Accident Insurance

Group Name: Aristocrat Technologies, Inc.
Group Number: 713589

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.

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider.

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

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.
- Your coverage can go with you if you leave your employer or retire, and you'll be billed directly.

Wellness Benefit

Your coverage includes a Wellness Benefit, which
will pay you and covered family members an annual benefit if they complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

$50 for employees, $50 for spouses, and $50 per child.

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.

Low Plan Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
$6.02	$10.20	$12.04	$16.22

High Plan Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
$11.82	$19.87	$23.68	$31.73

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 a sample of the benefits provided by Accident Insurance. State variations may apply. For a complete description of your available benefits, see your certificate of insurance and any riders.

Accident hospital care which includes:

	Low Benefit	High Benefit
Surgery (open abdominal, thoracic)	$1,200	$2,500
Surgery (exploratory or without repair)	$175	$350
General Anesthesia	$200	$300
Blood, Plasma, Platelets	$600	$650
Hospital Admission	$1,500	$2,000
Hospital Confinement (per day, up to 365 days)	$350	$450
Critical Care Unit (CCU) Admission	$1,500	$2,000
Critical Care Unit Confinement (per day up to 30 days	$525	$700
Rehabilitation Facility Confinement (per day up to 90 days)	$200	$250
Observation Unit Stay	$300	$400
Induced Coma (up to 14 days)	$150	$250
Non-Induced Coma (duration of 14 or more days)	$17,000	$20,000
Transportation (per trip up to 3 per accident	$750	$850
Lodging (per day up to 30 days)	$180	$225
Pet Boarding	$20	$25
Family care (per child/adult up to 45 days)	$30	$40

Accident care which includes:

	Low Benefit	High Benefit
Initial Doctor Visit	$100	$150
Urgent Care Facility Treatment	$225	$300
Emergency Room Treatment	$300	$350
Ground Ambulance	$500	$600
Air ambulance	$2,000	$2,500
Follow-up Doctor Treatment	$100	$150
Home Health Care	$75	$100
Chiropractic Treatment (up to 6 per accident)	$50	$75
Prescription Medicine	$15	$20
Medical Equipment	$200	$500
Physical or Occupational Therapy (per treatment up to 10)	$50	$75
Speech Therapy (per treatment up to 10)	$50	$75
Mental Health Therapy (per treatment up to 10)	$50	$75
Prosthetic Device (one)	$750	$1,500
Prosthetic Device (two or more)	$1,200	$2,400

Major Diagnostic Exams	$275	$500
• **CT (computerized tomography) or CAT scan (computerized axial tomography)**		
• **MRI (magnetic resource imaging)**		
• **EEG (electroencephalogram)**		
• **PET (positron emission tomography) scan**		
• **Ultrasound**		
Outpatient Surgery	$225	$300
Outpatient IV Infusion Therapy	$40	$50
X-ray	$75	$100
Lab Services	$75	$100

Common injuries which include:

	Low Benefit	High Benefit
Burns (2nd degree, at least 36% of body)	$1,250	$1,750
Burns (3rd degree, at least 2% but less than 4% of the total body surface area)	$7,500	$10,000
Burns (3rd degree, 4% or more of the total body surface area)	$15,000	$22,000
Skin Grafts (of burn benefit)	50%	50%
Emergency Dental Work (Crown)	$350	$480
Emergency Dental Work (Extraction)	$90	$180
Eye Injury (removal of foreign object)	$100	$120
Eye Injury (surgery)	$350	$420
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	$225	$280
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	$800	$1,000
Laceration[1] (treated - no sutures)	$30	$60
Laceration[1] (sutures up to 2")	$60	$120
Laceration[1] (sutures 2" to 6")	$240	$480
Laceration[1] (sutures over 6")	$480	$960
Puncture Wound[1]	$50	$75
Ruptured Disk (surgical repair)	$800	$1,000
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	$425	$720
Tendon, Ligament, Rotator Cuff (1, surgical repair)	$825	$1,020
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	$1,225	$1,520
Concussion	$300	$450
Traumatic Brain Injury	$1,750	$2,500
Paralysis (monoplegia)	$10,000	$15,500
Paralysis (hemiplegia)	$15,000	$20,000
Paralysis (paraplegia)	$16,000	$20,000
Paralysis (quadriplegia)	$24,000	$30,000

