Accident Insurance

Group Name: East West Partners, LLC
Group Number: 744603
Class: Employees enrolled in a high-deductible medical plan.

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, your spouse* and children* at no cost to you, if you and your covered dependents are enrolled in the high-deductible medical plan.

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

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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, $50 per child, with an annual maximum of $200 for all per calendar year

How much does it cost?

This table shows your rates for Accident Insurance if your dependents are not enrolled in the high- deductible medical plan. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates		
Employee and Spouse	Employee and Children	Family
$3.63	$4.22	$7.85

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 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. State variations may apply. For a complete description of your available benefits, see your certificate of insurance and any riders.

Accident Hospital Care	Benefit
Surgery (open abdominal, thoracic)	$1,000
Surgery (exploratory or without repair)	$125
General Anesthesia	$100
Blood, Plasma, Platelets	$250
Hospital Admission	$1,000
Hospital Confinement (per day, up to 365 days)	$200
Critical Care Unit (CCU) Admission	$1,500
Critical Care Unit Confinement (per day up to 30 days	$400
Rehabilitation Facility Confinement (per day up to 90 days)	$100
Observation Unit Stay	$200
Induced Coma (up to 14 days)	$100
Non-Induced Coma (duration of 14 or more days)	$7,500
Transportation (per trip up to 3 per accident)	$250
Lodging (per day up to 30 days)	$100
Pet Boarding	$15
Family care (per child/adult up to 45 days)	$15

Accident Care	Benefit
Initial Doctor Visit	$75
Urgent Care Facility Treatment	$175
Emergency Room Treatment	$175
Ground Ambulance	$500
Air ambulance	$1,000
Follow-up Doctor Treatment	$75
Home Health Care	$50
Prescription Medicine	$10
Medical Equipment	$200
Physical or Occupational Therapy (per treatment up to 10)	$30
Speech Therapy (per treatment up to 10)	$30
Mental Health Therapy (per treatment up to 10)	$30
Prosthetic Device (one)	$500
Prosthetic Device (two or more)	$1,000
Major Diagnostic Exams	$125
CT (computerized tomography) or CAT scan (computerized axial tomography) MRI (magnetic resonance imaging) EEG (electroencephalogram) PET (positron emission tomography) scan Ultrasound	
Outpatient Surgery	$150
Outpatient IV Infusion Therapy	$25
X-ray	$125
Lab Services	$50

Common Injuries	Benefit
Burns (2nd degree, at least 36% of body)	$1,000
Burns (3rd degree, at least 2% but less than 4% of the total body surface area)	$4,500
Burns (3rd degree, 4% or more of the total body surface area)	$10,000
Skin Grafts (percentage of burn benefit)	50%
Emergency Dental Work (Crown)	$150
Emergency Dental Work (Extraction)	$50
Eye Injury (removal of foreign object)	$200
Eye Injury (surgery)	$200
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	$150
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	$500
Laceration[1] (treated - no sutures)	$30
Laceration[1] (sutures up to 2”)	$50
Laceration[1] (sutures 2” to 6”)	$200
Laceration[1] (sutures over 6”)	$400
Puncture Wound[1]	$25
Ruptured Disk (surgical repair)	$500
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	$275
Tendon, Ligament, Rotator Cuff (1, surgical repair)	$550
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	$800
Concussion	$500
Traumatic Brain Injury	$1,250
Paralysis (monoplegia)	$5,000
Paralysis (hemiplegia)	$6,000
Paralysis (paraplegia)	$7,500
Paralysis (quadriplegia)	$15,000

Dislocations Complete[2]/Complete Requiring Surgical Repair[3]	Benefit
Hip Joint	$2,500/$5,000
Knee	$1,600/$3,200
Ankle or foot bone(s) (other than toes)	$1,000/$2,000
Shoulder	$1,250/$2,500
Elbow	$750/$1,500
Wrist	$750/$1,500
Finger/toe	$175/$350
Hand bone(s) (other than fingers)	$750/$1,500
Lower jaw	$750/$1,500
Collarbone	$750/$1,500
Incomplete dislocations: percentage of the complete amount	25%

Fractures Non-Surgical Repair Fracture[4]/Fracture Requiring Surgical Repair[5]	Benefit
Hip	$2,500/$5,000
Leg	$1,500/$3,000
Ankle	$1,500/$3,000
Heel	$1,200/$2,400
Kneecap	$1,200/$2,400
Foot (excluding toes, heel)	$1,200/$2,400
Upper arm	$1,400/$2,800
Forearm, hand, wrist (except fingers)	$1,500/$3,000
Finger, Toe	$160/$320
Vertebral body	$2,240/$4,480
Vertebral processes	$960/$1,920
Pelvis (except coccyx)	$3,050/$6,100
Coccyx	$200/$400
Bones of the face (except nose)	$800/$1,600
Nose	$400/$800
Upper jaw	$1,000/$2,000
Lower jaw	$960/$1,920
Collarbone	$960/$1,920
Rib	$300/$600
Skull – Simple (except bones of the face)	$1,000/$2,000
Skull – Depressed (except bones of face)	$2,000/$4,000
Sternum	$240/$480
Shoulder blade	$1,200/$2,400
Chip Fractures: percentage of the Non-Surgical Repair	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 50% and to a maximum additional benefit amount of $2,000 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. Provisions and availability may vary by state.

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 or 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.

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/EastWestPartners

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

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