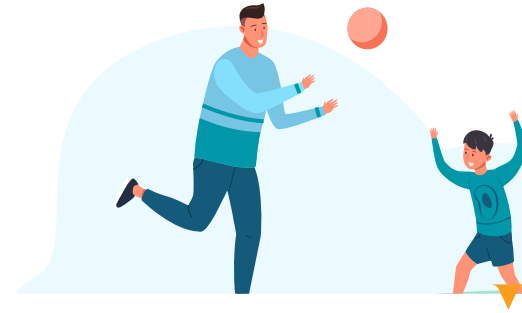


## Accident Insurance

# 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.



## Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if they 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 eligible child, per person, per calendar year

## 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.

### Weekly Rates (52 Pay Periods)

| Employee | Employee and Spouse | Employee and Children | Family |
|----------|---------------------|-----------------------|--------|
| \$2.43   | \$3.92              | \$4.60                | \$6.09 |

## 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                                      | Benefit  |
|-------------------------------------------------------------|----------|
| Surgery (open abdominal, thoracic)                          | \$1,500  |
| Surgery (exploratory or without repair)                     | \$200    |
| General Anesthesia                                          | \$250    |
| Blood, Plasma, Platelets                                    | \$625    |
| Hospital Admission                                          | \$1,750  |
| Hospital Confinement<br>(per day, up to 365 days)           | \$375    |
| Critical Care Unit (CCU) Admission                          | \$1,750  |
| Critical Care Unit Confinement (per day up to 30 days)      | \$600    |
| Rehabilitation Facility Confinement (per day up to 90 days) | \$225    |
| Observation Unit Stay                                       | \$350    |
| Induced Coma (up to 14 days)                                | \$200    |
| Non-Induced Coma (duration of 14 or more days)              | \$18,500 |
| Transportation (per trip up to 3 per accident)              | \$800    |
| Lodging (per day up to 30 days)                             | \$200    |
| Pet Boarding                                                | \$20     |
| Family care (per child/adult up to 45 days)                 | \$35     |

| Accident Care                                                            | Benefit |
|--------------------------------------------------------------------------|---------|
| Initial Doctor Visit                                                     | \$125   |
| Urgent Care Facility Treatment                                           | \$250   |
| Emergency Room Treatment                                                 | \$325   |
| Ground Ambulance                                                         | \$550   |
| Air ambulance                                                            | \$2,000 |
| Follow-up Doctor Treatment                                               | \$125   |
| Home Health Care                                                         | \$75    |
| Chiropractic Treatment (up to 6 per accident)                            | \$60    |
| Prescription Medicine                                                    | \$20    |
| Medical Equipment                                                        | \$275   |
| Physical or Occupational Therapy (per treatment up to 10)                | \$60    |
| Speech Therapy (per treatment up to 10)                                  | \$60    |
| Mental Health Therapy (per treatment up to 10)                           | \$60    |
| Prosthetic Device (one)                                                  | \$1,250 |
| Prosthetic Device (two or more)                                          | \$2,000 |
| Major Diagnostic Exams                                                   | \$300   |
| CT (computerized tomography) or CAT scan (computerized axial tomography) |         |
| MRI (magnetic resonance imaging)                                         |         |
| EEG (electroencephalogram)                                               |         |
| PET (positron emission tomography) scan                                  |         |
| Ultrasound                                                               |         |
| Outpatient Surgery                                                       | \$250   |
| Outpatient IV Infusion Therapy                                           | \$45    |
| X-ray                                                                    | \$90    |
| Lab Services                                                             | \$90    |

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

| Dislocations<br>Complete <sup>2</sup> /Complete Requiring Surgical Repair <sup>3</sup> | Level 4         |
|----------------------------------------------------------------------------------------|-----------------|
| Hip Joint                                                                              | \$4,000/\$8,000 |
| Knee                                                                                   | \$2,500/\$5,000 |
| Ankle or foot bone(s) (other than toes)                                                | \$1,700/\$3,400 |
| Shoulder                                                                               | \$2,000/\$4,000 |
| Elbow                                                                                  | \$1,250/\$2,500 |
| Wrist                                                                                  | \$1,250/\$2,500 |
| Finger/toe                                                                             | \$300/\$600     |
| Hand bone(s) (other than fingers)                                                      | \$1,250/\$2,500 |
| Lower jaw                                                                              | \$1,250/\$2,500 |
| Collarbone                                                                             | \$1,250/\$2,500 |
| Incomplete dislocations: percentage of the complete amount                             | 25%             |

