

Accident Insurance

Explore Your Benefits & Costs



Group Name: Intact Services USA LLC
Group Number: 643815
Class: All Eligible Employees

Cleaning the gutters. Yoga class. Soccer practice. Life offers plenty of opportunities for accidental injuries. When a covered accident happens, Accident Insurance can help. This document includes cost and benefit information for Accident Insurance. As you explore, keep in mind:



No medical questions or tests are required for Accident Insurance coverage.



Employees get an annual Wellness Benefit of \$50 for completing an eligible health screening test.



Benefit payments go directly to you. Use them how you'd like!

Accident Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like.** Choose this supplemental health insurance product to help pay for the out-of-pocket costs you may experience after 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.

ReliaStar Life Insurance Company
a member of the Voya® family of companies

PLAN | INVEST | PROTECT

VOYA
FINANCIAL

How much does it cost?

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$5.67	\$11.59	\$12.55	\$18.47

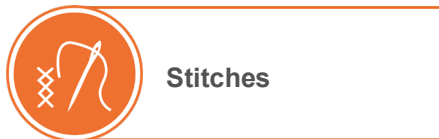
Spouse and Children coverage

Your spouse under the age of 70 will be covered for the same Accident benefits as you. "Spouse" may include domestic partners or civil union partners as defined by your employer's plan.

If you have coverage on yourself, your natural children, stepchildren, adopted children or children for whom you are legal guardian can be covered up to age 26. Your children will be covered for the same benefit amounts as you. One premium amount covers all of your eligible children.

What's covered?

Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. Some of the most common treatments and conditions we pay benefits for include:



Sample payment amounts

The amounts paid depend on the type of injury and care received. You may be required to seek care for your injury within a set amount of time and you may be required to be insured under the policy for a specified amount of time before benefits are payable. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance.

Event	Benefit
Emergency room treatment	\$180
Physical therapy (up to six per accident)	\$30
Stitches (for lacerations, up to 2")	\$60
Follow-up doctor treatment	\$60
Hospital admission	\$1,000
Hospital confinement (per day, up to 365 days)	\$250

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.

What else is included?

The Accident Insurance available through your employer also features the following:



**\$50 to use
however
you'd like**

Wellness Benefit

- Your annual benefit amount is \$50. Your spouse's benefit amount is \$50.
- The benefit for child coverage is 50% of your benefit amount per child, with an annual maximum of \$100 for all children.

For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Schedule of Benefits

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$1,200
Surgery exploratory or without repair	\$120
Blood, plasma, platelets	\$360
Hospital admission	\$1,000
Hospital confinement per day up to 365	\$250
Critical care unit confinement per day, up to 15 days	\$500
Rehabilitation facility confinement per day for 90 days	\$150
Coma duration of 14 or more days	\$6,000
Transportation per trip, up to three per accident	\$360
Lodging per day, up to 30 days	\$120
Family care per child, up to 45 days	\$25
Follow-up care	
Medical equipment	\$120
Physical therapy per treatment, up to six	\$30
Prosthetic device (one)	\$600
Prosthetic device (two or more)	\$1,200
Common injuries	
Burns second degree, at least 36% of the body	\$900
Burns third degree, at least nine but less than 35 square inches of the body	\$1,800
Burns third degree, 35 or more square inches of the body	\$12,000
Skin grafts	25% of the burn benefit
Emergency dental work while hospital confined	\$180 crown, \$60 extraction
Eye injury removal of foreign object	\$60
Eye injury surgery	\$240
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$120
Torn knee cartilage surgical repair	\$600
Laceration ¹ treated no sutures	\$30

Laceration ¹ sutures up to 2"	\$60
Laceration ¹ sutures 2" – 6"	\$240
Laceration ¹ sutures over 6"	\$480
Ruptured disk surgical repair	\$480
Tendon/ligament/rotator cuff one, surgical repair	\$480
Tendon/ligament/ rotator cuff two or more, surgical repair	\$720
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$120
Concussion	\$120
Paralysis quadriplegia	\$12,000
Paralysis paraplegia	\$6,000
Dislocations	Closed/open reduction²
Hip joint	\$2,400/\$4,800
Knee	\$1,200/\$2,400
Ankle or foot bone(s) other than toes	\$960/\$1,920
Shoulder	\$360/\$720
Elbow	\$360/\$720
Wrist	\$360/\$720
Finger/toe	\$120/\$240
Hand bone(s) other than fingers	\$360/\$720
Lower jaw	\$360/\$720
Collarbone	\$360/\$720
Partial dislocations	25% of the closed reduction amount
Fractures	Closed/open reduction³
Hip	\$1,800/\$3,600
Leg	\$960/\$1,920
Ankle	\$360/\$720
Kneecap	\$360/\$720
Foot excluding toes, heel	\$360/\$720
Upper arm	\$420/\$840
Forearm, hand, wrist except fingers	\$360/\$720
Finger, toe	\$60/\$120
Vertebral body	\$960/\$1,920
Vertebral processes	\$360/\$720
Pelvis except coccyx	\$960/\$1,920
Coccyx	\$240/\$480
Bones of face except nose	\$420/\$840
Nose	\$120/\$240
Upper jaw	\$420/\$840
Lower jaw	\$360/\$720
Collarbone	\$360/\$720
Rib or ribs	\$300/\$600
Skull – simple except bones of face	\$1,200/\$2,400
Skull – depressed except bones of face	\$3,000/\$6,000
Sternum	\$360/\$720
Shoulder blade	\$360/\$720
Chip fractures	25% of the closed reduction amount

Emergency care benefits	
Ground ambulance	\$120
Air ambulance	\$600
Emergency room treatment	\$180
Initial doctor visit	\$60
Follow-up doctor visit	\$60

¹ Laceration benefits are a total of all lacerations per accident.

² Closed Reduction of Dislocation = Non-surgical reduction of a completely separated joint. Open Reduction of Dislocation = Surgical reduction of a completely separated joint.

³ Closed Reduction of Fracture = Non-surgical. Open Reduction of Fracture = Surgical.

Exclusions and limitations

Exclusions for the Certificate are listed below. (These may vary by state.) 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 that occurs while on full-time 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 semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.
- Work for pay, profit or gain.

*Definition and limitations/exclusions may vary by state.



Ready to Enroll?

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

or go to <https://presents.voya.com/EBRC/IntactServices>

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-ACC2-POL-12; Certificate Form #RL-ACC2-CERT-12; and Rider Forms: Spouse Accident Rider Form #RL-ACC2-SPR-12, Children's Accident Rider Form #RL-ACC2-CHR-12, Wellness Benefit Rider Form #RL-ACC2-WELL-12, Off Job Accident Disability Income Rider form #RL-ACC2-DIR-12. Form numbers, provisions and availability may vary by state and employer's plan.

ACC1 Only

Acct #0001 Date Prepared: 09/23/2022

©2021 Voya Services Company. All rights reserved. 1523685

213581-05012021