

Accident Insurance

Help minimize the financial impact that can come with an accidental injury



What is it?

Accident Insurance pays you benefits for specific injuries and events resulting from 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.

Who can be covered?

You have the option to enroll yourself as well as your spouse* and children* in Accident Insurance coverage to meet your needs.

* Employees must be enrolled in order to elect coverage for eligible spouse and eligible dependent children as defined in the Certificate of Coverage and Riders.

Why should I consider it?



Benefits will be paid directly to you to use for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.



Coverage is always guaranteed issue.



You can choose to take this coverage with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing.

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.

Monthly Rates Low Plan	Monthly Rates High Plan
Employee	Employee
\$2.65	\$5.65
Employee and Spouse	Employee and Spouse
\$5.30	\$11.30
Employee and Children	Employee and Children
\$6.27	\$12.26
Family	Family
\$8.92	\$17.91

Semi-Monthly Rates (24 pay per period)

Low Plan

Employee	Employee and Spouse	Employee and Children	Family
\$1.33	\$2.65	\$3.14	\$4.46

Semi-Monthly Rates (24 pay per period)

High Plan

Employee	Employee and Spouse	Employee and Children	Family
\$2.83	\$5.65	\$6.13	\$8.96

What kinds of injuries and treatments does it cover?

Your Accident Insurance coverage is always guaranteed issue, and it provides a benefit payment after a covered accident that results in specific injuries and treatments. You may be required to seek care for your injury within a set amount of time. The following list presents the benefits provided by Accident Insurance. For a complete description of your available benefits, see your certificate of insurance and any riders.

Accident Hospital Care	Low Plan	High Plan
Surgery (open abdominal, thoracic)	\$800	\$1,200
Surgery (exploratory or without repair)	\$125	\$175
Blood, Plasma, Platelets	\$400	\$600
Hospital Admission	\$1,000	\$2,000
Hospital Confinement (per day, up to 365 days)	\$225	\$275
Critical Care Unit Confinement (per day up to 30 days)	\$450	\$550
Rehabilitation Facility Confinement (per day up to 90 days)	\$125	\$200
Coma duration of 14 or more days	\$11,500	\$17,000
	\$500	\$750
Transportation (per trip, up to 3 per accident)		
	\$120	\$180
Lodging (per day, up to 30 days)		

Accident Care	Low Plan	High Plan
Initial Doctor Visit	\$60	\$90
Urgent Care Facility Treatment	\$225	\$275
Emergency Room Treatment	\$225	\$275
Ground Ambulance	\$240	\$360
Air ambulance	\$1,000	\$1,500
Follow-up Doctor Treatment	\$60	\$100
Chiropractic Treatment	\$30	\$45
Medical Equipment	\$75	\$200
Physical Therapy (up to 6 per accident)	\$30	\$45
Occupational & Speech Therapy	\$30	\$45
Prosthetic Device (one)	\$500	\$750
Prosthetic Device (two or more)	\$800	\$1,200
Major Diagnostic Exams	\$125	\$275
X-ray	\$50	\$75

Common Injuries	Low Plan	High Plan
Burns (2 nd degree, at least 36% of body)	\$1,000	\$1,250
Burns (3 rd degree, at least 9 but less than 35 square inches of the body)	\$4,500	\$7,500
Burns (3 rd degree, 35 or more square inches of the body)	\$10,000	\$15,000
Skin Grafts	50% of the burn benefit	50% of the burn benefit
Emergency Dental Work	\$250 crown, \$60 extraction	\$350 crown, \$90 extraction
Eye Injury (removal of foreign object)	\$60	\$100
Eye Injury (surgery)	\$225	\$350
Torn Knee Cartilage (surgery with no repair or if cartilage is shaved)	\$150	\$225
Torn Knee Cartilage (surgical repair)	\$500	\$800
Laceration ¹ (treated - no sutures)	\$20	\$30
Laceration ¹ (sutures up to 2")	\$40	\$60
Laceration ¹ (sutures 2" to 6")	\$160	\$240
Laceration ¹ (sutures over 6")	\$320	\$480
Ruptured Disk (surgical repair)	\$500	\$800
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$275	\$425
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$550	\$825
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$800	\$1,225
Concussion	\$150	\$225
Paralysis (paraplegia)	\$10,750	\$16,000
Paralysis (quadriplegia)	\$16,000	\$24,000

