Grafts (percentage of burn benefit)	50%
Emergency Dental Work (Crown)	\$250
Emergency Dental Work (Extraction)	\$150
Eye Injury (removal of foreign object)	\$400
Eye Injury (surgery)	\$400
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	\$250
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	\$1,000
Laceration <sup>1</sup> (treated - no sutures)	\$60
Laceration <sup>1</sup> (sutures up to 2")	\$100
Laceration <sup>1</sup> (sutures 2" to 6")	\$450
Laceration <sup>1</sup> (sutures over 6")	\$900
Puncture Wound <sup>1</sup>	\$50
Ruptured Disk (surgical repair)	\$1,000
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$375
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$1,020
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$1,520
Concussion	\$375
Traumatic Brain Injury	\$2,000
Paralysis (monoplegia)	\$10,000
Paralysis (hemiplegia)	\$12,000
Paralysis (paraplegia)	\$15,000
Paralysis (quadriplegia)	\$25,000

Dislocations Complete <sup>2</sup> /Complete Requiring Surgical Repair <sup>3</sup>	Benefit
Hip Joint	\$5,000/\$10,000
Knee	\$2,000/\$4,000
Ankle or foot bone(s) (other than toes)	\$2,000/\$4,000
Shoulder	\$1,750/\$3,500
Elbow	\$1,100/\$2,200
Wrist	\$1,100/\$2,200
Finger/toe	\$275/\$550
Hand bone(s) (other than fingers)	\$1,100/\$2,200
Lower jaw	\$1,100/\$2,200
Collarbone	\$1,100/\$2,200
Incomplete dislocations: % of the complete amount	25%

Fractures Non-Surgical Repair Fracture <sup>4</sup> /Fracture Requiring Surgical Repair <sup>5</sup>	Benefit
Hip	\$5,000/10,000
Leg	\$3,000/\$6,000
Ankle	\$2,825/\$5,650
Heel	\$2,250/\$4,500
Kneecap	\$2,250/\$4,500
Foot (excluding toes, heel)	\$2,250/\$4,500

Fractures Non-Surgical Repair Fracture <sup>4</sup> /Fracture Requiring Surgical Repair <sup>5</sup> continued	Benefit
Upper arm	\$2,400/\$4,800
Forearm, hand, wrist (except fingers)	\$2,825/\$5,650
Finger, Toe	\$300/\$600
Vertebral body	\$4,000/\$8,000
Vertebral processes	\$1,750/\$3,500
Pelvis (except coccyx)	\$4,725/\$9,450
Coccyx	\$800/\$1,600
Bones of the face (except nose)	\$1,300/\$2,600
Nose	\$800/\$1,600
Upper jaw	\$1,600/\$3,200
Lower jaw	\$1,750/\$3,500
Collarbone	\$1,750/\$3,500
Rib	\$550/\$1,100
Skull – Simple (except bones of the face)	\$2,250/\$4,500
Skull – Depressed (except bones of face)	\$5,500/\$11,000
Sternum	\$700/\$1,400
Shoulder blade	\$2,250/\$4,500
Chip Fractures: percentage of the Non-Surgical Repair	25%

<sup>1</sup> Laceration benefits are a total of all lacerations per accident. Payable once per covered accident. If your injury qualifies as both a laceration and puncture wound, only one benefit in the higher amount will be payable.

<sup>2</sup> Complete separated joint that does not require a surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

<sup>3</sup> Completely separated joint that requires surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

<sup>4</sup> Fracture that does not require a surgical repair. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

<sup>5</sup> Fracture that does require surgical repair. If the doctor diagnoses the fracture as a chip fracture, the benefit will be reduced to a percentage of what would have been paid for a Non-Surgical Repair Fracture of the same bone. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

## What else is included?

The benefits below are also included with your coverage. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

**Sports Accident Benefit** increases the benefit amounts listed in the accident hospital care, accident care or common injuries sections by 25% and to a maximum additional benefit amount of \$1,000 if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage).

**Continuation of Insurance** allows you to maintain your current Accident Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.

**Portability** allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company when your eligibility for benefits changes such as due to termination or reduced hours.

### Additional Non-Insurance Services

**Voya Travel Assistance** offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN. Provisions and availability may vary by state.

## Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance are listed below. (These may vary by state.) For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Your Benefits are not payable for any loss caused in whole or directly by any of the following\*:

- Any Sickness of declining process caused by Sickness.
- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss sustained while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded. Performing these acts as part of your employment with the employer is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Work for pay, profit or gain.

### Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

**Visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.**

<https://presents.voya.com/EBRC/AtHome>

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination.

Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-2-23; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR2-23, Children's Accident Rider Form #RL-ACC3-CHR2-23, Wellness Benefit Rider Form #RL-ACC3-WELL2-23, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR2-23, Catastrophic Accident Rider Form #RL-ACC3-CAR2-23, Off Job Accident Disability Income Rider form #RL-ACC3-DIR-16, Sickness Hospital Confinement Rider Form #RL-ACC3-HCR-16, Waiver of Premium Rider form #RL-ACC3-WOP-16, Absence from Employment Premium Waiver Rider form #RL-ACC3-AEPW-23; Continuation of Insurance Rider form #RL-ACC3-CNT2-23. Form numbers, provisions and availability may vary by state and employer's plan.

#### Accident 2.3 only

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