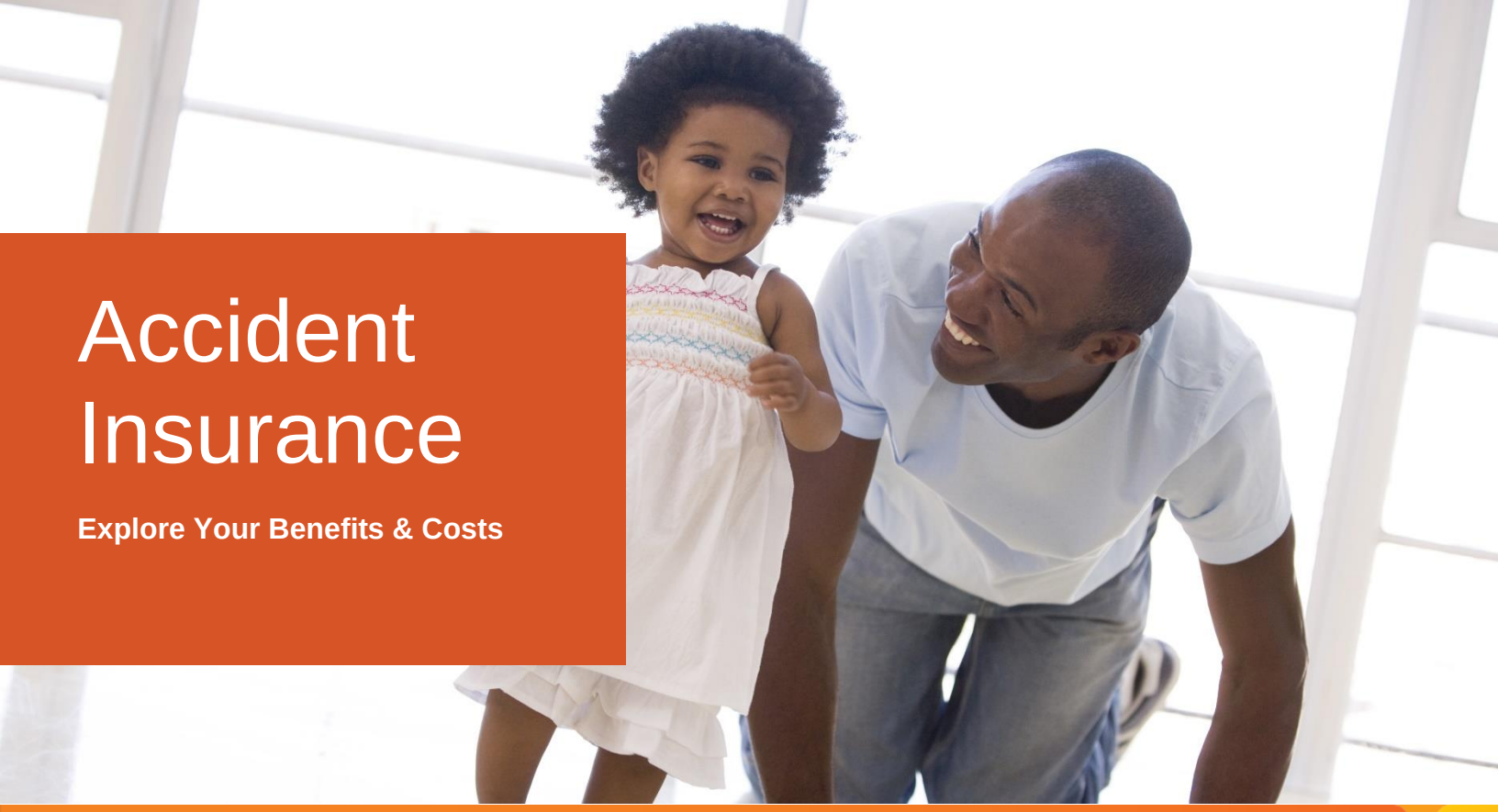


Accident Insurance

Explore Your Benefits & Costs

Group Name: Tooele County School District
Group Number: 746002
Class: Regular, actively at work, full-time Employees

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.

ReliaStar Life Insurance Company
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How much does it cost?

You have the option to elect supplemental Accident Insurance to meet your needs.

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
$5.47	$10.93	$11.75	$17.21

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. Your children will be covered for the same Accident benefits as you are and one premium amount covers all of your eligible children. If both you and your spouse are covered under this policy 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.

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. To be eligible, the accident must happen outside of work. 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-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	Benefit
Emergency room treatment	$200
X-ray	$60
Physical therapy (up to 6 per accident)	$40

Stitches (for lacerations, up to 2”)	$50
Follow-up doctor treatment	$75
Hospital admission	$1,250
Hospital confinement (per day, up to 365 days)	$250

What else is included?

