

## **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: WireCo WorldGroup



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#### 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. 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 30 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.

#### 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.



<sup>\*</sup>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.

Event	Benefit
Accident hospital care	
Surgery	\$1,200
open abdominal, thoracic	
Surgery	\$175
exploratory or without repair	Ψ173
Blood, plasma, platelets	\$600
Hospital admission	\$1,250
Hospital confinement	\$375
per day up to 365	ΨΟΙΟ
Critical care unit	
confinement	\$600
per day, up to 15 days	
Rehabilitation facility	
confinement	\$200
per day for 90 days	
Coma	\$17,000
duration of 14 or more days	Ψ17,000
Transportation	\$750
per trip, up to 3 per accident	Ψίσο
Lodging	\$180
per day, up to 30 days	Ψ100
Family care	\$25
per child, up to 45 days	Ψ=0

Event	Benefit
Accident Care	
Initial doctor visit	\$90
Urgent care facility treatment	\$225
Emergency room treatment	\$225
Ground ambulance	\$360
Air ambulance	\$1,500
Follow-up doctor treatment	\$90
Chiropractic treatment up to 6 per accident	\$45
Medical equipment	\$120
Physical or occupational therapy up to 6 per accident	\$45
Speech therapy up to 6 per accident	\$45
Prosthetic device (one)	\$750
Prosthetic device (two or more)	\$1,200
<b>Major diagnostic exam</b> (cat scan, MRI, EEG or pet scan)	\$240
Outpatient surgery (1 per accident)	\$225
X-ray	\$45
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<sup>&</sup>lt;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
Common injuries	
<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
Skin grafts	25% of the burn benefit
Emergency dental work	\$350 crown, \$90 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 <sup>1</sup> treated no sutures	\$30
Laceration <sup>1</sup> sutures up to 2"	\$60
<b>Laceration</b> <sup>1</sup> sutures 2" – 6"	\$240
Laceration <sup>1</sup> sutures over 6"	\$480
Ruptured disk surgical repair	\$800
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$425
Tendon/ligament/rotator cuff one surgical repair	\$825
Tendon/ligament/rotator cuff two or more surgical repair	\$1,225
Concussion	\$225
Paralysis - paraplegia	\$16,000
Paralysis – quadriplegia	\$24,000

Event	Benefit
Fractures	Closed/open reduction <sup>3</sup>
Hip	\$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	\$400/\$800
Skull – simple except bones of face	\$1,400/\$2,800
Skull – depressed except bones of face	\$3,000/\$6,000
Sternum	\$360/\$720
Shoulder blade	\$1,800/\$3,600
Chip fractures	25% of the closed reduction amount

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Event	Benefit
Dislocations	Closed/open reduction <sup>2</sup>
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 closed reduction amount

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



#### **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	<u>\$ 300</u>	
Total	\$3,140	\$4,270

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 benefit listed below is 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.

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	\$100,000	
Spouse	\$50,000	
Children	\$25,000	
Other accident		
Employee	\$50,000	
Spouse	\$20,000	
Children	\$10,000	
Accidental Dismemberment Benefits	Benefit Amount	
Loss of both hand or both feet or sight in both eyes	\$28,000	
Loss of one hand or one foot AND the sight of one eye	\$22,000	
Loss of one hand AND one foot	\$22,000	
Loss of one hand OR one foot	\$12,500	
Loss of two or more fingers or toes	\$1,800	
Loss of one finger or one toe	\$1,250	



#### 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.
  - o Your spouse will be covered for the same Accident benefits as you are.
  - Guaranteed issue: No medical questions or tests are required for coverage.

- 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.
  - o Guaranteed issue: No medical questions or tests are required for coverage.
  - o One premium amount covers all of your eligible children.
  - o 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 employees pay the same rate, no matter their age. See the chart below for the premium amounts.

Rates shown are guaranteed until January 1, 2021.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$14.86	\$24.28	\$28.20	\$37.62



<sup>\*</sup>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.

#### **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.

### Who do I contact with questions?

For more information please call Voya Employee Benefits Customer Service at (877) 236-7564.

To enroll for this benefit please call (800) 668-2065 to speak with an enrollment representative or contact Human Resources.

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.

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<sup>\*</sup>See the certificate of insurance and riders for a complete list of available benefits, exclusions and limitations.