

Accident Insurance

Explore Your Benefits & Costs



Group Name: County of Santa Barbara
Group Number: 68491-1
Class: All Eligible Active Employees

Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When a covered accident happens, Accident Insurance can help. This document includes cost and benefit information for Accident Insurance. As you explore, keep in mind:



No medical questions or tests are required for Accident Insurance coverage.



Employees get an annual Wellness Benefit payment 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 to help pay for the out-of-pocket costs you may experience after a covered accident.

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.

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How much does it cost?

This table shows your rates for Accident Insurance.

Semi-Monthly Rates (24 pay periods)			
Employee	Employee and Spouse	Employee and Child(ren)	Family
\$4.66	\$7.72	\$8.55	\$11.61


Spouse and Children coverage


If you have coverage on yourself, your spouse up to age 70 can be covered 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. "Spouse" may include domestic partners or civil union partners as defined by your employer's plan. Please contact your employer for more information.


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 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 under this benefit. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children's coverage

What's covered?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. Some of the most common treatments and conditions we pay benefits for include:


 Follow-up care

 Physical therapy

 Stitches

What else is included?

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



\$150 to use however you'd like

Wellness Benefit

- Complete an eligible health screening test (such as an annual physical), and receive a benefit payment.
- Your annual benefit amount is \$150. Your spouse's benefit amount is \$150.
- The benefit for child coverage is 50% of your benefit amount per child, with an annual maximum of \$300 for all children.

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.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$1,200
Surgery exploratory or without repair	\$120
Blood, plasma, platelets	\$360
Hospital admission	\$1,000
Hospital confinement per day, up to 365	\$250
Coma duration of 14 or more days	\$6,000
Transportation per trip, up to three per accident	\$360
Lodging per day, up to 30 days	\$120
Follow-up care	
Medical equipment	\$120
Physical therapy per treatment, up to six	\$30
Prosthetic device (one)	\$600
Prosthetic device (two or more)	\$1,200
Common injuries	
Burns second degree, at least 36% of the body	\$900
Burns third degree, at least nine but less than 35 square inches of the body	\$1,800
Burns third degree, 35 or more square inches of the body	\$12,000
Skin grafts	25% of the burn benefit
Emergency dental work while hospital confined	\$180 crown, \$60 extraction
Eye injury removal of foreign object	\$60
Eye injury surgery	\$240
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$120
Torn knee cartilage surgical repair	\$600
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	\$480
Tendon/ligament/rotator cuff one, surgical repair	\$480
Tendon/ligament/rotator cuff two or more, surgical repair	\$720
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$120
Concussion	\$120
Paralysis quadriplegia	\$12,000

Event	Benefit
Common injuries (continued)	
Paralysis paraplegia	\$6,000
Dislocations	
Hip joint	\$2,400/\$4,800
Knee	\$1,200/\$2,400
Ankle or foot bone(s) other than toes	\$960/\$1,920
Shoulder	\$360/\$720
Elbow	\$360/\$720
Wrist	\$360/\$720
Finger/toe	\$120/\$240
Hand bone(s) other than fingers	\$360/\$720
Lower jaw	\$360/\$720
Collarbone	\$360/\$720
Partial dislocations	25% of the closed reduction amount
Fractures	
Closed/open reduction³	
Hip	\$1,800/\$3,600
Leg	\$960/\$1,920
Ankle	\$360/\$720
Kneecap	\$360/\$720
Foot excluding toes, heel	\$360/\$720
Upper arm	\$420/\$840
Forearm, hand, wrist except fingers	\$360/\$720
Finger, toe	\$60/\$120
Vertebral body	\$960/\$1,920
Vertebral processes	\$360/\$720
Pelvis except coccyx	\$960/\$1,920
Coccyx	\$240/\$480
Bones of face except nose	\$420/\$840
Nose	\$120/\$240
Upper jaw	\$420/\$840
Lower jaw	\$360/\$720
Collarbone	\$360/\$720
Rib or ribs	\$300/\$600
Skull – simple except bones of face	\$1,200/\$2,400
Skull – depressed except bones of face	\$3,000/\$6,000
Sternum	\$360/\$720
Shoulder blade	\$360/\$720
Chip fractures	25% of the closed reduction amount

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.

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 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.
- 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.

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

Who do I contact with questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please contact HR at (805) 568-2800 or email benefits@countysb.org.

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-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, Wellness Benefit Rider Form #RL-ACC2-WELL-12. Form numbers, provisions and availability may vary by state and employer's plan.

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ACC1 Only

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