



## Compass Accident Insurance Compass Accident Enrollment at a glance

Affordable insurance that can help you pay for the out-of-pocket costs you may experience after an accident.

For the employees of: **ACME Truck Line, Inc.**



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

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Have you ever dislocated a joint or gotten a deep cut? How about something more severe, like a concussion or broken bone? Most of us have experienced an accident that needed medical attention as least once in our lives. Accident Insurance can help relieve some of the financial stress that goes along with an accidental injury.

### What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date. The benefit amount depends on the type of injury and care received. You have the option to elect Accident Insurance to meet your needs. 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.

Other features of Accident Insurance include:

- **Guaranteed issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** If you leave your current employer or retire, you can take your coverage with you.

### How can Accident Insurance help?

Below are a few examples of how your Accident Insurance benefits could be used:

- Medical expenses, such as deductibles and copays
- Home healthcare costs
- Lost income due to lost time at work
- Everyday expenses like utilities and groceries

### Who is eligible for Accident Insurance?

- **You** — Drivers that have earned on average \$375 a week during their testing period and all other active employees working 30+ hours per week.
- **Your spouse** — under age 70. If you are covered, you may elect spouse coverage.
- **Your children** — to age 26. If you are covered, you may elect children coverage.

### When is my coverage effective?

#### Annual Enrollment

Your coverage becomes effective on January 1<sup>st</sup>, following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage, if elected.

For new hires, after the initial enrollment period, please refer to the certificate of insurance to learn when your coverage will become effective.

### What accident benefits are available?

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. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Event	Benefit	Event	Benefit
Accident hospital care		Dislocations	Closed/open reduction <sup>2</sup>
<b>Surgery</b> open abdominal, thoracic	\$1,000	<b>Hip joint</b>	\$3,200/\$6,400
<b>Surgery</b> exploratory or without repair	\$140	<b>Knee</b>	\$2,000/\$4,000
<b>Blood, plasma, platelets</b>	\$500	<b>Ankle or foot bone(s)</b> other than toes	\$1,200/\$2,400
<b>Hospital admission</b>	\$1,125	<b>Shoulder</b>	\$1,500/\$3,000
<b>Hospital confinement</b> per day, up to 365 days	\$350	<b>Elbow</b>	\$900/\$1,800
<b>Critical care unit</b> confinement per day, up to 15 days	\$525	<b>Wrist</b>	\$900/\$1,800
<b>Rehabilitation facility</b> confinement per day, up to 90 days	\$150	<b>Finger/toe</b>	\$250/\$500
<b>Coma</b> duration of 14 or more days	\$14,500	<b>Hand bone(s)</b> other than fingers	\$900/\$1,800
<b>Transportation</b> per trip, up to three per	\$650	<b>Lower jaw</b>	\$900/\$1,800

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<b>accident</b>			
<b>Lodging</b> per day, up to 30 days	\$150	<b>Collarbone</b>	\$900/\$1,800
<b>Family care</b> per child per day, up to 45 days	\$20	<b>Partial dislocations</b>	25% of the closed reduction amount
<b>Accident care</b>		<b>Fractures</b>	<b>Closed/open reduction<sup>3</sup></b>
<b>Initial doctor visit</b>	\$75	<b>Hip</b>	\$2,500/\$5,000
<b>Urgent care facility treatment</b>	\$200	<b>Leg</b>	\$1,800/\$3,600
<b>Emergency room treatment</b>	\$200	<b>Ankle</b>	\$1,500/\$3,000
<b>Ground ambulance</b>	\$300	<b>Kneecap</b>	\$1,500/\$3,000
<b>Air ambulance</b>	\$1,250	<b>Foot</b> excluding toes, heel	\$1,500/\$3,000
<b>Follow-up doctor treatment</b>	\$75	<b>Upper arm</b>	\$1,750/\$3,500
<b>Chiropractic treatment</b> up to six per accident	\$40	<b>Forearm, hand, wrist</b> except fingers	\$1,500/\$3,000
<b>Medical equipment</b>	\$100	<b>Finger, toe</b>	\$200/\$400
<b>Physical or occupational therapy</b> up to six per accident	\$40	<b>Vertebral body</b>	\$2,800/\$5,600
<b>Speech therapy</b> up to 6 per accident	\$40	<b>Vertebral processes</b>	\$1,200/\$2,400
<b>Prosthetic device</b> (one)	\$625	<b>Pelvis</b> except coccyx	\$2,750/\$5,500
<b>Prosthetic device</b> (two or more)	\$1,000	<b>Coccyx</b>	\$300/\$600
<b>Major diagnostic exam</b>	\$200	<b>Bones of face</b> except nose	\$1,000/\$2,000
<b>Outpatient surgery</b> (one per accident)	\$200	<b>Nose</b>	\$500/\$1,000
<b>X-ray</b>	\$40	<b>Upper jaw</b>	\$1,250/\$2,500
<b>Common injuries</b>		<b>Lower jaw</b>	\$1,200/\$2,400
<b>Burns</b> second degree, at least 36% of the body	\$1,125	<b>Collarbone</b>	\$1,200/\$2,400
<b>Burns</b> third degree, at least nine but less than 35 square inches of the body	\$6,000	<b>Rib or ribs</b>	\$350/\$700
<b>Burns</b> third degree, 35 or more square inches of the body	\$12,500	<b>Skull – simple</b> except bones of face	\$1,250/\$2,500
<b>Skin grafts</b>	25% of the burn benefit	<b>Skull – depressed</b> except bones of face	\$2,500/\$5,000
<b>Emergency dental work</b>	\$300 crown, \$75 extraction	<b>Sternum</b>	\$300/\$600
<b>Eye injury</b> removal of foreign object	\$80	<b>Shoulder blade</b>	\$1,500/\$3,000
<b>Eye injury</b> surgery	\$275	<b>Chip fractures</b>	25% of the closed reduction amount
<b>Torn knee cartilage</b> surgery with no repair or if cartilage is shaved	\$175		
<b>Torn knee cartilage</b> surgical repair	\$650		
<b>Laceration<sup>1</sup></b> treated no sutures	\$25		
<b>Laceration<sup>1</sup></b> sutures up to 2"	\$50		
<b>Laceration<sup>1</sup></b> sutures 2" – 6"	\$200		
<b>Laceration<sup>1</sup></b> sutures over 6"	\$400		
<b>Ruptured disk</b> surgical repair	\$650		
<b>Tendon/ligament/rotator cuff</b> exploratory arthroscopic surgery with no repair	\$350		
<b>Tendon/ligament/rotator cuff</b> one, surgical repair	\$675		
<b>Tendon/ligament/rotator cuff</b> two or more, surgical repair	\$1,000		
<b>Concussion</b>	\$175		
<b>Paralysis - paraplegia</b>	\$13,500		
<b>Paralysis - quadriplegia</b>	\$20,000		

