



## Compass Accident Insurance

### Benefits 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:  
Bickford Senior Living Group, LLC



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

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## What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs while you are not at work, 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**—all active employees working 16+ hours per week.
- **Your spouse\***— under age 70 at time of initial enrollment. Coverage is available only if employee coverage is elected.
- **Your children**— to age 26. Coverage is available only if employee coverage is elected.

\*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This includes domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

## 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
<b>Accident hospital care</b>	
<b>Surgery</b> open abdominal, thoracic	\$1,200
<b>Surgery</b> exploratory or without repair	\$175
<b>Blood, plasma, platelets</b>	\$600
<b>Hospital admission</b>	\$1,250
<b>Hospital confinement</b> per day up to 365	\$375
<b>Critical care unit confinement</b> per day, up to 15 days	\$600
<b>Rehabilitation facility confinement</b> per day for 90 days	\$200
<b>Coma</b> duration of 14 or more days	\$17,000
<b>Transportation</b> per trip, up to 3 per accident	\$750
<b>Lodging</b> per day, up to 30 days	\$180
<b>Family Care</b> Per child per day up to 45 days	\$25

Event	Benefit
<b>Accident Care</b>	
<b>Initial doctor visit</b>	\$90
<b>Urgent care facility treatment</b>	\$225
<b>Emergency room treatment</b>	\$225
<b>Ground ambulance</b>	\$360
<b>Air ambulance</b>	\$1,500
<b>Follow-up doctor treatment</b>	\$90
<b>Chiropractic treatment</b> up to 6 per accident	\$45
<b>Medical equipment</b>	\$120
<b>Physical or occupational therapy</b> up to 6 per accident	\$45
<b>Speech Therapy</b> Up to 6 per accident	\$45
<b>Prosthetic device</b> (one)	\$750
<b>Prosthetic device</b> (two or more)	\$1,200
<b>Major diagnostic exam</b>	\$240
<b>Outpatient surgery</b> (1 per accident)	\$225
<b>X-ray</b>	\$45

<sup>1</sup> Laceration benefits are a total of all lacerations per accident.

<sup>2</sup> Closed Reduction of Dislocation = Non-surgical reduction of a completely separated joint. Open Reduction of Dislocation = Surgical reduction of a completely separated joint.

<sup>3</sup> Closed Reduction of Fracture = Non-surgical. Open Reduction of Fracture = Surgical.

Event	Benefit
<b>Common injuries</b>	
<b>Burns</b> second degree, at least 36% of the body	\$1,250
<b>Burns</b> 3rd degree, at least 9 but less than 35 square inches of the body	\$7,500
<b>Burns</b> 3rd degree, 35 or more square inches of the body	\$15,000
<b>Skin grafts</b>	25% of the burn benefit
<b>Emergency dental work</b>	\$350 crown, \$90 extraction
<b>Eye injury</b> removal of foreign object	\$100
<b>Eye injury surgery</b>	\$350
<b>Torn knee cartilage</b> surgery with no repair or if cartilage is shaved	\$225
<b>Torn knee cartilage</b> surgical repair	\$800
<b>Laceration<sup>1</sup></b> treated no sutures	\$30
<b>Laceration<sup>1</sup></b> sutures up to 2"	\$60
<b>Laceration<sup>1</sup></b> sutures 2" – 6"	\$240
<b>Laceration<sup>1</sup></b> sutures over 6"	\$480
<b>Ruptured disk</b> surgical repair	\$800
<b>Tendon/ligament/rotator cuff</b> exploratory arthroscopic surgery with no repair	\$425
<b>Tendon/ligament/rotator cuff</b> one surgical repair	\$825
<b>Tendon/ligament/rotator cuff</b> two or more surgical repair	\$1,225
<b>Concussion</b>	\$225
<b>Paralysis - paraplegia</b>	\$16,000
<b>Paralysis – quadriplegia</b>	\$24,000

Event	Benefit
<b>Fractures</b>	Closed/open reduction <sup>3</sup>
<b>Hip</b>	\$3,000/\$6,000
<b>Leg</b>	\$2,500/\$5,000
<b>Ankle</b>	\$1,800/\$3,600
<b>Kneecap</b>	\$1,800/\$3,600
<b>Foot</b> excluding toes, heel	\$1,800/\$3,600
<b>Upper arm</b>	\$2,100/\$4,200
<b>Forearm, hand, wrist</b> except fingers	\$1,800/\$3,600
<b>Finger, toe</b>	\$240/\$480
<b>Vertebral body</b>	\$3,360/\$6,720
<b>Vertebral processes</b>	\$1,440/\$2,880
<b>Pelvis</b> except coccyx	\$3,200/\$6,400
<b>Coccyx</b>	\$400/\$800
<b>Bones of face</b> except nose	\$1,200/\$2,400
<b>Nose</b>	\$600/\$1,200
<b>Upper jaw</b>	\$1,500/\$3,000
<b>Lower jaw</b>	\$1,440/\$2,880
<b>Collarbone</b>	\$1,440/\$2,880
<b>Rib or ribs</b>	\$400/\$800
<b>Skull – simple</b> except bones of face	\$1,400/\$2,800
<b>Skull – depressed</b> except bones of face	\$3,000/\$6,000
<b>Sternum</b>	\$360/\$720
<b>Shoulder blade</b>	\$1,800/\$3,600
<b>Chip fractures</b>	25% of the closed reduction amount

