



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?

Your employer provides Accident Insurance for you, if you are enrolled in a medical plan.

You also have the option to enroll yourself as well as your spouse* and children** in additional supplemental 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. If you have coverage for yourself, your spouse can be covered.

**The definition of "child" may vary by state. If you have coverage for yourself, your eligible children up to age 26 can be covered.

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.



Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if you 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, 100% of your benefit amount per child,

How much does it cost?

Under Option 1 if you are enrolled in a medical plan your employer provides Accident Insurance at no cost to you. You also have the option to elect additional Accident Insurance to meet your needs. If you decide to waive medical your election for the Accident Insurance will be under Option 2. The tables below show your rates.

The cost provided below also includes Accident Insurance premium and a fee for Voya Travel Assistance.

Coverage Type – Option 1	Bi-Weekly Rates
Employee	\$0.00
Employee + Spouse	\$1.39
Employee + Children	\$1.61
Family	\$3.00

Coverage Type – Option 2	Bi-Weekly Rates
Employee	\$1.36
Employee + Spouse	\$4.11
Employee + Children	\$4.53
Family	\$7.28

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. The following list presents a sample of the benefits provided by Accident Insurance. State variations may apply. You may be required to seek care for your injury within a set amount of time. For a complete description of your available benefits, see your certificate of insurance and any riders.

Accident hospital care which includes:

	Core Plan	Buy Up Plan
Surgery open abdominal, thoracic	\$800	\$1,200
Surgery exploratory or without repair	\$125	\$175
Blood, plasma, platelets	\$400	\$600
Hospital admission	\$1,000	\$1,500
Hospital confinement per day, up to 365 days	\$225	\$300
Critical care unit confinement per day, up to 30 days	\$350	\$450
Rehabilitation facility confinement per day, up to 90 days	\$150	\$200
Coma duration of 14 or more days	\$11,500	\$17,000
	\$500	\$750
Transportation per trip, up to three per accident		
	\$120	\$180
Lodging per day, up to 30 days		
	\$20	\$30
Family care per child per day, up to 45 days		

Accident care which includes:

	Core Plan	Buy Up Plan
Initial doctor visit	\$60	\$100
Urgent care facility treatment	\$150	\$225
Emergency room treatment	\$150	\$300
Ground ambulance	\$250	\$500
Air ambulance	\$1,000	\$2,000
Follow-up doctor treatment	\$60	\$100
Chiropractic treatment up to six per accident	\$30	\$50
Medical equipment	\$75	\$200
Physical or occupational therapy up to six per accident	\$30	\$50
Speech therapy up to 10 per treatment	\$30	\$50
Prosthetic device (one)	\$500	\$750
Prosthetic device (two or more)	\$800	\$1,200
Major diagnostic exam	\$125	\$275
Outpatient surgery	\$150	\$225
X-ray	\$50	\$75

Common injuries which include:

	Core Plan	Buy Up Plan
Burns second degree, at least 36% of the body	\$1,000	\$1,250
Burns third degree, at least nine but less than 35 square inches of the body	\$4,500	\$7,500
Burns third 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: crown	\$250	\$350
Extraction	\$60	\$90
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" – 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 one, surgical repair	\$550	\$825
Tendon/ligament/rotator cuff two or more, surgical repair	\$800	\$1,225
Concussion	\$150	\$300
Paralysis - paraplegia	\$12,000	\$16,000
Paralysis - quadriplegia	\$16,000	\$24,000

Dislocations which include:

Non-Surgical Repair/Surgical Repair ²	Core Plan	Buy Up 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	25% of the non-surgical repair amount	25% of the non-surgical repair amount

Fractures which include:

Non-Surgical Repair/Surgical Repair ³	Core Plan	Buy Up 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	\$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 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 or ribs	\$300/\$600	\$400/\$800
Skull – simple except bones of 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	25% of the closed reduction amount	25% of the closed reduction amount

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 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 allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company when your eligibility for benefits changes such as due to termination or reduced hours.

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.

Exclusions and limitations

Standard exclusions for the Certificate 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

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

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/ChalkMountain>



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

For the employees of Chalk Mountain Holdings, LP

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