### For employees of Rosemead School District enrolling in Accident Insurance

### 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.

#### 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.
- 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 20+ hours per week.
- Your spouse\*—If you have coverage on yourself, you may enroll your spouse, as long as your spouse is not covered under your employer's plan as an employee. Your spouse will be covered for the same Accident benefits as you are.
- Your children\*\*—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 and one premium amount covers all of your eligible children. If both you and your spouse are covered under this policy 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.

<sup>\*\*</sup>The definition of "child" may vary by state. Please contact your employer for more information.





<sup>\*</sup>The use of "spouse" in this document means a person insured as a spouse as described in the applicable rider. This may include domestic partners or civil union partners as defined by the employer's plan. 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	
Accident hospital care		
Surgery open abdominal, thoracic	\$1,200	
Surgery exploratory or without repair	\$175	
Blood, plasma, platelets	\$600	
Hospital admission	\$1,250	
Hospital confinement per day, up to 365 days	\$375	
Critical care unit confinement per day, up to 15 days	\$600	
Rehabilitation facility confinement per day, up to 90 days	\$200	
Coma duration of 14 or more days	\$17,000	
Transportation per trip, up to three per accident	\$750	
Lodging per day, up to 30 days	\$180	
Family care per child per day, up to 45 days	\$25	
Accident care		
Initial doctor visit	\$90	
Urgent care facility treatment	\$225	
Emergency room treatment	\$225	
Ground ambulance	\$360	
Air ambulance	\$1,500	
Follow-up doctor treatment	\$90	
Chiropractic treatment up to six per accident	\$45	
edical equipment \$120		



Accident care		
Physical or occupational therapy up to six per accident	\$45	
Speech therapy up to 6 per accident	\$45	
Prosthetic device (one)	\$750	
Prosthetic device (two or more)	\$1,200	
Major diagnostic exam	\$240	
Outpatient surgery (one per accident)	\$225	
X-ray	\$45	
Common injuries		
Burns second degree, at least 36% of the body	\$1,250	
<b>Burns</b> third degree, at least nine but less than 35 square inches of the body	\$7,500	
<b>Burns</b> third degree, 35 or more square inches of the body	\$15,000	
Skin grafts	25% of the burn benefit	
Emergency dental work	\$350 crown, \$90 extraction	
Eye injury removal of foreign object	\$100	
Eye injury surgery	\$350	
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$225	
Torn knee cartilage surgical repair	\$800	
Laceration <sup>1</sup> treated no sutures	\$30	
Laceration <sup>1</sup> sutures up to 2"	\$60	
Laceration <sup>1</sup> sutures 2" – 6"	\$240	
Laceration <sup>1</sup> sutures over 6"	\$480	
Ruptured disk surgical repair	\$800	
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$425	



Common injuries			
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		
Dislocations	Closed/open reduction <sup>2</sup>		
Hip joint	\$4,000/\$8,000		
Knee	\$3,000/\$6,000		
Ankle or foot bone(s) other than toes	\$1,800/\$3,600		
Shoulder	\$2,200/\$4,400		
Elbow	\$1,500/\$3,000		
Wrist	\$1,500/\$3,000		
Finger/toe	\$350/\$700		
Hand bone(s) other than fingers	\$1,500/\$3,000		
Lower jaw	\$1,500/\$3,000		
Collarbone	\$1,500/\$3,000		
Partial dislocations	25% of the closed reduction amount		
Fractures	Closed/open reduction <sup>3</sup>		
Hip	\$5,000/\$10,000		
Leg	\$2,800/\$5,600		
Ankle	\$2,500/\$5,000		
Kneecap	\$2,500/\$5,000		
Foot excluding toes, heel	\$2,500/\$5,000		
Upper arm	\$2,750/\$5,500		



Fractures	Closed/open reduction <sup>3</sup>		
Forearm, hand, wrist except fingers	\$2,500/\$5,000		
Finger, toe	\$400/\$800		
Vertebral body	\$4,200/\$8,400		
Vertebral processes	\$2,000/\$4,000		
Pelvis except coccyx	\$4,000/\$8,000		
Соссух	\$500/\$1,000		
Bones of face except nose	\$1,400/\$2,800		
Nose	\$750/\$1,500		
Upper jaw	\$1,750/\$3,500		
Lower jaw	\$2,000/\$4,000		
Collarbone	\$2,000/\$4,000		
Rib or ribs	\$600/\$1,200		
Skull – simple except bones of face	\$1,750/\$3,500		
Skull – depressed except bones of face	\$5,000/\$10,000		
Sternum	\$500/\$1,000		
Shoulder blade	\$2,500/\$5,000		
Chip fractures	25% of the closed reduction amount		

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

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<sup>&</sup>lt;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>&</sup>lt;sup>3</sup> Closed reduction of fracture = Non-surgical. Open reduction of fracture = Surgical.

### 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 \$1000.

### Are there additional non-insurance services available?

 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.

#### How much does Accident Insurance cost?

All employees within the same class pay the same rate, no matter their age. See the chart below for the premium amounts. Rates shown are guaranteed until October 1, 2024. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly (10thly) Rates				
Employee	Employee and Spouse	Employee and Children	Family	
\$13.20	\$21.00	\$25.20	\$33.00	

### **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.

### **Questions?**



For more information, please contact or go to:

Voya Employee Benefits Customer Service at (877) 236-7564 OR

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Rosemead School District
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626-312-2900 ext. 221 / dogarcia@rosemead.k12.ca.us

To learn more, go to https://presents.voya.com/EBRC/RosemeadSD

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, Continuation of Insurance Rider form #RL-ACC3-CNT-16. Form numbers, provisions and availability may vary by state.

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<sup>\*</sup>Definition and limitations/exclusions may vary by state.