

# Accident Insurance

A limited benefit policy

## 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: ARUP Laboratories



### What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. The amount paid 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.

You may qualify to receive benefits for items listed below, as long as they are the result of a covered accident. See the certificate of insurance and any riders for specific details.

- Accident hospital care
- Follow-up care
- Common Injuries
- Emergency care benefits

Other features of Accident Insurance include:

- **Guaranteed Issue:** No medical questions or tests required for coverage.
- **Flexible:** You can use the benefit money for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** Should 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 20+ hours per week. Temporary and seasonal workers are excluded from coverage. Normal vacation is considered Active Employment.
- **Your spouse\***— Coverage is available only if employee coverage is elected.
- **Your child(ren)**— 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. Please contact your employer for more information.

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## What accident benefits are available?

The following list includes the benefits provided by Accident Insurance. The benefit amounts paid depend on the type of injury and care received. You may be required to seek care for your injury within a set amount of time. Note that there may be some variation 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, along with applicable provisions, 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	\$120
<b>Blood, plasma, platelets</b>	\$360
<b>Hospital admission</b>	\$1,000
<b>Hospital confinement</b> per day up to 365	\$250
<b>Critical care unit confinement</b> per day, up to 15 days	\$500
<b>Coma</b> duration of 14 or more days	\$6,000
<b>Transportation</b> per trip, up to 3 per accident	\$360
<b>Lodging</b> per day, up to 30 days	\$120
<b>Follow-up care</b>	
<b>Medical equipment</b>	\$120
<b>Physical therapy</b> per treatment, up to 6	\$30
<b>Prosthetic device</b> (one)	\$600
<b>Prosthetic device</b> (two or more)	\$1,200
<b>Common injuries</b>	
<b>Burns</b> second degree, at least 36% of the body	\$900
<b>Burns</b> 3rd degree, at least 9 but less than 35 square inches of the body	\$1,800
<b>Burns</b> 3rd degree, 35 or more square inches of the body	\$12,000
<b>Skin Grafts</b>	25% of the burn benefit
<b>Emergency dental work</b> while hospital confined	\$180 crown, \$60 extraction
<b>Eye Injury</b> removal of foreign object	\$60
<b>Eye Injury</b> surgery	\$240
<b>Torn Knee Cartilage</b> surgery with no repair or if cartilage is shaved	\$120
<b>Torn Knee Cartilage</b> surgical repair	\$600
<b>Laceration<sup>1</sup></b> treated no sutures	\$30
<b>Laceration<sup>1</sup></b> sutures up to 2"	\$60

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<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	\$480
<b>Tendon/Ligament/Rotator Cuff</b> One, surgical repair	\$480
<b>Tendon/Ligament/Rotator Cuff</b> Two or more, surgical repair	\$720
<b>Tendon/Ligament/Rotator Cuff</b> Exploratory Arthroscopic Surgery with no repair	\$120
<b>Concussion</b>	\$120
<b>Paralysis quadriplegia</b>	\$12,000
<b>Paralysis paraplegia</b>	\$6,000
<b>Dislocations</b>	<b>Closed/open reduction<sup>2</sup></b>
<b>Hip joint</b>	\$2,400/\$4,800
<b>Knee</b>	\$1,200/\$2,400
<b>Ankle or foot bone(s)</b> Other than toes	\$960/\$1,920
<b>Shoulder</b>	\$360/\$720
<b>Elbow</b>	\$360/\$720
<b>Wrist</b>	\$360/\$720
<b>Finger/toe</b>	\$120/\$240
<b>Hand bone(s)</b> Other than fingers	\$360/\$720
<b>Lower jaw</b>	\$360/\$720
<b>Collarbone</b>	\$360/\$720
<b>Partial dislocations</b>	25% of the closed reduction amount
<b>Fractures</b>	<b>Closed/open reduction<sup>3</sup></b>
<b>Hip</b>	\$1,800/\$3,600
<b>Leg</b>	\$960/\$1,920
<b>Ankle</b>	\$360/\$720
<b>Kneecap</b>	\$360/\$720
<b>Foot</b> Excluding toes, heel	\$360/\$720
<b>Upper arm</b>	\$420/\$840
<b>Forearm, Hand, Wrist</b> Except fingers	\$360/\$720
<b>Finger, Toe</b>	\$60/\$120
<b>Vertebral body</b>	\$960/\$1,920
<b>Vertebral processes</b>	\$360/\$720
<b>Pelvis</b> Except coccyx	\$960/\$1,920
<b>Coccyx</b>	\$240/\$480
<b>Bones of face</b> Except nose	\$420/\$840
<b>Nose</b>	\$120/\$240

