

Accident Insurance

Explore Your Benefits & Costs



Group Name: Airrosti Rehab Center, LLC
Group Number: 740560

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



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 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.

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INVEST
PROTECT








How much does it cost?

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium.

Semi-Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$4.84	\$8.40	\$9.21	\$12.77

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	\$325
X-ray	\$90
Physical Therapy (up to 10 per accident)	\$60
Stitches (sutures for lacerations, up to 2")	\$90
Follow-up doctor treatment	\$125
Hospital admission	\$1,750
Hospital confinement (per day, up to 365 days)	\$325

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

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

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.

 <p>Receive \$50 to use however you'd like</p>	<p>Wellness Benefit</p> <p>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.</p> <ul style="list-style-type: none">• Employees benefit amount is \$50. Spouse's benefit amount is \$50.• Children receive \$50 per child.
 <p>Keep coverage during a leave of absence</p>	<p>Continuation of Insurance</p> <p>Continuation allows you to maintain your current Accident Insurance coverage for yourself, your spouse, and children during an employer-approved leave of absence.</p>
 <p>Take your coverage with you</p>	<p>Portability</p> <p>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.</p>

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)

<p>Access support next time you travel</p>	<p>Voya Travel Assistance</p> <p>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.</p> <p><i>Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.</i></p>
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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.

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- ✓ **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
Accident Hospital Care	
Surgery (open abdominal, thoracic)	\$1,500
Surgery (exploratory or without repair)	\$200
General Anesthesia	\$250
Blood, Plasma, Platelets	\$625
Hospital Admission	\$1,750
Hospital Confinement (per day, up to 365 days)	\$325
Critical Care Unit (CCU) Admission	\$1,750
Critical Care Unit Confinement (per day up to 30 days)	\$450
Rehabilitation Facility Confinement (per day up to 90 days)	\$225
Observation Unit Stay	\$350
Induced Coma (up to 14 days)	\$200
Non-Induced Coma (duration of 14 or more days)	\$18,500
Transportation (per trip up to 3 per accident)	\$800
Lodging (per day up to 30 days)	\$200
Pet Boarding	\$20
Family care (per child/adult up to 45 days)	\$35
Accident Care	
Initial Doctor Visit	\$125
Urgent Care Facility Treatment	\$250
Emergency Room Treatment	\$325
Ground Ambulance	\$550
Air ambulance	\$2,000
Follow-up Doctor Treatment	\$125
Home Health Care	\$75
Chiropractic Treatment (up to 6 per accident)	\$60
Prescription Medicine	\$20
Medical Equipment	\$275
Physical or Occupational Therapy (per treatment up to 10)	\$60
Speech Therapy (per treatment up to 10)	\$60
Mental Health Therapy (per treatment up to 10)	\$60
Prosthetic Device (one)	\$1,250
Prosthetic Device (two or more)	\$2,000
Major Diagnostic Exams	\$300
CT (computerized tomography) or CAT scan (computerized axial tomography)	
MRI (magnetic resource imaging)	
EEG (electroencephalogram)	

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Event	Benefit
PET (positron emission tomography) scan	
Ultrasound	
Outpatient Surgery	\$250
Outpatient IV Infusion Therapy	\$45
X-ray	\$90
Lab Services	\$90
Common Injuries	
Burns (2 nd degree, at least 36% of body)	\$1,500
Burns (3 rd degree, at least 2% but less than 4% of the total body surface area)	\$8,500
Burns (3 rd degree, 4% or more of the total body surface area)	\$20,000
Skin Grafts (of burn benefit)	50% of burn benefit
Emergency Dental Work (Crown)	\$400
Emergency Dental Work (Extraction)	\$125
Eye Injury (removal of foreign object)	\$110
Eye Injury (surgery)	\$400
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	\$250
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	\$900
Laceration ¹ (sutures up to 2")	\$90
Laceration ¹ (sutures 2" to 6")	\$350
Laceration ¹ (sutures over 6")	\$750
Laceration (sutures, no length)	\$140
Puncture Wound ¹	\$50
Ruptured Disk (surgical repair)	\$900
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$600
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$925
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$1,400
Concussion	\$350
Traumatic Brain Injury	\$2,000
Paralysis (monoplegia)	\$12,500
Paralysis (hemiplegia)	\$17,500
Paralysis (paraplegia)	\$18,000
Paralysis (quadriplegia)	\$27,000
Dislocations	
Complete²/Complete Requiring Surgical Repair³	
Hip Joint	\$4,000/\$8,000
Knee	\$2,500/\$5,000
Ankle or foot bone(s) (other than toes)	\$1,700/\$3,400
Shoulder	\$2,000/\$4,000
Elbow	\$1,250/\$2,500
Wrist	\$1,250/\$2,500

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Event	Benefit
Finger/toe	\$300/\$600
Hand bone(s) (other than fingers)	\$1,250/\$2,500
Lower jaw	\$1,250/\$2,500
Collarbone	\$1,250/\$2,500
Incomplete dislocations: % of the complete amount	25% of the complete amount
Fractures	
Non-Surgical Repair Fracture⁴/Fracture Requiring Surgical Repair⁵	
Hip	\$5,000/10,000
Leg	\$2,700/\$5,400
Ankle	\$2,250/\$4,500
Heel	\$2,250/\$4,500
Kneecap	\$2,250/\$4,500
Foot (excluding toes, heel)	\$2,250/\$4,500
Upper arm	\$2,400/\$4,800
Forearm, hand, wrist (except fingers)	\$2,250/\$4,500
Finger, Toe	\$300/\$600
Vertebral body	\$4,000/\$8,000
Vertebral processes	\$1,750/\$3,500
Pelvis (except coccyx)	\$3,500/\$7,000
Coccyx	\$450/\$900
Bones of the face (except nose)	\$1,300/\$2,600
Nose	\$650/\$1,300
Upper jaw	\$1,600/\$3,200
Lower jaw	\$1,750/\$3,500
Collarbone	\$1,750/\$3,500
Rib	\$450/\$900
Skull – Simple (except bones of the face)	\$1,500/\$3,000
Skull – Depressed (except bones of face)	\$4,000/\$8,000
Stemum	\$400/\$800
Shoulder blade	\$2,250/\$4,500
Chip Fractures	25% of the Non-Surgical Repair

¹Laceration 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.

²Complete 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.

³Completely 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.

⁴Fracture 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.

⁵Fracture 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
Accidental Death Benefits	
Common Carrier	
Employee	\$50,000
Spouse	\$25,000
Child	\$12,500
Accidental Death	
Employee	\$25,000
Spouse	\$12,500
Child	\$5,000
Accidental Dismemberment Benefits	
Loss of both hand or both feet or sight in both eyes	\$16,000
Loss of one hand or one foot AND sight of one eye	\$10,000
Loss of one hand AND one foot	\$10,000
Loss of one hand OR one foot	\$5,000
Loss of two or more fingers or toes	\$900
Loss of one finger or toe	\$500

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.

There are no pre-existing condition limitations on this coverage. For a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders.

*Definition and limitations/exclusions may vary by state.



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/airrosti>

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

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