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

Receive $50 to use however you’d like

Wellness Benefit
Complete an eligible health screening test and we’ll send you a benefit payment.

- Employees benefit amount is $50. Spouse’s benefit amount is $50.
- The annual benefit for child coverage is $50, 100% of employee benefit.

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 **support** next time you travel

Voya Travel Assistance

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.

Voya Travel Assistance services are provided by International Medical Group, Inc. Indianapolis, IN.

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)	$1,000
Surgery (exploratory or without repair)	$150
General Anesthesia	$150
Blood, Plasma, Platelets	$500
Hospital Admission	$1,125
Hospital Confinement (per day, up to 365 days)	$250
Critical Care Unit (CCU) Admission	$1,250
Critical Care Unit Confinement (per day up to 30 days	$400
Rehabilitation Facility Confinement (per day up to 90 days)	$175
Observation Unit Stay	$250
Induced Coma (up to 14 days)	$125
Non-Induced Coma (duration of 14 or more days)	$14,500
Transportation (per trip up to 3 per accident	$650
Lodging (per day up to 30 days)	$150
Pet Boarding	$15
Family care (per child/adult up to 45 days)	$25
Initial Doctor Visit	$75
Urgent Care Facility Treatment	$200
Emergency Room Treatment	$200
Ground Ambulance	$300
Air ambulance	$1,250
Follow-up Doctor Treatment	$75
Home Health Care	$50
Chiropractic Treatment (up to 6 per accident)	$40
Prescription Medicine	$10
Medical Equipment	$125
Physical or Occupational Therapy (per treatment up to 10)	$40
Speech Therapy (per treatment up to 10)	$40
Mental Health Therapy (per treatment up to 10)	$40
Prosthetic Device (one)	$625
Prosthetic Device (two or more)	$1,000
Major Diagnostic Exams:	$200
CT (computerized tomography) or CAT scan (computerized axial tomography)	
MRI (magnetic resource imaging)	
EEG (electroencephalogram)	

Event	Benefit
PET (positron emission tomography) scan	
Ultrasound	
Outpatient Surgery	$200
Outpatient IV Infusion Therapy	$30
X-ray	$60
Lab Services	$60
Common Injuries	
Burns (2nd degree, at least 36% of body)	$1,125
Burns (3rd degree, at least 2% but less than 4% of the total body surface area)	$6,000
Burns (3rd degree, 4% or more of the total body surface area)	$12,500
Skin Grafts (of burn benefit)	50%
Emergency Dental Work (Crown)	$300
Emergency Dental Work (Extraction)	$75
Eye Injury (removal of foreign object)	$80
Eye Injury (surgery)	$275
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	$175
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	$650
Laceration[1] (treated - no sutures)	$25
Laceration[1] (sutures up to 2”)	$50
Laceration[1] (sutures 2” to 6”)	$200
Laceration[1] (sutures over 6”)	$400
Puncture Wound[1]	$25
Ruptured Disk (surgical repair)	$650
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	$350
Tendon, Ligament, Rotator Cuff (1, surgical repair)	$675
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	$1,000
Concussion	$200
Traumatic Brain Injury	$1,500
Paralysis (monoplegia)	$7,500
Paralysis (hemiplegia)	$12,500
Paralysis (paraplegia)	$14,000
Paralysis (quadriplegia)	$20,000
Dislocations Complete[2]/Complete Requiring Surgical Repair[3]	
Hip Joint	$3,200/$6,400
Knee	$2,000/$4,000
Ankle or foot bone(s) (other than toes)	$1,200/$2,400
Shoulder	$1,500/$3,000
Elbow	$900/$1,800

Event	Benefit
Wrist	$900/$1,800
Finger/toe	$250/$500
Hand bone(s) (other than fingers)	$900/$1,800
Lower jaw	$900/$1,800
Collarbone	$900/$1,800
Incomplete dislocations: % of the complete amount	25%
Fractures **Non-Surgical Repair Fracture[4]/Fracture Requiring Surgical Repair[5]**	**Benefit**
Hip	$3,000/$6,000
Leg	$2,500/$5,000
Ankle	$1,800/$3,600
Heel	$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
Coccyx	$400/$800
Bones of the 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	$400/$800
Skull – Simple (except bones of the 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: % of the Non-Surgical Repair	25%

[1]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.
[2]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.
[3]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.
[4]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.
[5]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.

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	$100,000
Spouse	$50,000
Child	$25,000
Accidental Death	
Employee	$50,000
Spouse	$25,000
Child	$10,000
Accidental Dismemberment Benefits	
Loss of both hand or both feet or sight in both eyes	$28,000
Loss of one hand or one foot AND 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 toe	$1,250

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. Performing these acts as part of your employment with the employer 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.

*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/Tooele

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. Form numbers, provisions and availability may vary by state and employer's plan.

ACC2 Only

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