Dislocations which include:

Complete[2]/Complete Requiring Surgical Repair[3]	Low Benefit	High Benefit
Hip Joint	$3,850/$7,700	$5,000/$10,000
Knee	$2,400/$4,800	$3,000/$6,000
Ankle or foot bone(s) (other than toes)	$1,500/$3,000	$1,800/$3,600
Shoulder	$1,600/$3,200	$2,200/$4,400

Elbow	$1,100/$2,200	$1,500/$3,000
Wrist	$1,100/$2,200	$1,500/$3,000
Finger/toe	$275/$550	$350/$700
Hand bone(s) (other than fingers)	$1,100/$2,200	$1,500/$3,000
Lower jaw	$1,100/$2,200	$1,500/$3,000
Collarbone	$1,100/$2,200	$1,500/$3,000
Incomplete dislocations: % of the complete amount	25%	25%

Fractures which include:

Non-Surgical Repair[4]/Surgical Repair[5]	Low Benefit	High Benefit
Hip	$3,000/$6,000	$6,000/$12,000
Leg	$2,500/$5,000	$2,800/$5,600
Ankle	$1,800/$3,600	$2,500/$5,000
Heel	$1,800/$3,600	$2,500/$5,000
Kneecap	$1,800/$3,600	$2,500/$5,000
Foot (excluding toes, heel)	$1,800/$3,600	$2,500/$5,000
Upper arm	$2,100/$4,200	$2,750/$5,500
Forearm, hand, wrist (except fingers)	$1,800/$3,600	$2,500/$5,000
Finger, Toe	$240/$480	$400/$800
Vertebral body	$3,360/$6,720	$4,200/$8,400
Vertebral processes	$1,440/$2,880	$2,000/$4,000
Pelvis (except coccyx)	$3,200/$6,400	$4,000/$8,000
Coccyx	$400/$800	$500/$1,000
Bones of the face (except nose)	$1,200/$2,400	$1,400/$2,800
Nose	$600/$1,200	$750/$1,500
Upper jaw	$1,500/$3,000	$1,750/$3,500
Lower jaw	$1,440/$2,880	$2,000/$4,000
Collarbone	$1,440/$2,880	$2,000/$4,000
Rib	$400/$800	$600/$1,200
Skull – Simple (except bones of the face)	$1,400/$2,800	$1,750/$3,500
Skull – Depressed (except bones of face)	$3,000/$6,000	$5,000/$10,000
Sternum	$360/$720	$500/$1,000
Shoulder blade	$1,800/$3,600	$2,500/$5,000
Chip Fractures: % of the Non-Surgical Repair	25%	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.

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 the percentage indicated in the Certificate of Coverage (and up to a maximum additional benefit amount) if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage).

Portability If you are in a situation where your eligibility for benefits is changing, such as reduced hours, termination from employment, 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 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*:

- Any Sickness of declining process caused by Sickness.
- 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.

*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

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/Home/aristocrat

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-2-23; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR2-23, Children's Accident Rider Form #RL-ACC3-CHR2-23, Wellness Benefit Rider Form #RL-ACC3-WELL2-23, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR2-23, Catastrophic Accident Rider Form #RL-ACC3-CAR2-23, 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, Absence from Employment Premium Waiver Rider form #RL-ACC3-AEPW-23; Continuation of Insurance Rider form #RL-ACC3-CNT2-23. Form numbers, provisions and availability may vary by state and employer's plan.

Accident 2.3 only

For the employees of Aristocrat Technologies, Inc.

Acct # 0001, Date Prepared: 08/28/2024

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