

Accident Insurance

Explore Your Benefits & Costs



Group Name: A-Core Concrete Cutting, Inc.
Group Number: 746258
Class: Active Full Time Employees working at least 30 hours per week

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



Simplified claims process
has limited paperwork and
can be submitted/tracked
online.



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
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. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.






Weekly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$1.57	\$2.73	\$3.41	\$4.58

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 your eligible children. Your children will be covered for the same Accident benefits as you are and one premium amount covers all 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. 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	\$300
X-ray	\$75
Physical therapy (up to 6 per accident)	\$50
Stitches (for lacerations, up to 2")	\$60

Follow-up doctor treatment	\$100
Hospital admission	\$1,500
Hospital confinement (per day, up to 365 days)	\$300

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:



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.

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)	\$1,200
Surgery (exploratory or without repair)	\$175
Blood, Plasma, Platelets	\$600
Hospital Admission	\$1,500
Hospital Confinement (per day, up to 365 days)	\$300
Critical Care Unit (CCU) Admission	\$1,500
Critical Care Unit Confinement (per day up to 30 days)	\$450
Rehabilitation Facility Confinement (per day up to 90 days)	\$200
Induced Coma (up to 14 days)	\$150
Non-Induced Coma (duration of 14 or more days)	\$17,000
Transportation (per trip up to 3 per accident)	\$750
Lodging (per day up to 30 days)	\$180
Pet Boarding	\$20
Family care (per child/adult up to 45 days)	\$30
Accident Care	
Initial Doctor Visit	\$100
Urgent Care Facility Treatment	\$225
Emergency Room Treatment	\$300
Ground Ambulance	\$500
Air ambulance	\$2,000
Follow-up Doctor Treatment	\$100
Chiropractic Treatment (up to 6 per accident)	\$50
Prescription Medicine	\$15
Medical Equipment	\$200
Physical or Occupational Therapy (per treatment up to 10)	\$50
Speech Therapy (per treatment up to 10)	\$50
Mental Health Therapy (per treatment up to 10)	\$50
Prosthetic Device (one)	\$750
Prosthetic Device (two or more)	\$1,200
Major Diagnostic Exams	\$275
CT (computerized tomography) or CAT scan (computerized axial tomography)	\$275
MRI (magnetic resource imaging)	\$275

Event	Benefit
EEG (electroencephalogram)	\$275
PET (positron emission tomography) scan	\$275
Ultrasound	\$275
Outpatient Surgery	\$225
X-ray	\$75

Common Injuries

Burns (2 nd degree, at least 36% of body)	\$1,250
Burns (3 rd degree, at least 2% but less than 4% of the total body surface area)	\$7,500
Burns (3 rd degree, 4% or more of the total body surface area)	\$15,000
Skin Grafts (of burn benefit)	50%
Emergency Dental Work (Crown)	\$350
Emergency Dental Work (Extraction)	\$90
Eye Injury (removal of foreign object)	\$100
Eye Injury (surgery)	\$350
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	\$225
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	\$800
Laceration ¹ (treated - no sutures)	\$30
Laceration ¹ (sutures up to 2")	\$60
Laceration ¹ (sutures 2" to 6")	\$240
Laceration ¹ (sutures over 6")	\$480
Puncture Wound ¹	\$50
Ruptured Disk (surgical repair)	\$800
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$425
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$825
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$1,225
Concussion	\$300
Traumatic Brain Injury	\$1,750
Paralysis (monoplegia)	\$10,000
Paralysis (hemiplegia)	\$15,000
Paralysis (paraplegia)	\$16,000
Paralysis (quadriplegia)	\$24,000

Dislocations

Complete ² /Complete Requiring Surgical Repair ³	Benefit
Hip Joint	\$5,000/\$10,000
Knee	\$3,000/\$6,000
Ankle or foot bone(s) (other than toes)	\$1,800/\$3,600
Shoulder	\$2,200/\$4,400

Event	Benefit
Elbow	\$1,500/\$3,000
Wrist	\$1,500/\$3,000
Finger/toe	\$350/\$700
Hand bone(s) (other than fingers)	\$1,500/\$3,000
Lower jaw	\$1,500/\$3,000
Collarbone	\$1,500/\$3,000
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%

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

Catastrophic Accident

Your coverage also includes Catastrophic Accident benefits. This means that if you are severely injured in a covered accident, you may receive a benefit payment in the amount shown below. Note that you will be eligible to receive this benefit payment 365 days after the covered accident. A catastrophic accident leads to the total and permanent loss of any of the following:

- both hands or both feet,
- the use of both arms or both legs,
- one hand and one foot,
- one arm and one leg,
- the sight of both eyes,
- hearing in both ears,
- the ability to speak.

This coverage also includes a Home Modification Benefit and Vehicle Modification Benefit. This pays the amount shown below if the covered person requires modifications due to losses for which benefits are paid under this Rider. Modifications must be prescribed in writing by a doctor.

	Benefit
Catastrophic Accident Benefits	
Employee	\$80,000
Spouse	\$40,000
Children	\$20,000
Home Modification Benefit	\$1,250
Vehicle Modification Benefit	\$1,250

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.
- 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/ACoreConcreteCutting>

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

ACC2 Only

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