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<b>Upper jaw</b>	\$420/\$840
<b>Lower jaw</b>	\$360/\$720
<b>Collarbone</b>	\$360/\$720
<b>Rib or ribs</b>	\$300/\$600
<b>Skull – simple</b> Except bones of face	\$1,200/\$2,400
<b>Skull – depressed</b> Except bones of face	\$3,000/\$6,000
<b>Sternum</b>	\$360/\$720
<b>Shoulder blade</b>	\$360/\$720
<b>Chip fractures</b>	25% of the closed reduction amount
<b>Emergency care benefits</b>	
<b>Ground ambulance</b>	\$120
<b>Air ambulance</b>	\$600
<b>Emergency room treatment</b>	\$180
<b>Initial doctor visit</b>	\$60
<b>Follow-up doctor visit</b>	\$60

<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.

## Meet Patty

Patty wasn't sure she'd be able to cover her medical expenses after she broke her leg in a car accident while out of town with friends. Thanks to her Accident Insurance coverage with emergency care benefits, Patty was able to use the benefits to help pay for her medical bills, as well as to offset her time away from work while going to various doctor appointments.

## Benefits paid by Patty's Accident Insurance

	Out-of-Pocket Costs	Accident Insurance Benefit
<b>Ground ambulance</b>	\$500	\$120
<b>Emergency room treatment</b>	\$1,700	\$180
<b>Leg fracture</b>	--	\$960
<b>Transportation (one trip)</b>	\$85	\$360
<b>Lodging (one night)</b>	\$130	\$120
<b>Medical equipment</b>	\$150	\$120
<b>Follow-up doctor visit</b>	\$125	\$60
<b>Lost time from work</b>	\$300	--
<b>Total</b>	<b>\$2,990</b>	<b>\$1,920</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 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, along with applicable provisions, 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 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.

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- The annual benefit is \$60 for completing a health screening test.
- If your spouse and children are covered for Accident Insurance, they are also covered by the Wellness Benefit. Your spouse's benefit amount is also \$60. The benefit for child coverage is 50% with an annual maximum of \$120 for children's benefits.

### What optional benefits are available?

You may choose to include the optional benefits below with your accident 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, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

- **Spouse\* Accident Insurance:** If you have coverage for yourself, you may enroll your spouse, as long as your spouse is not covered under the Policy as an Employee.
  - Your spouse will receive the same base coverage as you.
  - Guaranteed Issue: No medical questions or tests 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 benefit. Please contact your employer for more information.

- **Children's Accident Insurance:** As long as you have accident coverage on yourself, your natural child(ren), stepchild(ren), adopted child(ren) or child(ren) for whom you are a legal guardian are eligible to be covered under your employer's plan, up to the age of 26.
  - Your child(ren) will receive the same base coverage as you.
  - Guaranteed Issue: No medical questions or tests required for coverage.
  - One premium amount covers all of your eligible children.
  - If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same child(ren) under this benefit. If the parent who is covering the child(ren) 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.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$9.50	\$16.34	\$18.73	\$25.57

### Exclusions and Limitations

Exclusions in the Certificate, Spouse Accident Insurance and Children's Accident Insurance Benefit 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 that occurs while on full-time 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.

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- 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 semiprofessional 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, if the employer elects to exclude work-related sicknesses or accidents under the policy.

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

## Who do I contact with questions?

For more information, please call the Voya Employee Benefits Customer Service Team at (800) 955-7736.

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® family of companies. Policy Form #RL-ACC2-POL-12; Certificate Form #RL-ACC2-CERT-12; and Rider Forms: Spouse Accident Rider Form #RL-ACC2-SPR-12, Children's Accident Rider Form #RL-ACC2-CHR-12, and Wellness Benefit Rider Form #RL-ACC2-WELL-12. Form numbers, provisions and availability may vary by state.

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