Accident Insurance

Group Name: Maritz Holdings Inc.Group Number: 70269-2
Class: All Active Employees



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

Maritz

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 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.

$50 for employees, $50 for spouses, 50% of your benefit amount, with an annual maximum of $100 for all children per policy per calendar year

How much does it cost?

This table shows your rates for Accident Insurance.

Semi-Monthly Rates (24 Pay Periods)			
Employee	**Employee and Spouse**	**Employee and Children**	**Family**
$3.56	$6.13	$7.01	$9.58

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. 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	
Surgery (open abdominal, thoracic)	$600
Surgery (exploratory or without repair)	$85
Blood, Plasma, Platelets	$300
Hospital Admission	$750
Hospital Confinement (per day, up to 365 days)	$225
Critical Care Unit Confinement (per day up to 15 days)	$350
Rehabilitation Facility Confinement (per day up to 90 days)	$100
Coma	$8,500
Transportation	$375
Lodging	$90
Family care (per child up to 45 days)	$10

Accident Care	
Initial Doctor Visit	$60
Urgent Care Facility Treatment	$150
Emergency Room Treatment	$150
Ground Ambulance	$240
Air ambulance	$1,000
Follow-up Doctor Treatment	$60
Medical Equipment	$30
Physical or Occupational Therapy (per treatment up to 6)	$25
Speech Therapy (per treatment up to 6)	$25
Prosthetic Device (one)	$375
Prosthetic Device (two or more)	$600
Major Diagnostic Exams CT (computerized tomography) or CAT scan (computerized axial tomography) MRI (magnetic resonance imaging) EEG (electroencephalogram) PET (positron emission tomography) scan Ultrasound	$60
Outpatient Surgery	$150
X-ray	$25

Common Injuries	
Burns (2nd degree, at least 36% of body)	$750
Burns (3rd degree, at least 9 but less than 35 square inches of the body)	$3,500
Burns (3rd degree, 35 or more square inches)	$7,500
Skin Grafts (percentage of burn benefit)	25%
Emergency Dental Work (Crown)	$175
Emergency Dental Work (Extraction)	$45
Eye Injury (removal of foreign object)	$50
Eye Injury (surgery)	$175
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	$125
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	$400
Laceration[1] (treated - no sutures)	$15
Laceration[1] (sutures up to 2")	$30
Laceration[1] (sutures 2" to 6")	$120
Laceration[1] (sutures over 6")	$240
Ruptured Disk (surgical repair)	$400
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	$200
Tendon, Ligament, Rotator Cuff (1, surgical repair)	$400
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	$600
Concussion	$100
Paralysis (paraplegia)	$8,000
Paralysis (quadriplegia)	$12,000

Dislocations Complete[2]/Complete Requiring Surgical Repair[3]	
Hip Joint	$1,950/$3,900
Knee	$1,200/$2,400
Ankle or foot bone(s) (other than toes)	$750/$1,500
Shoulder	$800/$1,600
Elbow	$550/$1,100
Wrist	$550/$1,100
Finger/toe	$150/$300
Hand bone(s) (other than fingers)	$550/$1,100
Lower jaw	$550/$1,100
Collarbone	$550/$1,100
Partial Dislocations	25%

Fractures Non-Surgical Repair Fracture[4]/Fracture Requiring Surgical Repair[5]	
Hip	$1,500/$3,000
Leg	$1,200/$2,400
Ankle	$900/$1,800
Kneecap	$900/$1,800
Foot (excluding toes, heel)	$900/$1,800
Upper arm	$1,050/$2,100
Forearm, hand, wrist (except fingers)	$900/$1,800

Fractures Non-Surgical Repair Fracture[4]/Fracture Requiring Surgical Repair[5]	
Finger, Toe	$120/$240
Vertebral body	$1,680/$3,360
Vertebral processes	$720/$1,440
Pelvis (except coccyx)	$1,600/$3,200
Coccyx	$100/$200
Bones of the face (except nose)	$600/$1,200
Nose	$300/$600
Upper jaw	$750/$1,500
Lower jaw	$720/$1, 440
Collarbone	$720/$1,440
Rib	$200/$400
Skull – Simple (except bones of the face)	$700/$1,400
Skull – Depressed (except bones of face)	$1,500/$3,000
Sternum	$180/$360
Shoulder blade	$900/$1,800
Chip Fractures	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.

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.

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/maritzholdingsinc

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

Group - Martiz. , Date Prepared: 10/03/2025

©2024 Voya Services Company. All rights reserved. CN3836004_0926

3467966_091524