

# Accident Insurance

Explore Your Benefits & Costs



Group Name: BMO Bank N.A.  
Group Number: 293164

**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 Guaranteed Issue.



Employees 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 for added protection if one of the following covered conditions comes your way.

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



## 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.

Low Plan - Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$2.53	\$4.66	\$5.29	\$7.42

  

High Plan - Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$5.00	\$9.86	\$10.29	\$15.15

Your spouse will be covered for the same Accident benefits as you.

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 of your eligible children.

## What's covered?

Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. Some of the most common treatments and conditions we pay benefits for include:

 ER treatment	 X-rays	 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	Low	High
X-ray	\$100	\$200
Physical or occupational therapy (up to six per accident)	\$45	\$60
Stitches (for lacerations, up to 2")	\$60	\$90
Follow-up doctor treatment	\$90	\$100
Hospital admission	\$1,250	\$1,750
Hospital confinement (per day, up to 365 days)	\$275	\$275

**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?

If you are already enrolled in Critical Illness Insurance, enhancements to your coverage will be effective on January 1, 2024. Any claims submitted for a covered event that occurred prior to January 1, 2024, will result in any approved benefits being payable according to the provisions in effect under the Policy at that time.

Your employer's policy has been enhanced to provide additional benefits starting 1/1/2024. Please note: if you have already purchased this coverage, the benefit offering will not change until this effective date, and any claims submitted for a covered event that occurred prior to this date will result in benefits payable according to the initial benefit schedule.

## What else is included?

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



**\$50 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 \$50. Your spouse's benefit amount is \$50.
- The benefit for child coverage is 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 **extra  
support** next time  
you travel

### 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.*

## 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.

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

Accident Hospital Care	Low	High
Surgery (open abdominal, thoracic)	\$1,200	\$1,500
Surgery (exploratory or without repair)	\$175	\$200
Blood, Plasma, Platelets	\$600	\$625
Hospital Admission	\$1,250	\$1,750
Hospital Confinement (per day, up to 365 days)	\$275	\$275
Critical Care Unit Confinement (per day up to 15 days)	\$450	\$625
Rehabilitation Facility Confinement (per day up to 90 days)	\$200	\$225
Non-Induced Coma (duration of 14 or more days)	\$17,000	\$18,500
Transportation (per trip up to 3 per accident)	\$750	\$800
Lodging (per day up to 30 days)	\$180	\$200
Family care (per child up to 45 days)	\$25	\$30
Accident Care		
Initial Doctor Visit	\$90	\$100
Urgent Care Facility Treatment	\$225	\$250
Ground Ambulance	\$360	\$400
Air ambulance	\$1,500	\$2,000
Follow-up Doctor Treatment	\$90	\$100
Medical Equipment	\$200	\$275
Physical or Occupational Therapy (per treatment up to 6)	\$45	\$60
Speech Therapy (per treatment up to 10)	\$45	\$60
Prosthetic Device (one)	\$750	\$1,250
Prosthetic Device (two or more)	\$1,200	\$2,000
X-ray	\$100	\$200
Major Diagnostic Exams	\$275	\$300
Outpatient Surgery (once per accident)	\$225	\$250

<b>Common Injuries</b>	<b>Low</b>	<b>High</b>
Burns (2 <sup>nd</sup> degree, at least 36% of body)	\$1,250	\$1,500
Burns (3 <sup>rd</sup> degree, at least 2% but less than 4% of the total body surface area)	\$7,500	\$8,500
Burns (3 <sup>rd</sup> degree, 4% or more of the total body surface area)	\$15,000	\$20,000
Skin Grafts	50% of burn benefit	50% of burn benefit
Emergency Dental Work (Crown)	\$350	\$400
Emergency Dental Work (Extraction)	\$90	\$125
Eye Injury (removal of foreign object)	\$100	\$110
Eye Injury (surgery)	\$350	\$400
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	\$225	\$250
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	\$800	\$900
Laceration <sup>1</sup> (treated - no sutures)	\$30	\$50
Laceration <sup>1</sup> (sutures up to 2")	\$60	\$90
Laceration <sup>1</sup> (sutures 2" to 6")	\$240	\$350
Laceration <sup>1</sup> (sutures over 6")	\$480	\$750
Ruptured Disk (surgical repair)	\$800	\$900
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$425	\$600
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$825	\$925
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$1,225	\$1,400
Concussion	\$225	\$275
Paralysis (paraplegia)	\$16,000	\$18,000
Paralysis (quadriplegia)	\$24,000	\$27,000

