



Group Name: TrueBlue, Inc. Group Number: 717690

Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When an injury happens, Accident Insurance can help. This document includes expanded cost and benefit information for Accident Insurance. As you explore, keep in mind:



No medical questions or tests are required for Accident coverage.



Employees get an annual Wellness Benefit payment for completing an eligible health screening test.



Benefit payments go directly to you. Use them how you'd like!

Accident Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments** don't *go out* to pay for medical bills or treatments you may need, instead they *come in*—directly to you—to be used however you'd like. Choose this supplemental health insurance product for added protection if one of the following covered conditions comes your way.

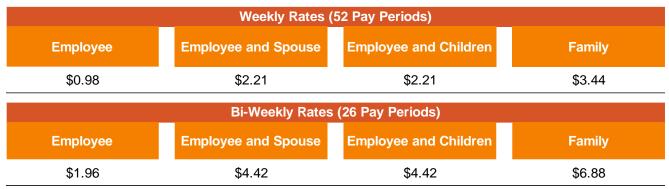
Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

ReliaStar Life Insurance Company a member of the Voya® family of companies



How much does it cost?

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.



Your spouse will be covered for the same Accident benefits as you.

If you have coverage on yourself, your natural children, stepchildren, adopted children or children for whom you are legal guardian can be covered up to age 26. Your children will be covered for the same benefit amounts as you. One premium amount covers all of your eligible children.

What's covered?

Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. To be eligible, the accident must happen outside of work. Some of the most common treatments and conditions we pay benefits for include:



Sample payment amounts

If one of these events happens to you, and your claim is approved, you'd receive a benefit payment in the amount listed below. Use it however you'd like:

Accident-related treatment	Low
Emergency room treatment	\$150
X-ray	\$50
Physical or occupational therapy (up to six per accident)	\$30
Stitches (for lacerations, up to 2")	\$50
Follow-up doctor treatment	\$60



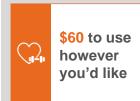
Hospital admission \$1,000

Hospital confinement (per day, up to 365 days)

\$225

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.



Wellness Benefit

- Complete an eligible health screening test (such as an annual physical) and receive a benefit payment.
- Your annual benefit amount is \$60. Your spouse's benefit amount is \$60.
- The benefit for child coverage is 100% of your benefit amount per child, with the maximum waived for all children.

Additional non-insurance service(s)

Access extra support next time you travel

Voya Travel Assistance

When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.

Schedule of Benefits

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document.

✓ Your coverage includes a Sport Accident Benefit. This means that if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the accident hospital care, accident care or common injuries sections below will be increased by 25%; to a maximum additional benefit of \$1,000.

Event	Low
Accident hospital care	
Surgery open abdominal, thoracic	\$800
Surgery exploratory or without repair	\$125
Blood, plasma, platelets	\$400
Hospital admission	\$1,000
Hospital confinement	
per day, up to 365 days	\$225
Critical care unit confinement	
per day, up to 15 days	\$350
Rehabilitation facility confinement per day, up to	
90 days	\$125
Coma duration of 14 or more days	\$11,500



Transportation	
per trip, up to three per accident	\$500
Lodging per day, up to 30 days	\$120
Family care	, ,
per child per day, up to 45 days	\$15
Accident care	
Initial doctor visit	\$60
Urgent care facility treatment	\$150
Emergency room treatment	\$150
Ground ambulance	\$240
Air ambulance	·
Follow-up doctor treatment	\$1,000
·	\$60
Chiropractic treatment up to six per accident	\$30
Medical equipment	\$75
Physical or occupational therapy up to six per accident	\$30
Speech therapy up to 6 per accident	\$30
Prosthetic device (one)	\$500
Prosthetic device (two or more)	\$800
Major diagnostic exam	\$125
Outpatient surgery	* 1.23
(one per accident)	\$150
X-ray	\$50
Common injuries	
Burns second degree, at least 36% of the body	\$1,000
Burns third degree, at least nine but less than 35	. ,
square inches of the body	\$4,500
Burns third degree, 35 or more square inches of the	4
body	\$10,000
Skin grafts Emergency dental work: crown	50%
	\$250
Emergency dental work: extraction Eye injury removal of foreign object	\$60
, , ,	\$100
Eye injury surgery	\$225
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$150
Torn knee cartilage surgical repair	·
Laceration ¹ treated no sutures	\$500
	\$25
Laceration¹ sutures up to 2"	\$50
Laceration¹ sutures 2" – 6"	\$160
Laceration ¹ sutures over 6"	\$320
Ruptured disk surgical repair	\$500
Tendon/ligament/rotator cuff	\$275
exploratory arthroscopic surgery with no repair	<u> </u>
Tendon/ligament/rotator cuff	\$550
one, surgical repair Tendon/ligament/rotator cuff	
two or more, surgical repair	\$800
Concussion	\$150
Paralysis - paraplegia	\$10,750
Paralysis - quadriplegia	\$16,000



