



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 Saint Louis University



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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 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 30+ hours per week.
- **Your spouse** — under age 70. Coverage is available only if employee coverage is elected.
- **Your children** — to age 26. Coverage is available only if employee coverage is elected.

When is my coverage effective?

The effective date of coverage is the date you are eligible to begin filing claims. The condition or illness must occur on or after the coverage effective date.

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 ² |
| Surgery open abdominal, thoracic | \$1,200 | Hip joint | \$3,850/\$7,700 |
| Surgery exploratory or without repair | \$175 | Knee | \$2,400/\$4,800 |
| Blood, plasma, platelets | \$600 | Ankle or foot bone(s) other than toes | \$1,500/\$3,000 |
| Hospital admission | \$1,250 | Shoulder | \$1,600/\$3,200 |
| Hospital confinement per day, up to 365 days | \$375 | Elbow | \$1,100/\$2,200 |
| Critical care unit confinement per day, up to 15 days | \$600 | Wrist | \$1,100/\$2,200 |
| Rehabilitation facility confinement per day, up to 90 days | \$200 | Finger/toe | \$275/\$550 |
| Coma duration of 14 or more days | \$17,000 | Hand bone(s) other than fingers | \$1,100/\$2,200 |
| Transportation per trip, up to three per accident | \$750 | Lower jaw | \$1,100/\$2,200 |
| Lodging per day, up to 30 days | \$180 | Collarbone | \$1,100/\$2,200 |
| Family care per child per day, up to 45 days | \$25 | Partial dislocations | 25% of the closed reduction amount |

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| Accident care | | Fractures | Closed/open reduction ³ |
|--|------------------------------|--|------------------------------------|
| Initial doctor visit | \$90 | Hip | \$3,000/\$6,000 |
| Urgent care facility treatment | \$225 | Leg | \$2,500/\$5,000 |
| Emergency room treatment | \$225 | Ankle | \$1,800/\$3,600 |
| Ground ambulance | \$360 | Kneecap | \$1,800/\$3,600 |
| Air ambulance | \$1,500 | Foot excluding toes, heel | \$1,800/\$3,600 |
| Follow-up doctor treatment | \$90 | Upper arm | \$2,100/\$4,200 |
| Chiropractic treatment up to six per accident | \$45 | Forearm, hand, wrist except fingers | \$1,800/\$3,600 |
| Medical equipment | \$120 | Finger, toe | \$240/\$480 |
| Physical or occupational therapy up to six per accident | \$45 | Vertebral body | \$3,360/\$6,720 |
| Speech therapy up to 6 per accident | \$45 | Vertebral processes | \$1,440/\$2,880 |
| Prosthetic device (one) | \$750 | Pelvis except coccyx | \$3,200/\$6,400 |
| Prosthetic device (two or more) | \$1,200 | Coccyx | \$400/\$800 |
| Major diagnostic exam | \$240 | Bones of face except nose | \$1,200/\$2,400 |
| Outpatient surgery (one per accident) | \$225 | Nose | \$600/\$1,200 |
| X-ray | \$45 | Upper jaw | \$1,500/\$3,000 |
| Common injuries | | Lower jaw | \$1,440/\$2,880 |
| Burns second degree, at least 36% of the body | \$1,250 | Collarbone | \$1,440/\$2,880 |
| Burns third degree, at least nine but less than 35 square inches of the body | \$7,500 | Rib or ribs | \$400/\$800 |
| Burns third degree, 35 or more square inches of the body | \$15,000 | Skull – simple except bones of face | \$1,400/\$2,800 |
| Skin grafts | 25% of the burn benefit | Skull – depressed except bones of face | \$3,000/\$6,000 |
| Emergency dental work | \$350 crown, \$90 extraction | Sternum | \$360/\$720 |
| Eye injury removal of foreign object | \$100 | Shoulder blade | \$1,800/\$3,600 |
| Eye injury surgery | \$350 | Chip fractures | 25% of the closed reduction amount |
| Torn knee cartilage surgery with no repair or if cartilage is shaved | \$225 | | |
| Torn knee cartilage surgical repair | \$800 | | |
| Laceration ¹ treated no sutures | \$30 | | |
| Laceration ¹ sutures up to 2" | \$60 | | |
| Laceration ¹ sutures 2" – 6" | \$240 | | |
| Laceration ¹ sutures over 6" | \$480 | | |
| Ruptured disk surgical repair | \$800 | | |
| Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair | \$425 | | |
| Tendon/ligament/rotator cuff one, surgical repair | \$825 | | |
| Tendon/ligament/rotator cuff two or more, surgical repair | \$1,225 | | |
| Concussion | \$225 | | |
| Paralysis - paraplegia | \$16,000 | | |
| Paralysis - quadriplegia | \$24,000 | | |