Dislocations Non-surgical/Surgical Repair ²	Low Plan	High Plan
Hip Joint	\$2,550/\$5,100	\$3,850/\$7,700
Knee	\$1,600/\$3,200	\$2,400/\$4,800
Ankle or foot bone(s) (other than toes)	\$1,000/\$2,000	\$1,500/\$3,000
Shoulder	\$1,000/\$2,000	\$1,600/\$3,200
Elbow	\$750/\$1,500	\$1,100/\$2,200
Wrist	\$750/\$1,500	\$1,100/\$2,200
Finger/toe	\$175/\$350	\$275/\$550
Hand bone(s) (other than fingers)	\$750/\$1,500	\$1,100/\$ 2,200
Lower jaw	\$750/\$1,500	\$1,100/\$ 2,200
Collarbone	\$750/\$1,500	\$1,100/ \$2,200
Partial dislocations: % of the non-surgical repair amount	25%	25%

Fractures Non-Surgical/Surgical Repair ³	Low Plan	High Plan
Hip	\$ 2,000/\$ 4,000	\$3,000/\$6,000
Leg	\$1,500/\$3,000	\$2,500/\$5,000
Ankle	\$1,200/\$2,400	\$1,800/\$3,600
Kneecap	\$1,200/\$2,400	\$1,800/\$3,600
Foot (excluding toes, heel)	\$1,200/\$2,400	\$1,800/\$3,600
Upper arm	\$1,400/\$2,800	\$2,100/\$4,200
Forearm, Hand, Wrist (except fingers)	\$1,200/\$2,400	\$1,800/\$3,600
Finger, Toe	\$160/\$320	\$2040/\$480
Vertebral Body	\$2,240/\$4,480	\$3,360/\$6,720
Vertebral Processes	\$ 960/ \$1,920	\$1,440/\$2,880
Pelvis (except Coccyx)	\$2,250/\$4,500	\$3,200/\$6,400
Coccyx	\$200/\$400	\$400/\$800
Bones of the Face (except nose)	\$800/\$1,600	\$1,200/\$2,400
Nose	\$400/\$800	\$600/\$1,200
Upper jaw	\$1,000/\$2,000	\$1,500/\$3,000
Lower jaw	\$960/\$1,920	\$1,400/\$2,880
Collarbone	\$960/\$1,920	\$1,440/\$2,880
Rib or Ribs	\$300/\$600	\$400/\$800
Skull – Simple (except bones of the face)	\$1,000/\$2,000	\$1,400/\$2,800
Skull – Depressed (except bones of face)	\$2,000/\$4,000	\$3,000/\$6,000
Sternum	\$240/\$480	\$360/\$720
Shoulder Blade	\$1,200/\$2,400	\$1,800/\$3,600
Chip Fractures: % of the non-surgical reduction amount	25%	25%

¹ Laceration benefits are a total of all lacerations per accident.

² Non-surgical repair of a completely separated joint may be referred to in your policy documentation as a “closed reduction.” Surgical repair of a completely separated joint may be referred to in your policy documentation as an “open reduction.”

³ Non-surgical repair of a fracture may be referred to in your policy documentation as a “closed reduction.” Surgical repair of a fracture may be referred to in your policy documentation as an “open reduction.”

What else is included?

The benefits below are also included with your coverage. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Sports Accident Benefit increases the benefit amounts listed in the accident hospital care, accident care or common injuries sections by 50% and to a maximum additional benefit amount of \$2,500 if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage).

Continuation of Insurance allows you to maintain your current Accident Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.

Additional Non-Insurance Services

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, pre-trip and cultural information, security services and accessible technology.

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

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.

Your 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.



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

<https://presents.voya.com/ebrc/Lehigh>

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, Catastrophic Accident Rider Form #RL-ACC3-CAR-16, Off Job Accident Disability Income Rider form #RL-ACC3-DIR-16, Sickness Hospital Confinement Rider Form #RL-ACC3-HCR-16, Waiver of Premium Rider form #RL-ACC3-WOP-16, Continuation of Insurance Rider form #RL-ACC3-CNT-16; Additional Services Rider Form #RL-ACC3-ASR-20. Form numbers, provisions and availability may vary by state and employer's plan.

Accident 2.0 only

Lehigh University

Date Prepared: 09/24/2024

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