

Accident Insurance

Explore Your Benefits & Costs



Providence
Schools

Group Name: City of Providence
Group Number: 723380
Class: City of Providence Employees

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 \$50 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


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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.

21 Pay Periods - Schools

<div>  <div>Low Plan 21 Pay Periods</div> </div>			
Employee	Employee and Spouse	Employee and Children	Family
\$2.63	\$5.26	\$5.78	\$8.41
<div> <div>High Plan 21 Pay Periods</div> </div>			
Employee	Employee and Spouse	Employee and Children	Family
\$4.75	\$9.50	\$10.45	\$15.19

26 Pay Periods – City employees & Schools

<div>  <div>Low Plan 26 Pay Periods</div> </div>			
Employee	Employee and Spouse	Employee and Children	Family
\$2.12	\$4.25	\$4.67	\$6.79
<div> <div>High Plan 26 Pay Periods</div> </div>			
Employee	Employee and Spouse	Employee and Children	Family
\$3.84	\$7.67	\$8.44	\$12.27

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	Low	High
Emergency room treatment	\$150	\$225
X-ray	\$50	\$75
Physical or occupational therapy (up to six per accident)	\$30	\$45
Stitches (for lacerations, up to 2")	\$40	\$60
Follow-up doctor treatment	\$60	\$100
Hospital admission	\$1,000	\$2,000
Hospital confinement (per day, up to 365 days)	\$225	\$275

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

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

What else is included?

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



\$50 to use however you'd like

Wellness Benefit

- Complete an eligible health screening test (such as an annual physical) or experience a covered stay in a hospital, and receive a benefit payment.
- Your annual benefit amount is \$50. Your spouse's benefit amount is \$50.
- The benefit for child coverage is 50% of your benefit amount per child, with an annual maximum of \$100 for all children.

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 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	High	Event	Low	High
Accident hospital care			Emergency room treatment	\$150	\$225
Surgery open abdominal, thoracic	\$800	\$1,200	Ground ambulance	\$240	\$360
Surgery exploratory or without repair	\$125	\$175	Air ambulance	\$1,000	\$1,500
Blood, plasma, platelets	\$400	\$600	Follow-up doctor treatment	\$60	\$90
Hospital admission	\$1,000	\$1,250	Medical equipment	\$75	\$200
Hospital confinement per day, up to 365 days	\$225	\$275	Physical or occupational therapy up to six per accident	\$30	\$45
Critical care unit confinement per day, up to 15 days	\$350	\$450	Speech therapy up to 6 per accident	\$30	\$45
Rehabilitation facility confinement per day, up to 90 days	\$125	\$200	Prosthetic device (one)	\$500	\$750
Coma duration of 14 or more days	\$11,500	\$17,000	Prosthetic device (two or more)	\$800	\$1,200
Transportation per trip, up to three per accident	\$500	\$750	Major diagnostic exam	\$125	\$275
Lodging per day, up to 30 days	\$120	\$180	X-ray	\$50	\$75
Accident care			Common injuries		
Initial doctor visit	\$60	\$90	Burns second degree, at least 36% of the body	\$1,000	\$1,250

Event	Low	High
Burns third degree, at least nine but less than 35 square inches of the body	\$4,500	\$7,500
Burns third degree, 35 or more square inches of the body	\$10,000	\$15,000
Skin grafts	50% of the burn benefit	50% of the burn benefit
Emergency dental work: crown	\$250	\$350
Extraction	\$60	\$90
Eye injury removal of foreign object	\$60	\$100
Eye injury surgery	\$225	\$350
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$150	\$225
Torn knee cartilage surgical repair	\$500	\$800

Dislocations	Non-surgical/ surgical repair ²	Non-surgical/ surgical repair ²
Hip joint	\$2,550/\$5,100	\$3,850/\$7,700
Knee	\$1,600/\$3,200	\$2,400/\$4,800
Ankle or foot bone(s) other than toes	\$1,000/\$2,000	\$1,500/\$3,000
Shoulder	\$1,000/\$2,000	\$1,600/\$3,200
Elbow	\$750/\$1,500	\$1,100/\$2,200
Wrist	\$750/\$1,500	\$1,100/\$2,200
Finger/toe	\$175/\$350	\$275/\$550
Hand bone(s) other than fingers	\$750/\$1,500	\$1,100/\$2,200
Lower jaw	\$750/\$1,500	\$1,100/\$2,200
Collarbone	\$750/\$1,500	\$1,100/\$2,200
Partial dislocations	25% of the non-surgical repair amount	25% of the non-surgical repair amount
Fractures	Non-surgical/ surgical repair ³	Non-surgical/ surgical repair ³
Hip	\$2,000/\$4,000	\$3,000/\$6,000
Leg	\$1,500/\$3,000	\$2,500/\$5,000

Event	Low	High
Laceration ¹ treated no sutures	\$20	\$30
Laceration ¹ sutures up to 2"	\$40	\$60
Laceration ¹ sutures 2" – 6"	\$160	\$240
Laceration ¹ sutures over 6"	\$320	\$480
Ruptured disk surgical repair	\$500	\$800
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$275	\$425
Tendon/ligament/rotator cuff one, surgical repair	\$550	\$825
Tendon/ligament/rotator cuff two or more, surgical repair	\$800	\$1,225
Concussion	\$150	\$225
Paralysis - paraplegia	\$10,750	\$16,000
Paralysis - quadriplegia	\$16,000	\$24,000

Ankle	\$1,200/\$2,400	\$1,800/\$3,600
Kneecap	\$1,200/\$2,400	\$1,800/\$3,600
Foot excluding toes, heel	\$1,200/\$2,400	\$1,800/\$3,600
Upper arm	\$1,400/\$2,800	\$2,100/\$4,200
Forearm, hand, wrist except fingers	\$1,200/\$2,400	\$1,800/\$3,600
Finger, toe	\$160/\$320	\$240/\$480
Vertebral body	\$2,240/\$4,480	\$3,360/\$6,720
Vertebral processes	\$960/\$1,920	\$1,440/\$2,880
Pelvis except coccyx	\$2,250/\$4,500	\$3,200/\$6,400
Coccyx	\$200/\$400	\$400/\$800
Bones of face except nose	\$800/\$1,600	\$1,200/\$2,400
Nose	\$400/\$800	\$600/\$1,200
Upper jaw	\$1,000/\$2,000	\$1,500/\$3,000
Lower jaw	\$960/\$1,920	\$1,440/\$2,880
Collarbone	\$960/\$1,920	\$1,440/\$2,880
Rib or ribs	\$300/\$600	\$400/\$800

Skull – simple except bones of face	\$1,000/\$2,000	\$1,400/\$2,800	Sternum	\$240/\$480	\$360/\$720
Skull – depressed except bones of face	\$2,000/\$4,000	\$3,000/\$6,000	Shoulder blade	\$1,200/\$2,400	\$1,800/\$3,600
			Chip fractures	25% of the closed reduction amount	25% of the closed reduction amount

Laceration benefits are a total of all lacerations per accident.

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.”

Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children’s Accident Insurance 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.

*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/cityofprovidence>

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, Off Job Accident Disability Income Rider form #RL-ACC3-DIR-16, Sickness Hospital Confinement Rider Form #RL-ACC3-HCR-16, Waiver of Premium Rider form #RL-ACC3-WOP-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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