Group Name: Rentokil North America, Inc.
Group Number: 751782
Class: All Eligible Employees

Accident Insurance

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

Rentokil

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.

Low Plan

Coverage Type	Monthly Rates
Employee	$3.73
Employee + Spouse	$6.93
Employee + Children	$8.03
Family	$11.23

High Plan

Coverage Type	Monthly Rates
Employee	$6.26
Employee + Spouse	$11.77
Employee + Children	$12.45
Family	$17.96

ReliaStar Life Insurance Company (Minneapolis, MN),
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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 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	**Low Plan**	**High Plan**
Surgery (open abdominal, thoracic)	$1,000	$2,000
Surgery (exploratory or without repair)	$250	$300
Blood, Plasma, Platelets	$300	$625
Hospital Admission	$2,000	$4,000
Hospital Confinement (per day, up to 365 days)	$125	$250
Critical Care Unit Confinement (per day up, to 15 days)	$250	$500
Rehabilitation Facility Confinement (per day, up to 90 days)	$150	$200
Coma (duration of 14 or more days)	$10,000	$20,000
Transportation (per trip up to 3 per accident)	$300	$500
Lodging (per day up to 30 days)	$200	$200

Accident Care	**Low Plan**	**High Plan**
Initial Doctor Visit	$150	$300
Urgent Care Facility Treatment	$150	$300
Emergency Room Treatment	$150	$300
Ground Ambulance	$400	$600
Air ambulance	$1,500	$2,000
Follow-up Doctor Treatment	$75	$150
Chiropractic Treatment	$42	$83
Medical Equipment	$400	$600
Physical or Occupational Therapy (up to 6 per accident)	$125	$192
Speech Therapy	$125	$192
Prosthetic Device (one)	$625	$1,250
Prosthetic Device (two or more)	$1,000	$2,000
Major Diagnostic Exams	$200	$400
Outpatient Surgery (1 per accident)	$250	$300
X-ray	$200	$400

Common Injuries	**Low Plan**	**High Plan**
Burns (2nd degree, at least 36% of body)	$1,125	$1,500
Burns (3rd degree, at least 9 but less than 35 square inches of the body)	$6,000	$8,500
Burns (3rd degree, 35 or more square inches of the body)	$12,500	$20,000
Skin Grafts (% of burn benefit)	50%	50%
Emergency Dental Work (Crown)	$300	$400
Emergency Dental Work (Extraction)	$75	$125
Eye Injury (removal of foreign object)	$100	$150
Eye Injury (surgery)	$275	$400
Torn Knee Cartilage (surgery with no repair or if cartilage is shaved)	$250	$300
Torn Knee Cartilage (surgical repair)	$650	$900
Laceration[1] (treated - no sutures)	$25	$50
Laceration[1] (sutures up to 2")	$75	$90
Laceration[1] (sutures 2" to 6")	$300	$350
Laceration[1] (sutures over 6")	$600	$750
Ruptured Disk (surgical repair)	$650	$1,000
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	$350	$600
Tendon, Ligament, Rotator Cuff (1, surgical repair)	$675	$1,000
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	$1,000	$2,000
Concussion	$250	$400
Paralysis (paraplegia)	$13,500	$18,000
Paralysis (quadriplegia)	$20,000	$35,000

Dislocations Non-surgical/Surgical Repair[2]	Low Plan	High Plan
Hip Joint	$2,550/$5,100	$4,200/$8,000
Knee	$2,100/$4,200	$2,400/$4,800
Ankle or foot bone(s) (other than toes)	$600/$1,200	$1,500/$3,000
Shoulder	$500/$1,000	$1,500/$3,000
Elbow	$750/$1,500	$1,100/$2,200
Wrist	$750/$1,500	$1,100/$2,200
Finger/toe	$175/$350	$300/$600
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: percentage of the non-surgical repair amount	25%	25%

Fractures Non-Surgical/Surgical Repair[3]	Low Plan	High Plan
Hip	$3,000/$6,000	$6,000/$12,000
Leg	$1,500/$3,000	$3,000/$6,000
Ankle	$1,000/$2,000	$2,000/$4,000
Kneecap	$500/$1,000	$1,000/$2,000
Foot (excluding toes, heel)	$500/$1,000	$1,000/$2,000
Upper arm	$700/$1,400	$1,200/$2,400
Forearm, Hand, Wrist (except fingers)	$1,000/$2,000	$2,000/$4,000
Finger, Toe	$200/$400	$400/$800
Vertebral Body	$1,100/$2,200	$2,100/$4,200
Vertebral Processes	$960/$1,920	$1,440/$2,880
Pelvis (except Coccyx)	$1,100/$2,200	$2,100/$4,200
Coccyx	$200/$400	$400/$800
Bones of the Face (except nose)	$800/$1,600	$1,200/$2,400
Nose	$600/$1,200	$1,200/$2,400
Upper jaw	$700/$1,400	$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 the face)	$3,000/$6,000	$3,350/$6,700
Skull – Depressed (except bones of face)	$3,000/$6,000	$6,000/$12,000
Sternum	$600/$1,200	$1,200/$2,400
Shoulder Blade	$600/$1,200	$1,200/$2,400
Chip Fractures: percentage 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."

Catastrophic Accident coverage may provide an additional benefit payment if you are severely injured in a covered accident. Note that you will be eligible to receive this benefit payment 365 days after the covered accident. Loss is limited to total and permanent loss of any of the following: both hands or both feet, the use of both arms or both legs, one hand and one foot, one arm and one leg, the sight of both eyes, hearing in both ears, or the ability to speak.

Catastrophic Accident Benefits	**Benefit**
Employee	$80,000
Spouse	$40,000
Children	$20,000
Home Modification Benefit	$1,250
Vehicle Modification Benefit	$1,250

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% if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage).

Waiver of premium benefit
If you aren't working because you are totally disabled, you will still be covered under your Accident Insurance without paying premiums for a determined period of time. A waiting period of total disability may apply before premiums are waived. Only premiums for employee coverage will be waived; all other coverage will terminate.

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.

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.

Exclusions and limitations for Catastrophic Accident coverage (may vary by state) are the same as the exclusions in the Certificate, plus:

- The catastrophic accident benefit is not payable if the covered person is in a coma at the end of the 365 day period following a covered accident.

*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

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/RentokilNorthAmericaInc

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

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