

# Accident Insurance

Explore Your Benefits & Costs



Group Name: Gentiva  
Group Number: 738476

**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:



Coverage is always  
Guaranteed Issue



Associates 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 to lessen the financial impact of 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.

ReliaStar Life Insurance Company  
a member of the Voya® family of companies

PLAN  
INVEST  
PROTECT

**VOYA**  
FINANCIAL

## 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.

Weekly Rates			
Associate	Associate and Spouse	Associate and Children	Family
\$1.63	\$2.58	\$2.93	\$3.89
Bi-Weekly Rates			
Associate	Associate and Spouse	Associate and Children	Family
\$3.26	\$5.17	\$5.86	\$7.78

## What's covered?

Accident Insurance provides a benefit payment after a covered accident that results in specific injuries and treatments. You may be required to seek care for your injury within a set amount of time. Some of the specific covered treatments and conditions we pay benefits for include those shown below. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.



ER treatment



X-ray



Physical Therapy



Stitches



Follow-up doctor treatment(s)

## 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	Choose an item
Emergency room treatment	\$300
X-ray	\$60
Physical Therapy (up to 10 per accident)	\$40
Stitches (sutures for lacerations, up to 2")	\$80
Follow-up doctor treatment	\$75
Hospital admission	\$1,500
Hospital confinement (per day, up to 365 days)	\$250

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

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

## When is my coverage effective?

Your coverage will become effective on or after 01/01/2024. Please note: Claims submitted for a covered event that occurred prior to your effective date are not eligible.

If you have coverage on yourself, your spouse can be covered. 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 your spouse is covered as an associate under the policy they are not eligible to be covered under the Spouse Rider.

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. 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 associate; 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 associate, then the other parent may apply for children's coverage.

## What else is included?

The Accident Insurance available through your employer also features the following additional benefits. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.



**Receive  
\$50 to use  
however  
you'd like**

### Wellness Benefit

The Wellness Benefit provides an annual benefit if you complete a covered health screening test whether or not there is any out-of-pocket cost to you.

- Associate's benefit amount is \$50. Spouse's benefit amount is \$50.
- Children receive 100% of your benefit amount per child.



**Keep  
coverage  
during a  
leave of  
absence**

### Continuation of Insurance

Continuation allows you to maintain your current Accident Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.



**Take your  
coverage  
with you**

### Portability

If you are in a situation where you will lose eligibility for benefits, such as reduced hours, termination or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

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 **support**  
next time  
you travel

### Voya Travel Assistance

Being in an unfamiliar place can cause stress, especially if something goes wrong. Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, travel assistance services such as pre-trip and cultural information, security services and accessible technology.

*Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.*

## 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. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

- ✓ **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 will be increased by 25%; to a maximum additional benefit of \$1,000.

Event	Benefit
<b>Accident hospital care</b>	
Surgery (open abdominal, thoracic)	\$1,500
Surgery (exploratory or without repair)	\$150
General Anesthesia	\$100
Blood, plasma, platelets	\$500
Hospital admission	\$1,500
Hospital confinement (per day up to 365 days)	\$250
Critical Care unit (CCU) Admission	\$1,500
Critical care unit confinement (per day up to 30 days)*	\$400
Rehabilitation facility confinement (per day up to 90 days)*	\$175
Non-Induced Coma (duration of 14 or more days)	\$14,500
Transportation (per trip up to three per accident)	\$650
Lodging (per day up to 30 days)	\$150
Pet Boarding	\$15
Family care (per child/adult per day up to 45 days)	\$25
<b>Accident care</b>	
Initial doctor visit	\$75
Urgent care facility treatment*	\$300
Emergency room treatment	\$300
Ground ambulance	\$500
Air ambulance*	\$2,000

Event	Benefit
Follow-up doctor treatment	\$75
Medical equipment	\$125
Physical or occupational therapy (per treatment up to 10)	\$40
Speech therapy (per treatment up to 10)	\$40
Mental Health therapy (per treatment up to 10)	\$40
Prosthetic device (one)	\$750
Prosthetic device (two or more)	\$1,500
Major diagnostic exam	\$200
Outpatient surgery	\$300
Outpatient IV Infusion Therapy	\$30
X-ray	\$60
Lab Service	\$60
<b>Common injuries</b>	
Burns (2nd degree, at least 36% of the total body surface area)	\$1,125
Burns (3rd degree, at least 2% but less than 4% of the total body surface area)	\$6,000
Burns (3rd degree, 4% or more of the total body surface area)	\$12,500
Skin grafts	50% of the burn benefit
Emergency dental work (Crown)	\$300
Emergency Dental Work (Extraction)	\$125
Eye Injury (removal of foreign object)	\$350
Eye Injury (surgery)	\$350
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	\$175
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	\$750
Laceration <sup>1</sup> (treated - no sutures)	\$25
Laceration <sup>1</sup> (sutures up to 2")	\$80
Laceration <sup>1</sup> (sutures 2" to 6")	\$350
Laceration <sup>1</sup> (sutures over 6")	\$650
Puncture Wound <sup>1</sup>	\$25
Ruptured disk (surgical repair)	\$800
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$350
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$800
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$1,200
Concussion	\$200
Traumatic Brain Injury	\$1,500
Paralysis (monoplegia)	\$7,500
Paralysis (hemiplegia)	\$12,500
Paralysis (paraplegia)	\$14,000
Paralysis (quadriplegia)	\$20,000
<b>Dislocations</b>	
<b>Complete<sup>2</sup>/Complete Requiring Surgical Repair<sup>3</sup></b>	
Hip joint	\$3,200/\$6,400
Knee	\$2,000/\$4,000
Ankle or foot bone(s) (other than toes)	\$1,200/\$2,400