¹ Laceration benefits are a total of all lacerations per accident.

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

³ Closed Reduction of Fracture = Non-surgical. Open Reduction of Fracture = Surgical.

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 |
|--------------------------------------|---------------------|----------------------------|
| Urgent care facility treatment | \$400 | \$225 |
| Tendon/ligament/rotator cuff surgery | \$1,000 | \$825 |
| Broken ankle, closed reduction | \$1,500 | \$1,800 |
| Medical equipment | \$150 | \$120 |
| Follow-up doctor visit | \$125 | \$90 |
| Physical therapy (6 sessions) | \$300 | \$270 |
| Total | \$3,475 | \$3,330 |

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.
- **Sickness Hospital Confinement coverage:** If you are confined to a hospital due to a covered sickness, a daily benefit may be payable for each day you are in the hospital.
 - If your spouse and/or children are/is covered for Accident Insurance, their coverage includes Sickness Hospital Confinement coverage.
 - Coverage amounts:
 - Employee: \$100 per day for up to 30 days.
 - Spouse: \$100 per day for up to 30 days.
 - Children: \$75 per day for up to 30 days.
- **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/is 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.

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.

How much does Accident Insurance cost?

All employees within the same class pay the same rate, no matter their age. See the charts below for the premium amounts. Rates shown are guaranteed until January 1, 2023.

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

| Bi-Weekly Rates (26 Pay Periods) | | | |
|----------------------------------|---------------------|-----------------------|---------|
| Employee | Employee and Spouse | Employee and Children | Family |
| \$8.50 | \$15.04 | \$16.66 | \$23.20 |

| Monthly Rates (12 Pay Periods) | | | |
|--------------------------------|---------------------|-----------------------|---------|
| Employee | Employee and Spouse | Employee and Children | Family |
| \$18.42 | \$32.59 | \$36.09 | \$50.26 |

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.

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- 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.

Exclusions and limitations for Sickness Hospital Confinement coverage (may vary by state) are listed below. Benefits are not payable if any of the following are true:

- Services are received in an emergency room or for outpatient treatment or for a hospital stay for which there is no charge for room and board.
- Confinement is the result of alcoholism or drug abuse.
- Confinement is the result of dental care or elective procedures.
- Confinement is due to psychiatric or psychological conditions.
- Confinement is due to birth, if the covered person is a newborn child, unless the newborn has an eligible sickness.

What are pre-existing conditions and are they covered*?

A pre-existing condition means a sickness which, within the 12 month period prior to the Sickness Hospital Confinement coverage effective date or any increase in coverage for each covered person, resulted in the covered person receiving medical treatment, consultation, care or services (including diagnostic measures). For the first 12 months following the Sickness Hospital Confinement coverage effective date or any increase in coverage for each covered person, benefits are not payable for any hospital confinement resulting from a pre-existing condition. If the hospital confinement begins more than 12 months after the coverage effective date or an increase in coverage for the covered person, benefits are payable for any eligible hospital confinement even if resulting from a pre-existing condition.

*Definition and limitations/exclusions may vary by state.

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.

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Who do I contact with questions?

For more information, 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 Accident Rider Form #RL-ACC3-CHR-16, Wellness Benefit Rider Form #RL-ACC3-WELL-16 and Sickness Hospital Confinement Rider Form #RL-ACC3-HCR-16. Form numbers, provisions and availability may vary by state.

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