

Accident Insurance

Explore Your Benefits & Costs



Group Name: BrightSpring Health Services.
Group Number: 695840
Class: All Eligible Employees

Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When a covered accident happens, Accident Insurance can help. This document includes cost and benefit information for Accident Insurance. As you explore, keep in mind:



No medical questions or tests are required for Accident Insurance coverage.



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 help pay for the out-of-pocket costs you may experience after 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.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$5.81	\$9.73	\$11.53	\$15.45

Spouse and Children coverage

Your spouse will be covered for the same Accident benefits as you. "Spouse" may include domestic partners or civil union partners as defined by your employer's plan.

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.

What's covered?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. Some of the most common treatments and conditions we pay benefits for include:



Sample payment amounts

The amounts paid depend on the type of injury and care received. You may be required to seek care for your injury within a set amount of time and you may be required to be insured under the policy for a specified amount of time before benefits are payable. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance.

Event	Benefit
Emergency room treatment	\$120
Physical therapy (up to six per accident)	\$20
Stitches (for lacerations, up to 2")	\$40
Follow-up doctor treatment	\$40
Hospital admission	\$800

Hospital confinement (per day, up to 365 days)

\$200

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:



Continue coverage during a leave of absence

Leave of Absence

If you are on an employer-approved Leave of Absence after your coverage is effective, and if premiums are paid, your coverage may be continued based on the provisions in your certificate of 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.

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.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$800
Surgery exploratory or without repair	\$80
Blood, plasma, platelets	\$240
Hospital admission	\$800
Hospital confinement per day up to 365	\$200
Critical care unit confinement per day, up to 15 days	\$400
Coma duration of 14 or more days	\$4,000
Transportation	\$240
Lodging per day, up to 30 days	\$80
Follow-up care	
Medical equipment	\$40
Physical therapy	\$20
Prosthetic device (one)	\$400
Prosthetic device (two or more)	\$800
Common injuries	
Burns second degree, at least 36% of the body	\$600
Burns third degree, at least nine but less than 35 square inches of the body	\$1,200
Burns third degree, 35 or more square inches of the body	\$8,000
Skin grafts	25% of the burn benefit
Emergency dental work while hospital confined	\$120 crown, \$40 extraction
Eye injury removal of foreign object	\$40
Eye injury surgery	\$160
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$80

Torn knee cartilage surgical repair	\$400
Laceration¹ treated no sutures	\$20
Laceration¹ sutures up to 2"	\$40
Laceration¹ sutures 2" – 6"	\$160
Laceration¹ sutures over 6"	\$320
Ruptured disk surgical repair	\$320
Tendon/ligament/rotator cuff one, surgical repair	\$320
Tendon/ligament/ rotator cuff two or more, surgical repair	\$480
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$80
Concussion	\$80
Paralysis quadriplegia	\$8,000
Paralysis paraplegia	\$4,000
Dislocations	Closed/open reduction²
Hip joint	\$1,600/\$3,200
Knee	\$800/\$1,600
Ankle or foot bone(s) other than toes	\$640/\$1,280
Shoulder	\$240/\$480
Elbow	\$240/\$480
Wrist	\$240/\$480
Finger/toe	\$80/\$160
Hand bone(s) other than fingers	\$240/\$480
Lower jaw	\$240/\$480
Collarbone	\$240/\$480
Partial dislocations	25% of the closed reduction amount
Fractures	Closed/open reduction³
Hip	\$1,200/\$2,400
Leg	\$640/\$1,280
Ankle	\$240/\$480
Kneecap	\$240/\$480
Foot excluding toes, heel	\$240/\$480
Upper arm	\$280/\$560
Forearm, hand, wrist except fingers	\$240/\$480
Finger, toe	\$40/\$80
Vertebral body	\$640/\$1,280
Vertebral processes	\$240/\$480
Pelvis except coccyx	\$640/\$1,280
Coccyx	\$160/\$320
Bones of face except nose	\$280/\$560
Nose	\$80/\$160
Upper jaw	\$280/\$560
Lower jaw	\$240/\$480
Collarbone	\$240/\$480
Rib or ribs	\$200/\$400
Skull – simple except bones of face	\$800/\$1,600
Skull – depressed except bones of face	\$2,000/\$4,000
Sternum	\$240/\$480
Shoulder blade	\$240/\$480

Chip fractures	25% of the closed reduction amount
Emergency care benefits	
Ground ambulance	\$80
Air ambulance	\$400
Emergency room treatment	\$120
Initial doctor visit	\$40
Follow-up doctor visit	\$40

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.

Catastrophic Accident coverage

Your coverage also includes Catastrophic Accident benefits. This means that if you are severely injured in a covered accident, you may receive an additional benefit payment. 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, or the ability to speak.

- Coverage amounts:
 - Employee: \$80,000
 - Spouse: \$40,000
 - Children: \$20,000
- Two additional benefits are also available:
 - \$1,250 when a covered person requires a home modification as prescribed by a doctor.
 - \$1,250 when a covered person requires a vehicle modification as prescribed by a doctor.

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 that occurs while on full-time 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 semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.

*See the certificate of insurance and riders for a complete list of available benefits, exclusions and limitations.

*Definition and limitations/exclusions may vary by state.



Ready to Enroll?

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
- Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

<https://presents.voya.com/EBRC/Brightspringhealthservices>



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-ACC2-POL-12; Certificate Form #RL-ACC2-CERT-12; and Rider Forms: Spouse Accident Rider Form #RL-ACC2-SPR-12, Children's Accident Rider Form #RL-ACC2-CHR-12, Wellness Benefit Rider Form #RL-ACC2-WELL-12, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC2-ADR-12, Catastrophic Accident Rider Form #RL-ACC2-CAR-12, Off Job Accident Disability Income Rider form #RL-ACC2-DIR-12 and Sickness Hospital Confinement Rider Form #RL-ACC2-HCR-12. Form numbers, provisions and availability may vary by state and employer's plan.

ACC1 Only

Acct #0001 & 0002

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