

Accident Insurance

Explore Your Benefits & Costs

Group Number: 738492

FLEXIBLE
BENEFITS
FOR YOU



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



Coverage is always
Guaranteed Issue



Simplified claims process has
limited paperwork and can be
submitted/tracked online.



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 coverage product to lessen the financial impact of 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.

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How much does it cost?

This table shows your rates for Accident Insurance.

Monthly Rates ¹			
Employee	Employee and Spouse ²	Employee and Children ³	Family
\$6.45	\$12.89	\$13.86	\$20.30

¹Rates do not include any administrative fee.

²Spouse² may include domestic partners or civil union partners as defined by your employer's plan.

³Children birth to age 26; no limit to the number of children per family.

What's covered?

Accident Insurance 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. Some of the specific covered treatments and conditions we pay benefits for include those shown below. For a complete description of your available benefits, exclusions and limitations, see your certificate of coverage and any applicable riders.



Sample payment amounts

If one of these events happens to you, and your claim is approved, you'd receive a benefit payment in the amount listed below. Use it however you'd like.

Accident-related treatment	Benefit
Emergency room treatment	\$150
X-ray	\$50
Physical Therapy (up to 6 per accident)	\$125
Stitches (for lacerations, up to 2")	\$50
Follow-up doctor treatment	\$35
Hospital admission	\$1,000
Hospital confinement (per day, up to 365 days)	\$250

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

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

When is my coverage effective?

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If you elect coverage during Open Enrollment, it becomes effective on January 1, 2024. Coverage for your spouse and/or children becomes effective on the same date as yours.

For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions, and limitations, see your certificate of coverage and any applicable riders.

What else is included?

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

 <p>Receive \$60 to use however you'd like</p>	<p>Wellness Benefit Complete an eligible health screening test, and we'll send you a benefit payment.</p> <ul style="list-style-type: none">• Employee's benefit amount is \$60.• Spouse's benefit amount is \$60.• Children receive 100% of your benefit amount per child, with no annual maximum.
 <p>Take your coverage with you</p>	<p>Portability If you are in a situation where you will lose eligibility for benefits, such as reduced hours, termination, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.</p>

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 coverage and any applicable riders.

Additional non-insurance service(s)

<p>Access support next time you travel</p>	<p>Voya Travel Assistance</p> <p>Being in an unfamiliar place can cause stress, especially if something goes wrong. 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, travel assistance services such as pre-trip and cultural information, security services and accessible technology.</p> <p><i>Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.</i></p>
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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.

- ✓ **Your coverage includes a Sport Accident Benefit.** This means that if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the accident hospital care, accident care or common injuries sections below will be increased by 25%; to a maximum additional benefit of \$1,000.

Event	Benefit
Accident hospital care	
Surgery (open abdominal, thoracic)	\$1,000
Surgery (exploratory or without repair)	\$250
Blood, Plasma, Platelets	\$200
Hospital Admission (per day up to 365)	\$1,000
Hospital Confinement	\$250
Intensive Care Unit Confinement (per day up to 15 days)	\$500
Rehabilitation Facility Confinement (per day up to 90 days)	\$150
Coma (duration of 14 or more days)	\$10,000
Transportation (per trip up to 3 per accident)	\$300
Lodging (per day to 30 days)	\$100
Accident care	
Initial Doctor Visit	\$150
Urgent Care Facility Treatment	\$150
Emergency Room Visit	\$150
Ground Ambulance	\$200
Air Ambulance	\$1,500
Follow up Treatment	\$35
Medical Equipment	\$100
Physical Therapy (per treatment up to 6)	\$50
Occupational & Speech Therapy	\$50
Prosthetic Device (one)	\$500
Prosthetic Device (two or more)	\$1,000
Major Diagnostic exams	\$200
X-ray	\$50
Common injuries	
Burns (2nd degree, at least 36% of body)	\$1,000
Burns (3rd degree, at least 9 but less than 35 sq in of body)	\$7,000
Burns (3rd degree, 35 or more sq in of body)	\$10,000
Skin Grafts	\$50% of burn benefit
Emergency Dental Work (Crown)	\$150
Emergency Dental Work (Extraction)	\$50
Eye Injury (removal of foreign object)	\$50
Eye Injury (surgery)	\$250

