

Accident Insurance

Explore Your Benefits & Costs



concentrix

Group Name: Concentrix CVG
Group Number: 717517

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



Employees get an annual
Wellness Benefit of \$50 for
completing an eligible health
screening test.



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.

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How much does it cost?

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

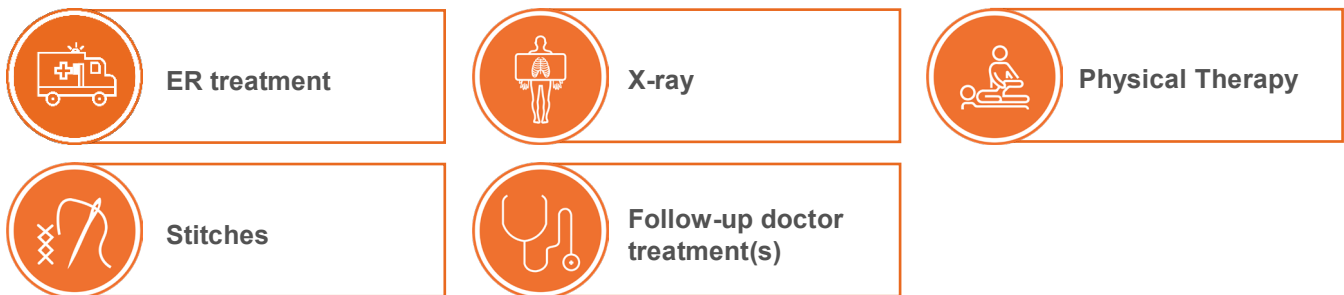
This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Low Plan - Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$3.98	\$6.66	\$8.31	\$10.99

High Plan - Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$7.80	\$12.15	\$13.99	\$18.34

What's covered?

Accident Insurance 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. 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.



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	Low	High
Emergency room treatment	\$300	\$325
X-ray	\$100	\$200
Physical Therapy (up to 10 per accident)	\$50	\$60
Stitches (sutures for lacerations, up to 2")	\$60	\$90
Follow-up doctor treatment	\$100	\$125
Hospital admission	\$1,500	\$1,750

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Hospital confinement (per day, up to 365 days)

\$300

\$325

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 additional benefits. 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.



Receive
\$50 to use
however
you'd like

Wellness Benefit

The Wellness Benefit provides an annual benefit if you complete a covered health screening test whether or not there is any out-of-pocket cost to you.

- Employees benefit amount is \$50. Spouse's benefit amount is \$50.
- Children receive 100% of your benefit amount per child.

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.

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. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

- ✓ **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 will be increased by 25%; to a maximum additional benefit of \$1,000.

Event	Low	High
Accident Hospital Care		
Surgery (open abdominal, thoracic)	\$1,200	\$1,500
Surgery (exploratory or without repair)	\$175	\$200
General Anesthesia	\$200	\$250
Blood, Plasma, Platelets	\$600	\$625
Hospital Admission	\$1,500	\$1,750
Hospital Confinement (per day, up to 365 days)	\$300	\$325
Critical Care Unit (CCU) Admission	\$1,500	\$1,750
Critical Care Unit Confinement (per day up to 30 days)	\$450	\$500
Rehabilitation Facility Confinement (per day up to 90 days)	\$200	\$225
Observation Unit Stay	\$300	\$350
Induced Coma (up to 14 days)	\$150	\$200
Non-Induced Coma (duration of 14 or more days)	\$17,000	\$18,500
Transportation (per trip up to 3 per accident)	\$750	\$800
Lodging (per day up to 30 days)	\$180	\$200
Pet Boarding	\$20	\$20
Family care (per child/adult up to 45 days)	\$30	\$35
Accident Care		
Initial Doctor Visit	\$100	\$125
Urgent Care Facility Treatment	\$225	\$250
Emergency Room Treatment	\$300	\$325
Ground Ambulance	\$500	\$550
Air ambulance	\$2,000	\$2,000
Follow-up Doctor Treatment	\$100	\$125
Home Health Care	\$75	\$75
Chiropractic Treatment (up to 6 per accident)	\$50	\$60
Prescription Medicine	\$15	\$20
Medical Equipment	\$200	\$275
Physical or Occupational Therapy (per treatment up to 10)	\$50	\$60
Speech Therapy (per treatment up to 10)	\$50	\$60
Mental Health Therapy (per treatment up to 10)	\$50	\$60

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Event	Low	High
Prosthetic Device (one)	\$750	\$1,250
Prosthetic Device (two or more)	\$1,200	\$2,000
Major Diagnostic Exams	\$275	\$300
CT (computerized tomography) or CAT scan (computerized axial tomography)		
MRI (magnetic resource imaging)		
EEG (electroencephalogram)		
PET (positron emission tomography) scan		
Ultrasound		
Outpatient Surgery	\$225	\$250
Outpatient IV Infusion Therapy	\$40	\$45
X-ray	\$100	\$90
Lab Services	\$75	\$90

Common Injuries

Burns (2 nd degree, at least 36% of body)	\$1,250	\$1,500
Burns (3 rd degree, at least 2% but less than 4% of the total body surface area)	\$7,500	\$8,500
Burns (3 rd degree, 4% or more of the total body surface area)	\$15,000	\$20,000
Skin Grafts (of burn benefit)	50%	50%
Emergency Dental Work (Crown)	\$350	\$400
Emergency Dental Work (Extraction)	\$90	\$125
Eye Injury (removal of foreign object)	\$100	\$110
Eye Injury (surgery)	\$350	\$400
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	\$225	\$250
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	\$800	\$900
Laceration ¹ (treated - no sutures)	\$30	\$50
Laceration ¹ (sutures up to 2")	\$60	\$90
Laceration ¹ (sutures 2" to 6")	\$240	\$350
Laceration ¹ (sutures over 6")	\$480	\$750
Puncture Wound ¹	\$50	\$50
Ruptured Disk (surgical repair)	\$800	\$900
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$425	\$600
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$825	\$925
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$1,225	\$1,400
Concussion	\$300	\$350
Traumatic Brain Injury	\$1,750	\$2,000
Paralysis (monoplegia)	\$10,000	\$12,500
Paralysis (hemiplegia)	\$15,000	\$17,500
Paralysis (paraplegia)	\$16,000	\$18,000
Paralysis (quadriplegia)	\$24,000	\$27,000

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**Dislocations
Complete²/Complete Requiring Surgical Repair³**

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
Incomplete dislocations: % of the complete amount	25%	25%

**Fractures
Non-Surgical Repair Fracture⁴/Fracture Requiring
Surgical Repair⁵**

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
Heel	\$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	\$240/\$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	\$1,440/\$2,880
Collarbone	\$960/\$1,920	\$1,440/\$2,880
Rib	\$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 Repair	25%	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.

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.
- 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

or go to <https://presents.voya.com/EBRC/concentrix>

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.

ACC2.3 Only

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