

vmware

Group Name: VMware, Inc. Group Number: 708348

Class: Active Employees working 20+ hours per week

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 of \$75 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.

Semi-Monthly Rates (24 Pay Periods)			
Employee	Employee and Spouse	Employee and Children	Family
\$1.87	\$3.92	\$3.85	\$5.90

Your spouse will be covered for the same Accident benefits as you. "Spouse" may include domestic partners or civil union partners as defined by your employer's plan.

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. Some of the most common treatments and conditions we pay benefits for include:



Sample payment amounts

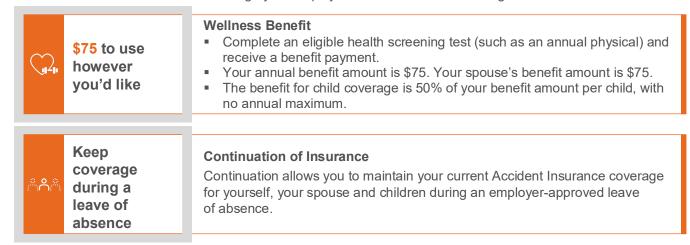
If one of these events happens to you, and your claim is approved, you'd receive a benefit payment in the amount listed below. Use it however you'd like:

Accident-related treatment	Benefit
Emergency room treatment	\$200
X-ray	\$40
Physical or occupational therapy (up to six per accident)	\$40
Stitches (for lacerations, up to 2")	\$50
Follow-up doctor treatment	\$75
Hospital admission	\$1,125
Hospital confinement (per day, up to 365 days)	\$350



What else is included?

The Accident Insurance available through your employer also features the following:



For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

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 Generali Global Assistance (GGA), Pembroke Pines, FL.

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.

Hospital admission	\$1,125
Blood, plasma, platelets	\$500
Surgery exploratory or without repair	\$140
Surgery open abdominal, thoracic	\$1,000
Accident hospital care	
Event	Benefit

Event	Benefit
Hospital confinement per day, up to 365 days	\$350
Critical care unit confinement per day, up to 15 days	\$525
Rehabilitation facility confinement per day, up to 90 days	\$150
Coma duration of 14 or more days	\$14,500
Transportation per trip, up to one per accident	\$650
Lodging per day, up to 30 days	\$150
Accident care	
Initial doctor visit	\$75
Urgent care facility treatment	\$200
Emergency room treatment	\$200
Ground ambulance	\$300
Air ambulance	\$1,250
Follow-up doctor treatment	\$75
Chiropractic treatment up to six per accident	\$40
Medical equipment	\$100
Physical or occupational therapy up to six per accident	\$40
Speech therapy up to 6 per accident	\$40
Prosthetic device (one)	\$625
Prosthetic device (two or more)	\$1,000
Major diagnostic exam	\$200
Outpatient surgery (one per accident)	\$200
X-ray	\$40
Common injuries	
Burns second degree, at least 36% of the body	\$1,125
Burns third degree, at least nine but less than 35 square inches of the body	\$6,000
Burns third degree, 35 or more square inches of the body	\$12,500
Skin grafts	25% of the burn benefit
Emergency dental work: crown	\$300
Extraction	\$75
Eye injury removal of foreign object	\$80
Eye injury surgery	\$275
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$175
Torn knee cartilage surgical repair	\$650
Laceration ¹ treated no sutures	\$25
Laceration¹ sutures up to 2"	\$50
Laceration¹ sutures 2" – 6"	\$200
Laceration ¹ sutures over 6"	\$400
Ruptured disk surgical repair	\$650



