

## 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?

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.

**SIEMENS**  
**Healthineers**

### 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.

| Bi-Weekly Rates<br>Basic Plan |                     |                       |        |
|-------------------------------|---------------------|-----------------------|--------|
| Employee                      | Employee and Spouse | Employee and Children | Family |
| \$3.10                        | \$4.98              | \$6.41                | \$8.29 |

| Bi-Weekly Rates<br>Enhanced Plan |                     |                       |         |
|----------------------------------|---------------------|-----------------------|---------|
| Employee                         | Employee and Spouse | Employee and Children | Family  |
| \$4.23                           | \$6.79              | \$8.70                | \$11.27 |

## 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                                      | Basic Plan | Enhanced Plan |
|-------------------------------------------------------------|------------|---------------|
| Surgery (open abdominal, thoracic)                          | \$1,200    | \$2,500       |
| Surgery (exploratory or without repair)                     | \$300      | \$450         |
| Blood, Plasma, Platelets                                    | \$600      | \$650         |
| Hospital Admission                                          | \$1,250    | \$2,000       |
| Hospital Confinement<br>(per day, up to 365 days)           | \$300      | \$500         |
| Critical Care Unit Confinement (per day up to 15 days)      | \$600      | \$1,000       |
| Rehabilitation Facility Confinement (per day up to 90 days) | \$200      | \$225         |
| Coma (duration of 14 or more days)                          | \$17,000   | \$20,000      |
| Transportation (per trip up to 3 per accident)              | \$750      | \$840         |
| Lodging (per day up to 30 days)                             | \$180      | \$350         |
| Family care (per child up to 45 days)                       | \$25       | \$30          |

| Accident Care                           | Basic Plan | Enhanced Plan |
|-----------------------------------------|------------|---------------|
| Initial Doctor Visit                    | \$225      | \$325         |
| Urgent Care Facility Treatment          | \$225      | \$325         |
| Emergency Room Treatment                | \$225      | \$325         |
| Ground Ambulance                        | \$450      | \$600         |
| Air ambulance                           | \$1,500    | \$2,500       |
| Follow-up Doctor Treatment              | \$90       | \$120         |
| Chiropractic Treatment                  | \$45       | \$75          |
| Medical Equipment                       | \$200      | \$500         |
| Physical Therapy (up to 6 per accident) | \$50       | \$75          |
| Occupational & Speech Therapy           | \$50       | \$75          |
| Prosthetic Device (one)                 | \$2,000    | \$2,000       |
| Prosthetic Device (two or more)         | \$4,000    | \$4,000       |
| Major Diagnostic Exams                  | \$275      | \$500         |
| Outpatient Surgery (1 per accident)     | \$300      | \$350         |
| X-ray                                   | \$75       | \$100         |

| Common Injuries                                                                  | Basic Plan | Enhanced Plan |
|----------------------------------------------------------------------------------|------------|---------------|
| Burns (2 <sup>nd</sup> degree, at least 36% of body)                             | \$1,250    | \$1,750       |
| Burns (3 <sup>rd</sup> degree, at least 9 but less than 35 sq in of body)        | \$10,000   | \$12,000      |
| Burns (3 <sup>rd</sup> degree, 35 or more sq in of body)                         | \$20,000   | \$22,000      |
| Skin Graft (percentage of burn benefit)                                          | 50%        | 50%           |
| Emergency Dental Work (Crown)                                                    | \$350      | \$480         |
| Emergency Dental Work (Extraction)                                               | \$90       | \$180         |
| Eye Injury (removal of foreign object)                                           | \$200      | \$300         |
| Eye Injury (surgery)                                                             | \$350      | \$420         |
| Torn Knee Cartilage (surgery with no repair or if cartilage is shaved)           | \$350      | \$450         |
| Torn Knee Cartilage (surgical repair)                                            | \$800      | \$1,250       |
| Laceration <sup>1</sup> (treated - no sutures)                                   | \$50       | \$60          |
| Laceration <sup>1</sup> (sutures up to 2")                                       | \$90       | \$120         |
| Laceration <sup>1</sup> (sutures 2" to 6")                                       | \$350      | \$480         |
| Laceration <sup>1</sup> (sutures over 6")                                        | \$750      | \$960         |
| Ruptured Disk (surgical repair)                                                  | \$800      | \$1,250       |
| 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                                                                       | \$400      | \$550         |
| Paralysis (paraplegia)                                                           | \$16,000   | \$20,000      |
| Paralysis (quadriplegia)                                                         | \$24,000   | \$30,000      |