<b>Dislocations Complete<sup>2</sup>/Complete Requiring Surgical Repair<sup>3</sup></b>	<b>Low</b>	<b>High</b>
Hip Joint	\$3,200/\$6,400	\$4,000/\$8,000
Knee	\$2,000/\$4,000	\$2,500/\$5,000
Ankle or foot bone(s) (other than toes)	\$1,200/\$2,400	\$1,700/\$3,400
Shoulder	\$1,500/\$3,000	\$2,000/\$4,000
Elbow	\$900/\$1,800	\$1,250/\$2,500
Wrist	\$900/\$1,800	\$1,250/\$2,500
Finger/toe	\$250/\$500	\$300/\$600
Hand bone(s) (other than fingers)	\$900/\$1,800	\$1,250/\$2,500
Lower jaw	\$900/\$1,800	\$1,250/\$2,500
Collarbone	\$900/\$1,800	\$1,250/\$2,500
Incomplete dislocations: % of the complete amount	25%	25%

Fractures Non-Surgical Repair Fracture <sup>4</sup> /Fracture Requiring Surgical Repair <sup>5</sup>	Low	High
Hip	\$2,500/\$5,000	\$5,000/\$10,000
Leg	\$1,800/\$3,600	\$2,700/\$5,400
Ankle	\$1,500/\$3,000	\$2,250/\$4,500
Kneecap	\$1,500/\$3,000	\$2,250/\$4,500
Foot (excluding toes, heel)	\$1,500/\$3,000	\$2,250/\$4,500
Upper arm	\$1,750/\$3,500	\$2,400/\$4,800
Forearm, hand, wrist (except fingers)	\$1,500/\$3,000	\$2,250/\$4,500
Finger, Toe	\$200/\$400	\$300/\$600
Vertebral body	\$2,800/\$5,600	\$4,000/\$8,000
Vertebral processes	\$1,200/\$2,400	\$1,750/\$3,500
Pelvis (except coccyx)	\$2,750/\$5,500	\$3,500/\$7,000
Coccyx	\$300/\$600	\$450/\$900
Bones of the face (except nose)	\$1,000/\$2,000	\$1,300/\$2,600
Nose	\$500/\$1,000	\$650/\$1,300
Upper jaw	\$1,250/\$2,500	\$1,600/\$3,200
Lower jaw	\$1,200/\$2,400	\$1,750/\$3,500
Collarbone	\$1,200/\$2,400	\$1,750/\$3,500
Rib	\$350/\$700	\$450/\$900
Skull – Simple (except bones of the face)	\$1,250/\$2,500	\$1,500/\$3,000
Skull – Depressed (except bones of face)	\$2,500/\$5,000	\$4,000/\$8,000
Sternum	\$300/\$600	\$400/\$800
Shoulder blade	\$1,500/\$3,000	\$2,250/\$4,500
Chip Fractures: % of the Non-Surgical Repair	25%	25%

<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.



## Questions?

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/BMO>

## 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.
- 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.

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



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, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR-16, Catastrophic Accident Rider Form #RL-ACC3-CAR-16, 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, Continuation of Insurance Rider form #RL-ACC3-CNT-16. Form numbers, provisions and availability may vary by state and employer's plan.

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**ACC2 Only**

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