Event	Benefit
<b>Dislocations</b>	Closed/open reduction <sup>2</sup>
<b>Hip joint</b>	\$3,850/\$7,700
<b>Knee</b>	\$2,400/\$4,800
<b>Ankle or foot bone(s)</b> other than toes	\$1,500/\$3,000
<b>Shoulder</b>	\$1,600/\$3,200
<b>Elbow</b>	\$1,100/\$2,200
<b>Wrist</b>	\$1,100/\$2,200
<b>Finger/toe</b>	\$275/\$550
<b>Hand bone(s)</b> other than fingers	\$1,100/\$2,200
<b>Lower jaw</b>	\$1,100/\$2,200
<b>Collarbone</b>	\$1,100/\$2,200
<b>Partial dislocations</b>	25% of the closed reduction amount

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## 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.

- **Sports Accident Benefit:** If your accident occurs while participating in an organized sporting activity as defined in the certificate, the Accident Hospital Care, Accident Care or Common Injuries benefit will be increased by 25%, to a maximum additional benefit of \$1,000.
  - If your spouse and/or children are covered for Accident Insurance, their coverage includes this benefit.
  - This benefit only applies to the events in the table above. It does not apply to any of the additional benefits/coverage outlined in this section.
- **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 for adults 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.
  - Examples of health screening tests for children include but are not limited to: well child exams to age 18, routine vision exams and dental exams.
  - The annual benefit amount for adults is \$50 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 \$50. The benefit for child coverage is \$25 per child with an annual maximum of \$100 for all children.
- **Accidental Death and Dismemberment (AD&D) coverage:** If you are severely injured or die as a result of a covered accident, an AD&D benefit may be payable to you or your beneficiary.
  - If your spouse and/or children are covered for Accident Insurance, their coverage includes AD&D.

Accidental Death Benefits	Benefit
<b>Common Carrier:</b> If the death occurs as a result of a covered accident on a common carrier a higher benefit will be paid. Common carrier means any commercial transportation that operates on a regularly scheduled basis between predetermined points or cities.	
<b>Employee</b>	\$100,000
<b>Spouse</b>	\$50,000
<b>Children</b>	\$25,000
<b>Other Accidental Death</b>	
<b>Employee</b>	\$50,000
<b>Spouse</b>	\$20,000
<b>Children</b>	\$10,000

Accidental Dismemberment Benefits	Benefit
<b>Loss of both hand or both feet or sight in both eyes</b>	\$28,000
<b>Loss of one hand or one foot AND the sight of one eye</b>	\$22,000
<b>Loss of one hand AND one foot</b>	\$22,000
<b>Loss of one hand OR one foot</b>	\$12,500
<b>Loss of Two or more fingers or toes</b>	\$1,800
<b>Loss of one finger or one toe</b>	\$1,250



- **Catastrophic Accident coverage:** If you are severely injured in a covered accident, Catastrophic Accident coverage may provide an additional benefit payment. Note that you will be eligible to receive this benefit payment 365 days after the covered accident.
  - Loss is limited to 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.
  - If your spouse and/or children are covered for Accident Insurance, their coverage includes Catastrophic Accident coverage

Catastrophic Accident Benefits	Benefit
Employee	\$120,000
Spouse	\$60,000
Children	\$30,000
Home Modification Benefit	\$5,000
Vehicle Modification Benefit	\$5,000

### 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 at time of initial enrollment 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.

\*The use of "spouse" in this form means a person insured as a spouse as described in the certificate of insurance or rider. This includes domestic partners or civil union partners as defined by the plan. Please contact your employer for more information.

- **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.

### 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 June 30, 2022.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$13.44	\$22.45	\$26.25	\$35.26

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## Exclusions and Limitations

Exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance and AD&D 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.
- Work for pay, profit or gain.

\*See the certificate of insurance and riders for a complete list of available benefits, exclusions and limitations.

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.

## Who do I contact with questions?

For more information contact your Benefit Communication Administrator at 1-877-221-6117 or you can contact the Voya Employee Benefits Customer Service Team 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, a member of the Voya<sup>®</sup> 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 and Catastrophic Accident Rider Form #RL-ACC3-CAR-16. Form numbers, provisions and availability may vary by state.

CN0829-27174-1017

Bickford Senior Living Group, LLC, Group #70107-6,

Date Prepared: 05/25/2017

175128-12/01/2016

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