| Fractures                                                                                  | Level 4         |
|--------------------------------------------------------------------------------------------|-----------------|
| Non-Surgical Repair Fracture <sup>4</sup> /Fracture Requiring Surgical Repair <sup>5</sup> |                 |
| Hip                                                                                        | \$5,000/10,000  |
| Leg                                                                                        | \$2,700/\$5,400 |
| Ankle                                                                                      | \$2,250/\$4,500 |
| Heel                                                                                       | \$2,250/\$4,500 |
| Kneecap                                                                                    | \$2,250/\$4,500 |
| Foot (excluding toes, heel)                                                                | \$2,250/\$4,500 |
| Upper arm                                                                                  | \$2,400/\$4,800 |
| Forearm, hand, wrist<br>(except fingers)                                                   | \$2,250/\$4,500 |
| Finger, Toe                                                                                | \$300/\$600     |
| Vertebral body                                                                             | \$4,000/\$8,000 |
| Vertebral processes                                                                        | \$1,750/\$3,500 |
| Pelvis (except coccyx)                                                                     | \$3,500/\$7,000 |
| Coccyx                                                                                     | \$450/\$900     |
| Bones of the face (except nose)                                                            | \$1,300/\$2,600 |
| Nose                                                                                       | \$650/\$1,300   |
| Upper jaw                                                                                  | \$1,600/\$3,200 |
| Lower jaw                                                                                  | \$1,750/\$3,500 |
| Collarbone                                                                                 | \$1,750/\$3,500 |
| Rib                                                                                        | \$450/\$900     |
| Skull – Simple (except bones of the face)                                                  | \$1,500/\$3,000 |
| Skull – Depressed<br>(except bones of face)                                                | \$4,000/\$8,000 |
| Sternum                                                                                    | \$400/\$800     |
| Shoulder blade                                                                             | \$2,250/\$4,500 |
| Chip Fractures: percentage of the<br>Non-Surgical Repair                                   | 25%             |

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

**Accidental Death and Dismemberment (AD&D)** If you are severely injured or die as a result of a covered accident, an AD&D benefit may be payable to you or your beneficiary. If there is no beneficiary named, benefits will be paid according to the Benefit Payments provision in the Certificate. Note: No Accidental death benefit is payable if the Covered Person is eligible for the common carrier benefit

| Accidental Death Benefits |  | Benefit   |
|---------------------------|--|-----------|
| Common Carrier*           |  |           |
| Employee                  |  | \$200,000 |
| Spouse                    |  | \$100,000 |
| Child                     |  | \$50,000  |
| Accidental Death          |  |           |
| Employee                  |  | \$100,000 |
| Spouse                    |  | \$50,000  |
| Child                     |  | \$20,000  |

\* A "common carrier" is commercial transportation that operates on a regular schedule, between predetermined points or cities (such as a bus or airline route).

| Accidental Dismemberment Benefits                    |  | Benefit  |
|------------------------------------------------------|--|----------|
| Loss of both hand or both feet or sight in both eyes |  | \$40,000 |
| Loss of one hand or one foot AND sight of one eye    |  | \$30,000 |
| Loss of one hand AND one foot                        |  | \$30,000 |
| Loss of one hand OR one foot                         |  | \$15,000 |
| Loss of two or more fingers or toes                  |  | \$2,500  |
| Loss of one finger or toe                            |  | \$1,500  |

| Catastrophic Accident Benefits |  | Benefit/  |
|--------------------------------|--|-----------|
| Employee                       |  | \$120,000 |
| Spouse                         |  | \$60,000  |
| Children                       |  | \$30,000  |
| Home Modification Benefit*     |  | \$5,000   |
| Vehicle Modification Benefit*  |  | \$5,000   |

\* This pays the amount shown above if the covered person requires modifications due to losses for which benefits are paid under this Rider. Modifications must be prescribed in writing by a doctor.

**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 25% and to a maximum additional benefit amount of \$1,000 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, Children's Accident Insurance and AD&D 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 of 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. Performing these acts as part of your employment with the employer 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.



### Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Your human resources representative or department at (888) 926-3044
- Or go to <https://presents.voya.com/EBRC/SimmonsFoods>

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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