Event	Benefit
Torn Knee Cartilage (surgery with no repair or if cartilage is shaved)	\$150
Torn Knee Cartilage (surgical repair)	\$400
Laceration* (treated – no sutures)	\$25
Laceration* (sutures up to 2")	\$50
Laceration* (sutures 2" to 6")	\$200
Laceration* (sutures over 6")	\$200
Ruptured Disk (surgical repair)	\$400
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$275
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$400
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$800
Concussion	\$200
Paralysis (paraplegia)	\$5,000
Paralysis (quadriplegia)	\$10,000
Dislocations	Non-surgical/ surgical repair²
Hip joint	\$3,600 / \$7,200
Knee	\$2,600 / \$5,200
Ankle or foot bone(s) other than toes	\$1,600 / \$3,200
Shoulder	\$2,000 / \$4,000
Elbow	\$800 / \$1,600
Wrist	\$1,000 / \$2,000
Finger/toe	\$320 / \$640
Hand bone(s) other than fingers	\$1,400 / \$2,800
Lower jaw	\$1,200 / \$2,400
Collarbone	\$750 / \$1,500
Partial dislocations	25% of the closed reduction amount
Fractures	Non-surgical/ surgical repair³
Hip	\$4,500 / \$9,000
Leg	\$2,700 / \$ 5,400
Ankle	\$2,250 / \$ 4,500
Kneecap	\$2,250 / \$ 4,500
Foot excluding toes, heel	\$2,250 / \$ 4,500
Upper arm	\$1,575 / \$ 3,150
Forearm, hand, wrist except fingers	\$2,250 / \$4,500
Finger, toe	\$360 / \$720
Vertebral body	\$4,050 / \$8,100
Vertebral processes	\$900 / \$1,800
Pelvis except coccyx	\$3,600 / \$7,200
Coccyx	\$360 / \$720
Bones of face except nose	\$1,350 / \$2,700
Nose	\$400 / \$800
Upper jaw	\$1,575 / \$3,150
Lower jaw	\$1,800 / \$3,600
Collarbone	\$1,800 / \$3,600

Event	Benefit
Rib or ribs	\$360 / \$720
Skull – simple except bones of face	\$1,575 / \$3,150
Skull – depressed except bones of face	\$3,375 / \$6,750
Sternum	\$300 / \$600
Shoulder blade	\$1,800 / \$3,600
Chip fractures	25% of the closed reduction amount

*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.”

Accidental Death & Dismemberment

Your coverage also includes Accidental Death & Dismemberment benefits. This means that if you are severely injured or pass away due to an accident, additional benefits may apply. See the chart below for more details. A “common carrier” is commercial transportation that operates on a regular schedule, between predetermined points or cities (such as a bus or airline route).

	Benefit
Accidental Death Benefits	
Common carrier accident	
Employee	\$85,000
Spouse	\$40,000
Children	\$20,000
Other accident	
Employee	\$40,000
Spouse	\$15,000
Children	\$8,000
Accidental Dismemberment Benefits	
Loss of both hand or both feet or sight in both eyes	\$24,000
Loss of one hand or one foot AND the sight of one eye	\$18,000
Loss of one hand AND one foot	\$18,000
Loss of one hand OR one foot	\$10,000
Loss of two or more fingers or toes	\$1,500
Loss of one finger or one toe	\$1,000

Catastrophic Accident

Your coverage also includes Catastrophic Accident benefits. This means that if you are severely injured in a covered accident, you may receive an additional benefit payment. Note that you will be eligible to receive this benefit payment 365 days after the covered accident. A catastrophic accident leads to the 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.

	Benefit
Catastrophic Accident Benefits	
Employee	\$100,000
Spouse	\$50,000
Children	\$25,000
Home Modification Benefit	\$2,500
Vehicle Modification Benefit	\$2,500

Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and 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 coverage and any applicable riders.

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 is not payable if the covered person is in a coma at the end of the 365-day period following a covered accident.
- The catastrophic accident benefit reduces to 50% at age 65 and to 25% of the initial benefit amount at age 70.

A pre-existing condition means a sickness which, within a designated period prior to the Sickness Hospital Confinement coverage effective date or any increase in coverage for each covered person, resulted in the covered person receiving medical treatment, consultation, care or services (including diagnostic measures). **There are no pre-existing condition limitations on this coverage.** For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.



Questions?

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

- For questions related to enrollment you can call the **GaBreeze Benefits Center** at 877-342-7339
- For questions related to the Voya products you can call the **Voya Employee Benefits Customer Service** at 844-262-6042 or visit Voya's Employee Benefit Resource Center at <https://presents.voya.com/EBRC/stateofgeorgia>

Please Note: You are responsible for electing the benefits you want by either:

- Entering elections on the GaBreeze website, www.GaBreeze.ga.gov, or
- Calling the GaBreeze Benefits Center at 877-342-7339

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. Form numbers, provisions and availability may vary by state and employer's plan.

ACC2 Only

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