Accident Insurance

Explore Your Benefits & Costs



Group Name: Air Line Pilots Association, International (ALPA) Group Number: 68920-3

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:



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

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How much does it cost?

This table shows your rates for Accident Insurance.

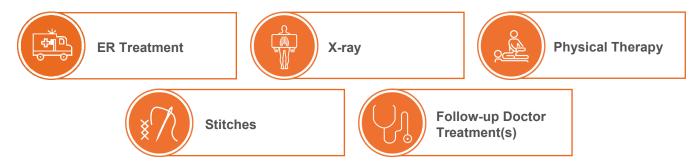
Monthly Rates				
Member	Member and Spouse	Member and Children	Member and Family	
\$11.47	\$19.91	\$21.71	\$30.14	

If you have coverage on yourself, your spouse up to age 70 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 group plan.

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. 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.

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.



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	Benefit			
Emergency room treatment	\$300			
X-ray	\$150			
Physical Therapy (up to 6 per accident)	\$65			
Stitches (for lacerations, up to 2")	\$120			
Follow-up doctor treatment	\$90			
Hospital admission	\$1,400			
Hospital confinement (per day, up to 365 days)	\$375			
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 elect coverage, that coverage becomes effective at 12:01 AM on the latest of the following:

- The first day of the month following the date you enroll for coverage.
- The first day of the month following the date you return to active membership if you are not in active membership when your coverage would otherwise become effective.
- Coverage for your spouse and/or children becomes effective on the same date as your coverage, if elected.

What else is included?

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

Receive up to \$400 to use however you'd like	 Wellness Benefit Complete an eligible health screening test, and we'll send you a benefit payment. Member's benefit amount is \$100. Spouse's benefit amount is \$100. Children receive 50% of your benefit amount per child, with an annual maximum of \$200 for all children.
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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.

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.



Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$2,500
Surgery exploratory or without repair	\$250
Blood, plasma, platelets	\$600
Hospital admission	\$1,400
Hospital confinement per day, up to 365 days	\$375
Critical care unit confinement per day, up to 15 days	\$600
Rehabilitation facility confinement per day, up to 90 days	\$200
Coma duration of 14 or more days	\$17,000
Transportation per trip, up to three per accident	\$750
Lodging per day, up to 30 days	\$180
Family care per child per day, up to 45 days	\$30
Accident care	
Initial doctor visit	\$125
Urgent care facility treatment	\$300
Emergency room treatment	\$300
Ground ambulance	\$360
Air ambulance	\$1,500
Follow-up doctor treatment	\$90
Chiropractic treatment up to six per accident	\$45
Medical equipment	\$350
Physical or occupational therapy up to six per accident	\$65
Speech therapy up to 6 per accident	\$65
Prosthetic device (one)	\$1,200
Prosthetic device (two or more)	\$2,400
Major diagnostic exam	\$500
Outpatient surgery (one per accident)	\$350
X-ray	\$150
Common injuries	
Burns second degree, at least 36% of the body	\$1,250
Burns third degree, at least nine but less than 35 square inches of the body	\$7,500
Burns third degree, 35 or more square inches of the body	\$18,000
Skin grafts	25% of burn benefit
Emergency dental work	\$350 crown, \$125 extraction
Eye injury removal of foreign object	\$100
Eye injury surgery	\$350
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$225
Torn knee cartilage surgical repair	\$800
Laceration ¹ treated no sutures	\$60
Laceration ¹ sutures up to 2"	\$120
Laceration ¹ sutures 2" – 6"	\$480
Laceration ¹ sutures over 6"	\$960
Ruptured disk surgical repair	\$800



Event	Benefit
Common injuries (continued)	
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repa	ir \$425
Tendon/ligament/rotator cuff one, surgical repair	\$825
Tendon/ligament/rotator cuff two or more, surgical repair	\$1,225
Concussion	\$250
Paralysis - paraplegia	\$16,000
Paralysis - quadriplegia	\$24,000
Dislocations	Non-Surgical / Surgical Repair ²
Hip joint	\$3,850/\$7,700
Knee	\$2,400/\$4,800
Ankle or foot bone(s) other than toes	\$1,500/\$3,000
Shoulder	\$1,600/\$3,200
Elbow	\$1,100/\$2,200
Wrist	\$1,100/\$2,200
Finger/toe	\$275/\$550
Hand bone(s) other than fingers	\$1,100/\$2,200
Lower jaw	\$1,100/\$2,200
Collarbone	\$1,100/\$2,200
Partial dislocations	25% of the non-surgical repair amount
Fractures	Non-Surgical / Surgical Repair ³
Нір	\$3,000/\$6,000
Leg	\$2,500/\$5,000
Ankle	\$1,800/\$3,600
Kneecap	\$1,800/\$3,600
Foot excluding toes, heel	\$1,800/\$3,600
Upper arm	\$2,100/\$4,200
Forearm, hand, wrist except fingers	\$1,800/\$3,600
Finger, toe	\$240/\$480
Vertebral body	\$3,360/\$6,720
Vertebral processes	\$1,440/\$2,880
Pelvis except coccyx	\$3,200/\$6,400
Соссух	\$400/\$800
Bones of face except nose	\$1,200/\$2,400
Nose	\$600/\$1,200
Upper jaw	\$1,500/\$3,000
Lower jaw	\$1,440/\$2,880
Collarbone	\$1,440/\$2,880
Rib or ribs	\$450/\$900
Skull – simple except bones of face	\$1,500/\$3,000
Skull – depressed except bones of face	\$5,000/\$10,000
Sternum	\$500/\$1,000
Shoulder blade	\$1,800/\$3,600
Chip fractures	25% of the non-surgical repair amount



Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance 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.
- 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.

¹ Laceration benefits are a total of all lacerations per accident.

² Non-surgical repair of a completely separated joint may be referred to in your policy documentation as a "closed reduction." Surgical repair of a completely separated joint may be referred to in your policy documentation as an "open reduction."

³ Non-surgical repair of a fracture may be referred to in your policy documentation as a "closed reduction." Surgical repair of a fracture may be referred to in your policy documentation as an "open reduction."

Ready to Enroll?

Enrollment instructions will be provided by ALPA. If you have additional questions before you enroll, please contact ALPA's Member Insurance Team at:

- Toll Free (800) 746-2572
- Visit <u>https://presents.voya.com/EBRC/Home/ALPA</u>

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 and employer's plan.

ACC2 Only

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