Event	Benefit
Shoulder	\$1,500/\$3,000
Elbow	\$900/\$1,800
Wrist	\$900/\$1,800
Finger/toe	\$250/\$500
Hand bone(s) (other than fingers)	\$900/\$1,800
Lower jaw	\$900/\$1,800
Collarbone	\$900/\$1,800
Incomplete dislocations	25% of complete amount
<b>Fractures</b>	
<b>Non-Surgical Repair</b>	
<b>Fracture<sup>4</sup>/Fracture Requiring Surgical Repair<sup>5</sup></b>	
Hip	\$2,500/5,000
Leg	\$1,800/\$3,600
Ankle	\$1,500/\$3,000
Heel	\$1,500/\$3,000
Kneecap	\$1,500/\$3,000
Foot (excluding toes, heel)	\$1,500/\$3,000
Upper arm	\$1,750/\$3,500
Forearm, hand, wrist (except fingers)	\$1,500/\$3,000
Finger, toe	\$200/\$400
Vertebral body	\$2,800/\$5,600
Vertebral processes	\$1,200/\$2,400
Pelvis (except coccyx)	\$2,750/\$5,500
Coccyx	\$300/\$600
Bones of face (except nose)	\$1,000/\$2,000
Nose	\$600/\$1,200
Upper jaw	\$1,250/\$2,500
Lower jaw	\$1,200/\$2,400
Collarbone	\$1,200/\$2,400
Rib	\$400/\$800
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	\$1,500/\$3,000
Chip fractures	25% of the Non-Surgical Repair

<sup>1</sup>Laceration benefits are a total of all lacerations per accident. Payable once per covered accident. If your injury qualifies as both a laceration and puncture wound, only one benefit in the higher amount will be payable.

<sup>2</sup>Complete separated joint that does not require a surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

<sup>3</sup>Completely separated joint that requires surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

<sup>4</sup>Fracture that does not require a surgical repair. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

<sup>5</sup>Fracture that does require surgical repair. If the doctor diagnoses the fracture as a chip fracture, the benefit will be reduced to a percentage of what would have been paid for a Non-Surgical Repair Fracture of the same bone. If you receive more than one fracture in a covered

accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

## Accidental Death & Dismemberment (AD&D)

Your coverage also includes Accidental Death & Dismemberment benefits. We will pay an AD&D benefit if a covered person meets the conditions described in the Rider as the result of injuries received in a covered accident. If injuries received in a covered accident cause a covered person's death, a benefit is payable to the named accidental death beneficiary. If there is no beneficiary named, benefits will be paid according to the Benefit Payments provision in the Certificate. Note: No Accidental death benefit is payable if the Covered Person is eligible for the common carrier benefit. See the chart below for more details. A "common carrier" is commercial transportation that operates on a regular schedule, between predetermined points or cities (such as a bus or airline route).

	Benefit
<b>Accidental Death Benefits</b>	
Common carrier accident	
Associate	\$100,000
Spouse	\$50,000
Children	\$25,000
Other accident	
Associate	\$50,000
Spouse	\$25,000
Children	\$10,000
<b>Accidental Dismemberment Benefits</b>	
Loss of both hand or both feet or sight in both eyes	\$28,000
Loss of one hand or one foot AND the sight of one eye	\$22,000
Loss of one hand AND one foot	\$22,000
Loss of one hand OR one foot	\$12,500
Loss of two or more fingers or toes	\$1,800
Loss of one finger or one toe	\$1,250

## Catastrophic Accident

Your coverage also includes Catastrophic Accident benefits. This means that if you are severely injured in a covered accident, you may receive a benefit payment in the amount shown below. Note that you will be eligible to receive this benefit payment 365 days after the covered accident. A catastrophic accident leads to the total and permanent loss of any of the following:

- both hands or both feet,
- the use of both arms or both legs,
- one hand and one foot,
- one arm and one leg,
- the sight of both eyes,
- hearing in both ears,
- the ability to speak.

This coverage also includes a Home Modification Benefit and Vehicle Modification Benefit. This pays the amount shown below if the covered person requires modifications due to losses for which benefits are paid under this Rider. Modifications must be prescribed in writing by a doctor.

	Benefit
<b>Catastrophic Accident Benefits</b>	
Associate	\$120,000
Spouse	\$60,000
Children	\$30,000
Home Modification Benefit	\$5,000
Vehicle Modification Benefit	\$5,000

## Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance and AD&D 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. 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.

Exclusions and limitations for Catastrophic Accident coverage (may vary by state) are the same as the exclusions in the Certificate, plus the catastrophic accident benefit reduces to 50% at age 65 and to 25% of the initial benefit amount at age 70. "Loss" does not include being in an induced or non-induced coma.



## 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/Gentiva>

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-2-23; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR2-23, Children's Accident Rider Form #RL-ACC3-CHR2-23, Wellness Benefit Rider Form #RL-ACC3-WELL2-23, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR2-23, Catastrophic Accident Rider Form #RL-ACC3-CAR2-23, 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, Absence from Employment Premium Waiver Rider form #RL-ACC3-AEPW-23; Continuation of Insurance Rider form #RL-ACC3-CNT2-23. Form numbers, provisions and availability may vary by state and employer's plan.

### **ACC2.3 Only**

Date Prepared: 8/10/23

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