

Accident Insurance

Enrollment at a glance

For the Members of National Coalition of Labor, IUOE Local 407



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

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.

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**—Active members that are available to work.
- **Your spouse***—If you have coverage on yourself, you may enroll your spouse, as long as your spouse is not covered under your employer's plan as a member. Your spouse will be covered for the same Accident benefits as you are.
- **Your children****—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 and one premium amount covers all of your eligible children. 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.

*The use of "spouse" in this document means a person insured as a spouse as described in the applicable rider. This may include domestic partners or civil union partners as defined by the employer's plan. Please contact your employer for more information.

**The definition of "child" may vary by state. Please contact your employer for more information.

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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.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$1,200
Surgery exploratory or without repair	\$175
Blood, plasma, platelets	\$600
Hospital admission	\$1,250
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	\$25
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

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Chiropractic treatment up to six per accident	\$45
Medical equipment	\$120
Physical or occupational therapy up to six per accident	\$45
Speech therapy up to 6 per accident	\$45
Prosthetic device (one)	\$750
Accident care	
Prosthetic device (two or more)	\$1,200
Major diagnostic exam	\$240
Outpatient surgery (one per accident)	\$225
X-ray	\$45
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	\$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 ¹ treated no sutures	\$30
Laceration ¹ sutures up to 2"	\$60
Laceration ¹ sutures 2" – 6"	\$240
Laceration ¹ sutures over 6"	\$480

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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
Common injuries	
Paralysis - paraplegia	\$16,000
Paralysis - quadriplegia	\$24,000
Dislocations	Closed/open reduction 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 closed reduction amount
Fractures	Closed/open reduction ³
Hip	\$3,000/\$6,000
Leg	\$2,500/\$5,000
Ankle	\$1,800/\$3,600

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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
Fractures	Closed/open reduction ³
Vertebral processes	\$1,440/\$2,880
Pelvis except coccyx	\$3,200/\$6,400
Coccyx	\$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

¹ Laceration benefits are a total of all lacerations per accident. ² Closed reduction of dislocation = Non-surgical reduction of a completely separated joint. Open reduction of dislocation = Surgical reduction of a completely separated joint. ³ Closed reduction of fracture = Non-surgical. Open reduction of fracture = Surgical.

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What does my Accident Insurance include?

The benefits listed below are 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.

- **Sports Accident Benefit:** If your accident occurs while participating in an organized sporting activity as defined in the certificate; the accident hospital care, accident care or common injuries benefit will be increased by 25%, to a maximum additional benefit of \$1,000.
- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test.
 - The annual benefit amount is \$50.
 - Your spouse's annual benefit amount is \$50.
 - The annual benefit for child coverage is 50% of your benefit amount per child, with an annual maximum of \$100 for all children.

Are there additional non-insurance services available?

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

How much does Accident Insurance cost?

All members within the same class pay the same rate, no matter their age. See the chart below for the premium amounts. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates			
Member	Member and Spouse	Member and Children	Family
\$8.13	\$15.00	\$17.69	\$24.56

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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.



To enroll and learn more about these benefits please go to <https://nclenrollments.com/>

For any questions, please contact Kocher Insurance Group at 888-212-7822

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.

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