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## Meet John

John works full-time while raising two energetic children and playing in a summer softball league. While sliding into home base, he broke his ankle and tore his ACL. Fortunately, the accident didn't break John's bank account - and the family vacation was saved.

## Benefits paid by John's Accident Insurance

	Out-of-Pocket Costs	Accident Insurance Benefit
<b>Urgent care facility treatment</b>	\$400	\$200
<b>X-ray</b>	\$100	\$40
<b>Tendon/ligament/rotator cuff surgery</b>	\$1,000	\$675
<b>Broken ankle, closed reduction</b>	\$1,500	\$1,200
<b>Medical equipment</b>	\$150	\$100
<b>Follow-up doctor visit</b>	\$125	\$75
<b>Physical therapy (6 sessions)</b>	\$300	\$240
<b>Total</b>	<b>\$3,575</b>	<b>\$2,530</b>

This is an example of how coverage could work. The amounts shown are an example only. Actual costs/results may vary.

## What does my Accident Insurance include?

The benefits listed below are included with your Accident Insurance coverage. 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.

- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test. You may only receive a benefit payment once per year, even if you complete multiple health screening tests.
  - Examples of health screening tests include but are not limited to: Pap test, serum cholesterol test for HDL and LDL levels, mammography, colonoscopy, and stress test on bicycle or treadmill.
  - The annual benefit amount is \$100 for completing a health screening test.
  - If your spouse and/or children are covered for Accident Insurance, they are also covered for the Wellness Benefit. Your spouse's benefit amount is also \$100. The benefit for child coverage is 50% of your benefit amount per child with an annual maximum of \$200 for all children.]
  - A benefit waiting period of 0 days from your effective date of coverage needs to be completed before you are eligible to receive benefit payments.

## What optional benefits are available?

You may choose to include the optional benefits below with your Accident Insurance coverage. 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.

- **Spouse Accident Insurance:** If you have coverage on yourself, you may enroll your spouse, as long as your spouse is under age 70 and is not covered under your employer's plan as an employee.
  - Your spouse will be covered for the same Accident benefits as you are.
  - Guaranteed issue: No medical questions or tests are required for coverage.
- **Children's Accident Insurance:** If you have coverage on yourself, your natural children, stepchildren, adopted children or children for whom you are a legal guardian are eligible to be covered under your employer's plan, up to the age of 26.
  - Your children will be covered for the same Accident benefits as you are.
  - Guaranteed issue: No medical questions or tests are required for coverage.
  - One premium amount covers all of your eligible children.
  - If both you and your spouse are covered under your employer's plan as an employee, then only one, but not both, may cover the same children for Accident Insurance. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children's coverage.

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## How much does Accident Insurance cost?

All employees pay the same rate, no matter their age. See the chart below for the premium amounts. Rates shown are guaranteed until January 1, 2021.

The cost below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$13.86	\$23.93	\$27.40	\$37.47

## Exclusions and Limitations\*

Exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance are listed below. (These may vary by state.)

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.

## Are there additional non-insurance services available?

- 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.*

## Who do I contact with questions?

For more information on this benefit, please call Voya Employee Benefits Customer Service at (877) 236-7564.

If you have questions on any of your other benefits, please call TrueNorth at (877) 745-6302 or email them at [benefitshelp@truenorthcompanies.com](mailto:benefitshelp@truenorthcompanies.com)

You also may reach out to ACME Truck Line's Human Resources team at (800) 825-6246.

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. Form numbers, provisions and availability may vary by state.

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