



## Accident Insurance

### 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:  
HonorHealth

ReliaStar Life Insurance Company, a member of the Voya<sup>®</sup> family of companies

PLAN | INVEST | PROTECT

**VOYA**  
FINANCIAL

## What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs while you are not at work, on or after your coverage effective date. The benefit amount depends on the type of injury and care received. 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 are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **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 at least 16 hours per week.
- **Your spouse\***— under age 70 at time of initial enrollment. 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 or domestic partner as described in the certificate of insurance or rider.

## 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	\$375
<b>Critical care unit confinement</b> per day, up to 15 days	\$600
<b>Rehabilitation facility confinement</b> per day for 90 days	\$200
<b>Coma</b> duration of 14 or more days	\$17,000
<b>Transportation</b> per trip, up to 3 per accident	\$750
<b>Lodging</b> per day, up to 30 days	\$180
<b>Family care</b> per child, up to 45 days	\$25

Event	Benefit
<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 6 per accident	\$45
<b>Medical equipment</b>	\$120
<b>Physical or occupational therapy</b> up to 6 per accident	\$45
<b>Speech therapy</b> up to 6 per accident	\$45
<b>Prosthetic device</b> (one)	\$750
<b>Prosthetic device</b> (two or more)	\$1,200
<b>Major diagnostic exam</b> (cat scan, MRI, EEG or pet scan)	\$240
<b>Outpatient surgery</b> (1 per accident)	\$225
<b>X-ray</b>	\$45

<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.

Event	Benefit
<b>Common injuries</b>	
<b>Burns</b> second degree, at least 36% of the body	\$1,250
<b>Burns</b> 3rd degree, at least 9 but less than 35 square inches of the body	\$7,500
<b>Burns</b> 3rd 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 surgery</b>	\$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<sup>1</sup></b> treated no sutures	\$30
<b>Laceration<sup>1</sup></b> sutures up to 2"	\$60
<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	\$800
<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>Paralysis - paraplegia</b>	\$16,000
<b>Paralysis – quadriplegia</b>	\$24,000

Event	Benefit
<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
<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>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

Event	Benefit
<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

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

PLAN | INVEST | PROTECT





## 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
Ground ambulance	\$ 500	\$ 360
Emergency room treatment	\$1,700	\$ 225
X-Ray	\$ 150	\$ 45
Leg fracture	--	\$2,500
Transportation (one trip)	\$ 85	\$ 750
Lodging (one night)	\$ 130	\$ 180
Medical equipment	\$ 150	\$ 120
Follow-up doctor visit	\$ 125	\$ 90
Lost time from work	\$ 300	--
<b>Total</b>	<b>\$3,140</b>	<b>\$4,270</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 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.
  - If your spouse and/or children are/is covered for Accident Insurance, their coverage includes this benefit.
  - This benefit only applies to the events in the table above. It does not apply to any of the additional benefits/coverage outlined in this section.
- **Health System Benefit:** If the services for your covered accident are provided at a facility that is owned by your employer/organization, the Accident Hospital Care, Accident Care or Common Injuries benefit will be increased by 25%, to a maximum additional benefit of \$1000.
  - If your spouse and/or children are/is covered for Accident Insurance, their coverage includes this benefit.
  - This benefit only applies to the events in the table above. It does not apply to any of the additional benefits/coverage outlined in this section.
- **Accidental Death and Dismemberment (AD&D) coverage:** If you are severely injured or die as a result of a covered accident, an AD&D benefit may be payable to you or your beneficiary.
  - If your spouse and/or children are/is covered for Accident Insurance, their coverage includes AD&D.

Accidental Death Benefits	Benefit
<b>Common Carrier:</b> If the death occurs as a result of a covered accident on a common carrier, a higher benefit will be payable. Common carrier means any commercial transportation that operates on a regularly scheduled basis between predetermined points or cities.	
Employee	\$200,000
Spouse	\$100,000
Children	\$50,000
<b>Other accident</b>	
Employee	\$100,000
Spouse	\$40,000
Children	\$20,000

ReliaStar Life Insurance Company, a member of the Voya<sup>®</sup> family of companies

Accidental Dismemberment Benefits	Benefit Amount
Loss of both hand or both feet or sight in both eyes	\$40,000
Loss of one hand or one foot AND the sight of one eye	\$30,000
Loss of one hand AND one foot	\$30,000
Loss of one hand OR one foot	\$15,000
Loss of two or more fingers or toes	\$2,500
Loss of one finger or one toe	\$1,500

### What optional benefits are available?

You may choose to include the optional benefits below 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.

- **Spouse\* Accident Insurance:** If you have coverage on yourself, you may enroll your spouse, as long as your spouse is under age 70 at time of initial enrollment and is not covered under your employer's plan as an employee.
  - Your spouse will be covered for the same Accident benefits as you are.
  - Guaranteed issue: No medical questions or tests are required for coverage.

\*The use of "spouse" in this form means a person insured as a spouse or domestic partner as described in the certificate of insurance or benefit.

- **Children's\*\* Accident Insurance:** 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.
  - Guaranteed issue: No medical questions or tests are required for coverage.
  - One premium amount covers all of your eligible children.
  - If both you and your spouse are covered under your employer's plan 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.

### How much does Accident Insurance cost?

All co-workers pay the same rate, no matter their age. See the chart below for the premium amounts per pay period. Rates shown are guaranteed until January 1, 2026.

24 Payroll Deductions			
Employee	Employee and Spouse	Employee and Children	Family
\$6.65	\$9.91	\$12.55	\$15.81

ReliaStar Life Insurance Company, a member of the Voya<sup>®</sup> family of companies

## 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.
- 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?

For more information contact your Benefit Communication Administrator at 1-877-768-7182.

To learn more go to <https://presents.voya.com/EBRC/HonorHealth>

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-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, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR-16. Form numbers, provisions and availability may vary by state.

CN0829-27174-1017

HonorHealth, Group #702129, Acct #0001

Date Revised: 04/01/20

175128-12/01/2016

ReliaStar Life Insurance Company, a member of the Voya<sup>®</sup> family of companies

PLAN | INVEST | PROTECT

