

Accident Insurance

Explore Your Benefits & Costs



Group Name: Columbus Metropolitan Library
Group Number: 731129
Eligibility: Actively at Work Employees, working at least 20 hours per week
Paid by: 100% Employee paid

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:



No medical questions or tests are required for Accident 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 for added protection if one of the following covered conditions comes your way.

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.

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.






Bi-Weekly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$2.10	\$4.19	\$4.50	\$6.59

Your spouse 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:

 ER treatment	 X-rays	 Physical therapy
 Stitches	 Follow-up doctor treatment(s)	

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 or occupational therapy (up to six per accident)	\$30
Stitches (for lacerations, up to 2")	\$40
Follow-up doctor treatment	\$60
Hospital admission	\$1,000
Hospital confinement (per day, up to 365 days)	\$225



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

Wellness Benefit

- Complete an eligible health screening test (such as an annual physical) and receive a benefit payment.
- 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.

Additional non-insurance service(s)

Access **extra support** next time you travel

Voya Travel Assistance

When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.

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	\$800
Surgery exploratory or without repair	\$125
Blood, plasma, platelets	\$400
Hospital admission	\$1,000
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	\$125
Coma duration of 14 or more days	\$11,500
Transportation per trip, up to three per accident	\$500
Lodging per day, up to 30 days	\$120
Accident care	
Initial doctor visit	\$60
Emergency room treatment	\$150
Ground ambulance	\$240
Air ambulance	\$1,000

Follow-up doctor treatment	\$60
Medical equipment	\$75
Physical or occupational therapy up to six per accident	\$30
Speech therapy up to 6 per accident	\$30
Prosthetic device (one)	\$500
Prosthetic device (two or more)	\$800
Major diagnostic exam	\$125
X-ray	\$50
Common injuries	
Burns second degree, at least 36% of the body	\$1,000
Burns third degree, at least nine but less than 35 square inches of the body	\$4,500
Burns third degree, 35 or more square inches of the body	\$10,000
Skin grafts	50%
Emergency dental work: crown	\$250
Extraction	\$60
Eye injury removal of foreign object	\$60
Eye injury surgery	\$225
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$150
Torn knee cartilage surgical repair	\$500
Laceration ¹ treated no sutures	\$20
Laceration ¹ sutures up to 2"	\$40
Laceration ¹ sutures 2" – 6"	\$160
Laceration ¹ sutures over 6"	\$320
Ruptured disk surgical repair	\$500
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$275
Tendon/ligament/rotator cuff one, surgical repair	\$550
Tendon/ligament/rotator cuff two or more, surgical repair	\$800
Concussion	\$150
Paralysis - paraplegia	\$10,750
Paralysis - quadriplegia	\$16,000
Dislocations	
	Closed/open reduction²
Hip joint	\$2,550/\$5,100
Knee	\$1,600/\$3,200
Ankle or foot bone(s) other than toes	\$1,000/\$2,000
Shoulder	\$1,000/\$2,000
Elbow	\$750/\$1,500
Wrist	\$750/\$1,500
Finger/toe	\$175/\$350
Hand bone(s) other than fingers	\$750/\$1,500
Lower jaw	\$750/\$1,500
Collarbone	\$750/\$1,500
Partial dislocations	25% of the closed reduction amount
Fractures	
	Closed/open reduction³
Hip	\$2,000/\$4,000
Leg	\$1,500/\$3,000

Ankle	\$1,200/\$2,400
Kneecap	\$1,200/\$2,400
Foot excluding toes, heel	\$1,200/\$2,400
Upper arm	\$1,400/\$2,800
Forearm, hand, wrist except fingers	\$1,200/\$2,400
Finger, toe	\$160/\$320
Vertebral body	\$2,240/\$4,480
Vertebral processes	\$960/\$1,920
Pelvis except coccyx	\$2,250/\$4,500
Coccyx	\$200/\$400
Bones of face except nose	\$800/\$1,600
Nose	\$400/\$800
Upper jaw	\$1,000/\$2,000
Lower jaw	\$960/\$1,920
Collarbone	\$960/\$1,920
Rib or ribs	\$300/\$600
Skull – simple except bones of face	\$1,000/\$2,000
Skull – depressed except bones of face	\$2,000/\$4,000
Sternum	\$240/\$480
Shoulder blade	\$1,200/\$2,400
Chip fractures	25% of the closed reduction amount

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

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.

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.

*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://present.voya.com/EBRC/CML>

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.

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ACC2 Only

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