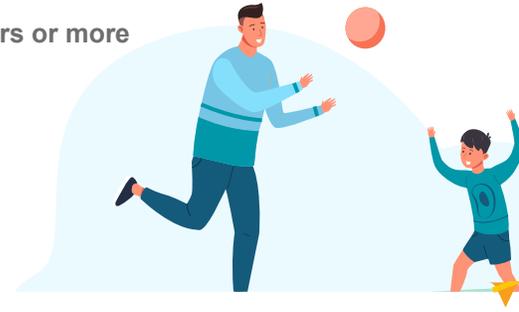


Accident Insurance

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.

How much does it cost?

This table shows your rates for Accident Insurance.

Coverage Type Accident Insurance	Bi-Weekly Rates (26 Pay Periods)
Employee	\$3.60
Employee + Spouse	\$6.22
Employee + Children	\$8.12
Family	\$10.30

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.

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)	\$2,500
Surgery (exploratory or without repair)	\$350
Blood, Plasma, Platelets	\$650
Hospital Admission	\$2,000
Hospital Confinement (per day, up to 365 days)	\$300
Critical Care Unit Confinement (per day up, to 15 days)	\$500
Rehabilitation Facility Confinement (per day, up to 90 days)	\$225
Coma (duration of 14 or more days)	\$20,000
Transportation (per trip up to 3 per accident)	\$840
Lodging (per day up to 30 days)	\$225
Family Care (per child, per day, up to 45 days)	\$30

Accident Care	Benefit
Initial Doctor Visit	\$120
Urgent Care Facility Treatment	\$300
Emergency Room Treatment	\$300
Ground Ambulance	\$600
Air ambulance	\$2,500
Follow-up Doctor Treatment	\$120
Chiropractic Treatment	\$90
Medical Equipment	\$500
Physical Therapy (up to 6 per accident)	\$90
Speech & Occupational Therapy	\$90
Prosthetic Device (one)	\$1,500
Prosthetic Device (two or more)	\$2,400
Major Diagnostic Exams	\$500
Outpatient Surgery (1 per accident)	\$300
X-ray	\$100

Common Injuries	Benefit
Burns (2 nd degree, at least 36% of body)	\$1,750
Burns (3 rd degree, at least 9 but less than 35 square inches of the body)	\$10,000
Burns (3 rd degree, 35 or more square inches of the body)	\$22,000
Skin Grafts (% of burn benefit)	50%
Emergency Dental Work (Crown)	\$480
Emergency Dental Work (Extraction)	\$180
Eye Injury (removal of foreign object)	\$120
Eye Injury (surgery)	\$420
Torn Knee Cartilage (surgery with no repair or if cartilage is shaved)	\$280
Torn Knee Cartilage (surgical repair)	\$1,000
Laceration ¹ (treated - no sutures)	\$60
Laceration ¹ (sutures up to 2")	\$120
Laceration ¹ (sutures 2" to 6")	\$480
Laceration ¹ (sutures over 6")	\$960
Ruptured Disk (surgical repair)	\$1,000
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$720
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$1,020
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$1,520
Concussion	\$450
Paralysis (paraplegia)	\$20,000
Paralysis (quadriplegia)	\$30,000

Dislocations Non-surgical/Surgical Repair ²	Benefit
Hip Joint	\$3,850/\$7,700
Knee	\$2,400/\$4,800
Ankle or foot bone(s) (other than toes)	\$1,500/\$3,000
Shoulder	\$1,600/\$3,200
Elbow	\$1,100/\$2,200
Wrist	\$1,100/\$2,200
Finger/toe	\$275/\$550
Hand bone(s) (other than fingers)	\$1,100/\$2,200
Lower jaw	\$1,100/\$2,200
Collarbone	\$1,100/\$2,200
Partial dislocations: percentage of the non-surgical repair amount	25%

Fractures Non-Surgical/Surgical Repair ³	Benefit
Hip	\$3,000/\$6,000
Leg	\$2,500/\$5,000
Ankle	\$1,800/\$3,600
Kneecap	\$1,800/\$3,600
Foot (excluding toes, heel)	\$1,800/\$3,600
Upper arm	\$2,100/\$4,200
Forearm, Hand, Wrist (except fingers)	\$1,800/\$3,600
Finger, Toe	\$240/\$480
Vertebral Body	\$3,360/\$6,720
Vertebral Processes	\$1,440/\$2,880
Pelvis (except Coccyx)	\$3,200/\$6,400
Coccyx	\$400/\$800
Bones of the Face (except nose)	\$1,200/\$2,400
Nose	\$600/\$1,200
Upper jaw	\$1,500/\$3,000
Lower jaw	\$1,440/\$2,880
Collarbone	\$1,440/\$2,880
Rib or Ribs	\$400/\$800
Skull – Simple (except bones of the face)	\$1,400/\$2,800
Skull – Depressed (except bones of face)	\$3,000/\$6,000
Sternum	\$360/\$720
Shoulder Blade	\$1,800/\$3,600
Chip Fractures: percentage of the non-surgical reduction amount	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	\$100,000
Spouse	\$50,000
Children	\$25,000
Home Modification Benefit*	\$2,500
Vehicle Modification Benefit*	\$2,500

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.

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 reduces to 50% at age 65 and to 25% of the initial benefit amount at age 70.

*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 learn more about this benefit.

Refer to **The River** for additional information about this product and benefits.



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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