Dislocations	Closed/open reduction ²	
Hip joint	\$2,550/\$5,100	
Knee	\$1,600/\$3,200	
Ankle or foot bone(s)	\$1,000/\$2,000	
other than toes		
Shoulder Elbow	\$1,000/\$2,000	
	\$750/\$1,500	
Wrist	\$750/\$1,500	
Finger/toe	\$175/\$350	
Hand bone(s) other than fingers	\$750/\$1,500	
Lower jaw	\$750/\$1,500	
Collarbone	\$750/\$1,500	
Partial dislocations	25% of the closed reduction amount	
Fractures	Closed/open reduction ³	
Нір	\$2,500/\$5,000	
Leg	\$1,800/\$3,600	
Ankle	\$1,500/\$3,000	
Kneecap	\$1,500/\$3,000	
Foot excluding toes, heel	\$1,500/\$3,000	
Upper arm	\$1,750/\$3,500	
Forearm, hand, wrist except fingers	\$1,500/\$3,000	
Finger, toe	\$200/\$400	
Vertebral body	\$2,800/\$5,600	
Vertebral processes	\$1,200/\$2,400	
Pelvis except coccyx	\$2,750/\$5,500	
Соссух	\$300/\$600	
Bones of face except nose	\$1,000/\$2,000	
Nose	\$750/\$1,500	
Upper jaw	\$1,250/\$2,500	
Lower jaw	\$1,200/\$2,400	
Collarbone	\$1,200/\$2,400	
Rib or ribs	\$350/\$700	
Skull – simple except bones of face	\$1,250/\$2,500	
Skull – depressed	\$2,500/\$5,000	
except bones of face		
Sternum Shoulder blade	\$1,125/\$2,250	
Shoulder blade	\$1,500/\$3,000	
Chip fractures	25% of the closed reduction amount	



Laceration benefits are a total of all lacerations per accident.
 Closed reduction of dislocation = Non-surgical reduction of a completely separated joint. Open reduction of dislocation = Surgical reduction of a completely separated joint.
 Closed reduction of fracture = Non-surgical. Open reduction of fracture = Surgical.

Accidental Death & Dismemberment

Your coverage also includes Accidental Death & Dismemberment benefits. This means that if you are severely injured or pass away due to an accident, additional benefits may apply. See the chart below for more details. A "common carrier" is commercial transportation that operates on a regular schedule, between predetermined points or cities (such as a bus or airline route).

Accidental Death Benefits	
Common carrier accident	<u>'</u>
Employee	\$50,000
Spouse	\$25,000
Children	\$12,500
Other accident	
Employee	\$25,000
Spouse	\$10,000
Children	\$5,000
Accidental Dismemberment Benefits	
Loss of both hand or both feet or sight in both eyes	\$16,000
Loss of one hand or one foot AND the sight of one eye	\$10,000
Loss of one hand AND one foot	\$10,000
Loss of one hand OR one foot	\$5,000
Loss of two or more fingers or toes	\$900
Loss of one finger or one toe	\$500

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Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance and AD&D 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.

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

- 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.
- 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.
- Any sickness or declining process caused by a sickness.
- Work for pay, profit or gain.



^{*}Definition and limitations/exclusions may vary by state.

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

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-16; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR-16, Children's Accidental Rider Form #RL-ACC3-WELL-16, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR-16. Form numbers, provisions and availability may vary by state and employer's plan.

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