Event	Benefit
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$350
Tendon/ligament/rotator cuff one, surgical repair	\$675
Tendon/ligament/rotator cuff two or more, surgical repair	\$1,000
Concussion	\$175
Paralysis - paraplegia	\$13,500
Paralysis - quadriplegia	\$20,000
Dislocations	Non-surgical/ surgical repair ²
Hip joint	\$3,200/\$6,400
Knee	\$2,000/\$4,000
Ankle or foot bone(s) other than toes	\$1,200/\$2,400
Shoulder	\$1,500/\$3,000
Elbow	\$900/\$1,800
Wrist	\$900/\$1,800
Finger/toe	\$250/\$500
Hand bone(s) other than fingers	\$900/\$1,800
Lower jaw	\$900/\$1,800
Collarbone	\$900/\$1,800
Partial dislocations	25% of the non-surgical repair amount
Fractures	Non-surgical/ surgical repair ³
Hip	\$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	#000 /# 400
	\$200/\$400
Vertebral body	\$200/\$400 \$2,800/\$5,600
Vertebral body Vertebral processes	
	\$2,800/\$5,600
Vertebral processes	\$2,800/\$5,600 \$1,200/\$2,400
Vertebral processes Pelvis except coccyx	\$2,800/\$5,600 \$1,200/\$2,400 \$2,750/\$5,500
Vertebral processes Pelvis except coccyx Coccyx	\$2,800/\$5,600 \$1,200/\$2,400 \$2,750/\$5,500 \$300/\$600
Vertebral processes Pelvis except coccyx Coccyx Bones of face except nose	\$2,800/\$5,600 \$1,200/\$2,400 \$2,750/\$5,500 \$300/\$600 \$1,000/\$2,000
Vertebral processes Pelvis except coccyx Coccyx Bones of face except nose Nose	\$2,800/\$5,600 \$1,200/\$2,400 \$2,750/\$5,500 \$300/\$600 \$1,000/\$2,000 \$500/\$1,000
Vertebral processes Pelvis except coccyx Coccyx Bones of face except nose Nose Upper jaw	\$2,800/\$5,600 \$1,200/\$2,400 \$2,750/\$5,500 \$300/\$600 \$1,000/\$2,000 \$500/\$1,000 \$1,250/\$2,500
Vertebral processes Pelvis except coccyx Coccyx Bones of face except nose Nose Upper jaw Lower jaw	\$2,800/\$5,600 \$1,200/\$2,400 \$2,750/\$5,500 \$300/\$600 \$1,000/\$2,000 \$500/\$1,000 \$1,250/\$2,500 \$1,200/\$2,400
Vertebral processes Pelvis except coccyx Coccyx Bones of face except nose Nose Upper jaw Lower jaw Collarbone	\$2,800/\$5,600 \$1,200/\$2,400 \$2,750/\$5,500 \$300/\$600 \$1,000/\$2,000 \$500/\$1,000 \$1,250/\$2,500 \$1,200/\$2,400 \$1,200/\$2,400
Vertebral processes Pelvis except coccyx Coccyx Bones of face except nose Nose Upper jaw Lower jaw Collarbone Rib or ribs	\$2,800/\$5,600 \$1,200/\$2,400 \$2,750/\$5,500 \$300/\$600 \$1,000/\$2,000 \$500/\$1,000 \$1,250/\$2,500 \$1,200/\$2,400 \$1,200/\$2,400 \$350/\$700

Event	Benefit
Shoulder blade	\$1,500/\$3,000
Chip fractures	25% of the closed reduction amount

Laceration benefits are a total of all lacerations per accident.

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).

	Benefit
Accidental Death Benefits	
Common carrier accident	
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

Catastrophic Accident

Your coverage also includes Catastrophic Accident benefits. This means that if you are severely injured in a covered accident, you may receive an additional benefit payment. Note that you will be eligible to receive this benefit payment 365 days after the covered accident. A catastrophic accident leads to the total and permanent loss of any of the following: both hands or both feet, the use of both arms or both legs, one hand and one foot, one arm and one leg, the sight of both eyes, hearing in both ears, or the ability to speak.

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Catastrophic Accident Benefits	
Employee	\$100,000
Spouse	\$50,000
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² Non-surgical repair of a completely separated joint may be referred to in your policy documentation as a "closed reduction." Surgical repair of a completely separated joint may be referred to in your policy documentation as an "open reduction."

³ Non-surgical repair of a fracture may be referred to in your policy documentation as a "closed reduction." Surgical repair of a fracture may be referred to in your policy documentation as an "open reduction."

Children	\$25,000
Home Modification Benefit	\$2,500
Vehicle Modification Benefit	\$2,500

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. 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.
- Any sickness or declining process caused by a sickness.

Exclusions and limitations for Catastrophic Accident coverage (may vary by state) are the same as the exclusions in the Certificate, plus:

- The catastrophic accident benefit is not payable if the covered person is in a coma at the end of the 365 day period following a covered accident.
- The catastrophic accident benefit reduces to 50% at age 65 and to 25% of the initial benefit amount at age
 70



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

Ready to Enroll?

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

or go to https://presents.voya.com/EBRC/VMwareinc

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 Accident Rider Form #RL-ACC3-CHR-16, Wellness Benefit Rider Form #RL-ACC3-WELL-16, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR-16, Catastrophic Accident Rider Form #RL-ACC3-CAR-16, Continuation of Insurance Rider form #RL-ACC3-CNT-16. Form numbers, provisions and availability may vary by state and employer's plan.

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ACC2 Only

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