

# Accident Insurance

## Enrollment at a glance

### For the Members of Midwest Coalition of Labor Trust IUOE Local 564



#### 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.

#### 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**—Active members that are available to work.
- **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 a member. 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 a member; 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 a member, then the other parent may apply for children's coverage.

\*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.

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

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### 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
<b>Accident hospital care</b>	
<b>Surgery</b> open abdominal, thoracic	\$1,200
<b>Surgery</b> exploratory or without repair	\$175
<b>Blood, plasma, platelets</b>	\$600
<b>Hospital admission</b>	\$1,250
<b>Hospital confinement</b> per day, up to 365 days	\$375
<b>Critical care unit confinement</b> per day, up to 15 days	\$600
<b>Rehabilitation facility confinement</b> per day, up to 90 days	\$200
<b>Coma</b> duration of 14 or more days	\$17,000
<b>Transportation</b> per trip, up to three per accident	\$750
<b>Lodging</b> per day, up to 30 days	\$180
<b>Family care</b> per child per day, up to 45 days	\$25
<b>Accident care</b>	
<b>Initial doctor visit</b>	\$90
<b>Urgent care facility treatment</b>	\$225
<b>Emergency room treatment</b>	\$225
<b>Ground ambulance</b>	\$360
<b>Air ambulance</b>	\$1,500
<b>Follow-up doctor treatment</b>	\$90
<b>Chiropractic treatment</b> up to six per accident	\$45

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<b>Medical equipment</b>	\$120
<b>Physical or occupational therapy</b> up to six per accident	\$45
<b>Speech therapy</b> up to 6 per accident	\$45
<b>Prosthetic device</b> (one)	\$750
<b>Accident care</b>	
<b>Prosthetic device</b> (two or more)	\$1,200
<b>Major diagnostic exam</b>	\$240
<b>Outpatient surgery</b> (one per accident)	\$225
<b>X-ray</b>	\$45
<b>Common injuries</b>	
<b>Burns</b> 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
<b>Skin grafts</b>	25% of the burn benefit
<b>Emergency dental work</b>	\$350 crown, \$90 extraction
<b>Eye injury</b> removal of foreign object	\$100
<b>Eye injury</b> surgery	\$350
<b>Torn knee cartilage</b> surgery with no repair or if cartilage is shaved	\$225
<b>Torn knee cartilage</b> surgical repair	\$800
<b>Laceration</b> <sup>1</sup> treated no sutures	\$30
<b>Laceration</b> <sup>1</sup> sutures up to 2"	\$60
<b>Laceration</b> <sup>1</sup> sutures 2" – 6"	\$240
<b>Laceration</b> <sup>1</sup> sutures over 6"	\$480
<b>Ruptured disk</b> surgical repair	\$800

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<b>Tendon/ligament/rotator cuff</b> exploratory arthroscopic surgery with no repair	\$425
<b>Tendon/ligament/rotator cuff</b> one, surgical repair	\$825
<b>Tendon/ligament/rotator cuff</b> two or more, surgical repair	\$1,225
<b>Concussion</b>	\$225
<b>Common injuries</b>	
<b>Paralysis - paraplegia</b>	\$16,000
<b>Paralysis - quadriplegia</b>	\$24,000
<b>Dislocations</b>	Closed/open reduction <sup>2</sup>
<b>Hip joint</b>	\$3,850/\$7,700
<b>Knee</b>	\$2,400/\$4,800
<b>Ankle or foot bone(s)</b> other than toes	\$1,500/\$3,000
<b>Shoulder</b>	\$1,600/\$3,200
<b>Elbow</b>	\$1,100/\$2,200
<b>Wrist</b>	\$1,100/\$2,200
<b>Finger/toe</b>	\$275/\$550
<b>Hand bone(s)</b> other than fingers	\$1,100/\$2,200
<b>Lower jaw</b>	\$1,100/\$2,200
<b>Collarbone</b>	\$1,100/\$2,200
<b>Partial dislocations</b>	25% of the closed reduction amount
<b>Fractures</b>	Closed/open reduction <sup>3</sup>
<b>Hip</b>	\$3,000/\$6,000
<b>Leg</b>	\$2,500/\$5,000
<b>Ankle</b>	\$1,800/\$3,600
<b>Kneecap</b>	\$1,800/\$3,600

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<b>Foot</b> excluding toes, heel	\$1,800/\$3,600
<b>Upper arm</b>	\$2,100/\$4,200
<b>Forearm, hand, wrist</b> except fingers	\$1,800/\$3,600
<b>Finger, toe</b>	\$240/\$480
<b>Vertebral body</b>	\$3,360/\$6,720
<b>Fractures</b>	Closed/open reduction <sup>3</sup>
<b>Vertebral processes</b>	\$1,440/\$2,880
<b>Pelvis</b> except coccyx	\$3,200/\$6,400
<b>Coccyx</b>	\$400/\$800
<b>Bones of face</b> except nose	\$1,200/\$2,400
<b>Nose</b>	\$600/\$1,200
<b>Upper jaw</b>	\$1,500/\$3,000
<b>Lower jaw</b>	\$1,440/\$2,880
<b>Collarbone</b>	\$1,440/\$2,880
<b>Rib or ribs</b>	\$400/\$800
<b>Skull – simple</b> except bones of face	\$1,400/\$2,800
<b>Skull – depressed</b> except bones of face	\$3,000/\$6,000
<b>Sternum</b>	\$360/\$720
<b>Shoulder blade</b>	\$1,800/\$3,600
<b>Chip fractures</b>	25% of the closed reduction amount

<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.

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### 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 \$1,000.
- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test.
  - The annual benefit amount is \$50
  - Your spouse's annual benefit amount is \$50
  - The annual benefit for child coverage is 50% of your benefit amount per child, with an annual maximum of \$100 for all children.

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

**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

### How much does Accident Insurance cost?

All members within the same class pay the same rate, no matter their age. See the chart below for the premium amounts. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates			
Member	Member and Spouse	Member and Children	Family
\$8.13	\$15.00	\$17.69	\$24.56

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### 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.
- 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.



To enroll and learn more about these benefits please go to <http://go.voya.com/mcl2023>

For any questions, please contact Kocher Insurance Group at 888-212-7822

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. Form numbers, provisions and availability may vary by state.

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