| Dislocations<br>Non-Surgical/Surgical Repair <sup>2</sup> | Basic Plan      | Enhanced Plan    |
|-----------------------------------------------------------|-----------------|------------------|
| 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 | \$2,000/\$4,000  |
| Shoulder                                                  | \$1,600/\$3,200 | \$2,500/\$5,000  |
| Elbow                                                     | \$1,100/\$2,200 | \$1,500/\$3,000  |
| Wrist                                                     | \$1,100/\$2,200 | \$1,500/\$3,000  |
| Finger/toe                                                | \$275/\$550     | \$400/\$800      |
| Hand bone(s) (other than fingers)                         | \$1,100/\$2,200 | \$1,600/\$3,200  |
| Lower jaw                                                 | \$1,100/\$2,200 | \$1,500/\$3,000  |
| Collarbone                                                | \$1,100/\$2,200 | \$1,500/\$3,000  |
| Partial dislocations: percentage of the complete amount   | 25%             | 25%              |

| Fractures<br>Non-Surgical/Surgical Repair <sup>3</sup> | Basic Plan       | Enhanced Plan    |
|--------------------------------------------------------|------------------|------------------|
| Hip                                                    | \$5,000/\$10,000 | \$6,500/\$13,000 |
| Leg                                                    | \$2,500/\$5,000  | \$4,000/\$8,000  |
| Ankle                                                  | \$2,250/\$4,500  | \$3,200/\$6,400  |
| Kneecap                                                | \$2,250/\$4,500  | \$3,200/\$6,400  |
| Foot (excluding toes, heel)                            | \$2,250/\$4,500  | \$3,200/\$6,400  |
| Upper arm                                              | \$2,100/\$4,200  | \$2,750/\$5,500  |
| Forearm, hand, wrist (except fingers)                  | \$2,250/\$4,500  | \$3,200/\$6,400  |
| Finger, Toe                                            | \$350/\$700      | \$500/\$1,000    |
| Vertebral body                                         | \$4,000/\$8,000  | \$5,500/\$11,000 |
| Vertebral processes                                    | \$1,440/\$2,880  | \$2,000/\$4,000  |

| Fractures<br>Non-Surgical Repair Fracture <sup>4</sup> /Fracture Requiring Surgical Repair <sup>3</sup> | Basic Plan      | Enhanced Plan    |
|---------------------------------------------------------------------------------------------------------|-----------------|------------------|
| Pelvis (except coccyx)                                                                                  | \$3,300/\$6,600 | \$5,000/\$10,000 |
| Coccyx                                                                                                  | \$400/\$800     | \$500/\$1,000    |
| Bones of the face (except nose)                                                                         | \$1,300/\$2,600 | \$2,000/\$4,000  |
| Nose                                                                                                    | \$1,300/\$2,600 | \$1,500/\$3,000  |
| Upper jaw                                                                                               | \$1,500/\$3,000 | \$2,250/\$4,500  |
| Lower jaw                                                                                               | \$1,750/\$3,500 | \$2,500/\$5,000  |
| Collarbone                                                                                              | \$1,750/\$3,500 | \$2,500/\$5,000  |
| Ribs or rib                                                                                             | \$400/\$800     | \$600/\$1,200    |
| Skull – Simple (except bones of the face)                                                               | \$1,500/\$3,000 | \$2,250/\$4,500  |
| Skull – Depressed (except bones of face)                                                                | \$3,500/\$7,000 | \$5,000/\$10,000 |
| Sternum                                                                                                 | \$360/\$720     | \$500/\$1,000    |
| Shoulder blade                                                                                          | \$1,800/\$3,600 | \$2,500/\$5,000  |
| Chip Fractures: percentage of the Non-Surgical Repair                                                   | 25%             | 25%              |

<sup>1</sup> Laceration benefits are a total of all lacerations per accident.

<sup>2</sup> 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.”

<sup>3</sup> 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 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).

**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. 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.

\*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/SiemensHealthineers>



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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