



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.



Waupaca Foundry



Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you an annual benefit when you and covered family members 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.

\$75 for employees, \$75 for spouses, \$75 per child, per policy per calendar year

How much does it cost?

This table shows your rates for Accident Insurance.

Monthly Rates Low Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$7.90	\$13.58	\$15.50	\$21.18

Monthly Rates High Plan			
Employee	Employee and Spouse	Employee and Children	Family
\$15.50	\$26.78	\$30.67	\$41.95

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 outside of work 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 (in \$'s)	Level 2	Level 4
Surgery (open abdominal, thoracic)	1,000	1,500
Surgery (exploratory or without repair)	150	200
General Anesthesia	150	250
Blood, Plasma, Platelets	500	625
Hospital Admission	1,250	1,750
Hospital Confinement (per day up to 365)	250	325
Critical Care Unit (CCU) Admission	1,250	1,750
Critical Care Unit Confinement (per day up to 30 days)	400	500
Rehabilitation Facility Confinement (per day up to 90 days)	175	225
Observation Unit Stay	250	350
Induced Coma (up to 14 days)	125	200
Non-Induced Coma (duration of 14 or more days)	14,500	18,500
Transportation (per trip up to 3 per accident)	650	800
Lodging (per day to 30 days)	150	200
Pet Boarding	15	20
Family care (per child/adult up to 45 days)	25	35

Accident Care (in \$'s)

	Level 2	Level 4
Initial Doctor Visit	75	125
Urgent Care Facility Treatment	200	250
Emergency Room Treatment	200	325
Ground Ambulance	300	550
Air Ambulance	1,250	2,000
Follow-up Doctor Treatment	75	125
Home Health Care	50	75
Chiropractic Treatment (up to 6 per accident)	40	60
Prescription Medicine	10	20
Medical Equipment	125	275
Physical or Occupational Therapy (per treatment up to 10)	40	60
Speech Therapy (per treatment up to 10)	40	60
Mental Health Therapy (per treatment up to 10)	40	60
Prosthetic Device (one)	625	1,250
Prosthetic Device (two or more)	1,000	2,000
Major Diagnostic Exams <ul style="list-style-type: none"> • CT (computerized tomography) or CAT scan (computerized axial tomography) • MRI (magnetic resonance imaging) • EEG (electroencephalogram) • PET (positron emission tomography) scan • Ultrasound 	200	300
Outpatient Surgery	200	250
Outpatient IV Infusion Therapy	30	45
X-ray	60	90
Lab Service	60	90

Common Injuries - FRACTURES Non-Surgical Repair Fracture / Fracture Requiring Surgical Repair (in \$'s)

	Level 2	Level 4
Nose	500 / 1,000	650 / 1,300
Upper jaw	1,250 / 2,500	1,600 / 3,200
Lower jaw	1,200 / 2,400	1,750 / 3,500
Collarbone	1,200 / 2,400	1,750 / 3,500
Rib	350 / 700	450 / 900
Skull - Simple (except bones of the face)	1,250 / 2,500	1,500 / 3,000
Skull - Depressed (except bones of the face)	2,500 / 5,000	4,000 / 8,000
Sternum	300 / 600	400 / 800
Shoulder blade	1,500 / 3,000	2,250 / 4,500
Chip Fractures	25% of the Non-Surgical Repair	25% of the Non-Surgical Repair

Common Injuries (in \$'s)

	Level 2	Level 4
Burns (2nd degree, at least 36% of the total body surface area)	1,125	1,500
Burns (3rd degree, at least 2% but less than 4% of the total body surface area)	6,000	8,500
Burns (3rd degree, 4% or more of the total body surface area)	12,500	20,000
Skin Grafts	50% of burn benefit	50% of burn benefit
Emergency Dental Work (Crown)	300	400
Emergency Dental Work (Extraction)	75	200
Eye Injury (removal of foreign object)	80	110
Eye Injury (surgery)	275	400
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	175	250
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	650	900
Laceration* (treated - no sutures)	25	50
Laceration* (sutures up to 2")	50	90
Laceration* (sutures 2" to 6")	200	350
Laceration* (sutures over 6")	400	750
Puncture Wound	25	50
Ruptured Disk (surgical repair)	650	900
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	350	600
Tendon, Ligament, Rotator Cuff (1, surgical repair)	675	925
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	1,000	1,400
Concussion	200	350
Traumatic Brain Injury	1,500	2,000
Paralysis (monoplegia)	7,500	12,500
Paralysis (hemiplegia)	12,500	17,500
Paralysis (paraplegia)	14,000	18,000
Paralysis (quadriplegia)	20,000	27,000

*Laceration benefits are a total of all lacerations per accident.

Common Injuries - DISLOCATIONS Complete / Complete Requiring Surgical Repair* (in \$'s)

	Level 2	Level 4
Hip Joint	3,200 / 6,400	4,000 / 8,000
Knee	2,000 / 4,000	2,500 / 5,000
Ankle or foot bone(s) (other than toes)	1,200 / 2,400	1,700 / 3,400
Shoulder	1,500 / 3,000	2,000 / 4,000
Elbow	900 / 1,800	1,250 / 2,500
Wrist	900 / 1,800	1,250 / 2,500
Finger / toe	250 / 500	300 / 600
Hand bone(s) (other than fingers)	900 / 1,800	1,250 / 2,500
Lower jaw	900 / 1,800	1,250 / 2,500
Collarbone	900 / 1,800	1,250 / 2,500
Incomplete dislocations	25% of the complete amount	25% of the complete amount

*Complete = complete separated joint that does not require surgical repair; Complete Requiring Surgical Repair = completely separated joint that requires surgical repair.

Common Injuries - FRACTURES Non-Surgical Repair Fracture / Fracture Requiring Surgical Repair (in \$'s)

	Level 2	Level 4
Hip	2,500 / 5,000	5,000 / 10,000
Leg	1,800 / 3,600	2,700 / 5,400
Ankle	1,500 / 3,000	2,250 / 4,500
Heel	1,500 / 3,000	2,250 / 4,500
Kneecap	1,500 / 3,000	2,250 / 4,500
Foot (excluding toes / heel)	1,500 / 3,000	2,250 / 4,500
Upper arm	1,750 / 3,500	2,400 / 4,800
Forearm, hand, wrist (except fingers)	1,500 / 3,000	2,250 / 4,500
Finger, Toe	200 / 400	300 / 600
Vertebral body	2,800 / 5,600	4,000 / 8,000
Vertebral processes	1,200 / 2,400	1,750 / 3,500
Pelvis (except coccyx)	2,750 / 5,500	3,500 / 7,000
Coccyx	300 / 600	450 / 900
Bones of the face (except nose)	1,000 / 2,000	1,300 / 2,600

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.

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 Amount
Employee	\$120,000
Spouse	\$60,000
Children	\$30,000
Home Modification Benefit*	\$5,000
Vehicle Modification Benefit*	\$5,000

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.

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/WaupacaEBRC>



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.

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