Accident Insurance

Explore Your Benefits & Costs

ECU HEALTH

Group Name: ECU Health
Group Number: 722677
Class: Full-time or Part-time Team Member of a Participating Employer, Actively at Work, and assigned to a payroll classification of 0.5 FTE or higher by your Participating Employer

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.

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 and a fee for Voya Travel Assistance.

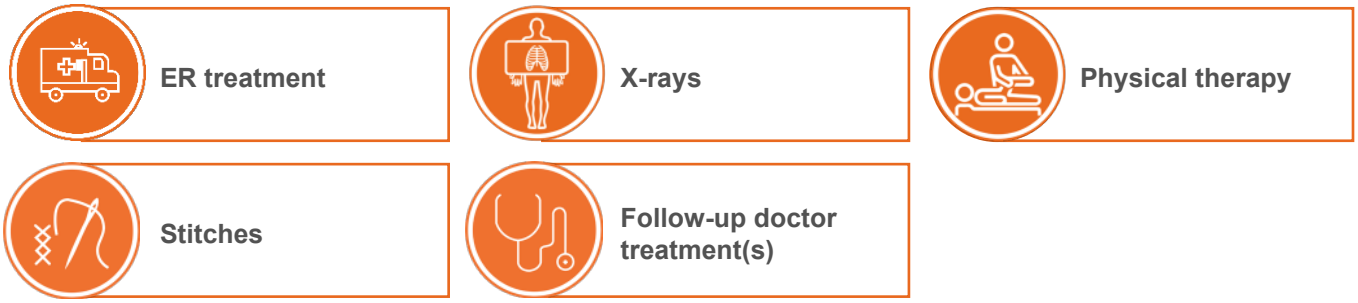
Bi-Weekly Rates (26 Pay Periods)			
Employee	Employee and Spouse	Employee and Children	Family
$3.44	$6.00	$7.13	$9.68

Your spouse will be covered for the same Accident benefits as you. If your Spouse is covered under the Policy as an Employee, then your Spouse is not eligible for coverage under this rider.

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. To be eligible, the accident must happen outside of work. Some of the most common treatments and conditions we pay benefits for include:



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	Benefit
Emergency room treatment		$225
X-ray		$90
Physical or occupational therapy (up to six per accident)		$60
Stitches (for lacerations, up to 2")		$90
Follow-up doctor treatment		$100
Hospital admission		$1,550
Hospital confinement (per day, up to 365 days)		$275

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** ▪ 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, with an annual maximum of $100 for all children.
Keep coverage during a leave of absence	**Continuation of Insurance** Continuation allows you to maintain your current Accident Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.

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.

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.

- ✓ **Your coverage includes a Health System Benefit.** This means that if the services for your covered accident are provided at a facility that is owned by your employer/organization, the benefit amounts listed 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	$1,500
Surgery exploratory or without repair	$200
Blood, plasma, platelets	$500
Hospital admission	$1,550
Hospital confinement per day, up to 365 days	$275
Critical care unit confinement per day, up to 15 days	$450
Rehabilitation facility confinement per day, up to 90 days	$200
Coma duration of 14 or more days	$18,500
Transportation per trip, up to three per accident	$650
Lodging per day, up to 30 days	$200
Accident care	
Initial doctor visit	$100
Urgent care facility treatment	$225
Emergency room treatment	$225
Ground ambulance	$400
Air ambulance	$2,000
Follow-up doctor treatment	$100
Medical equipment	$250
Physical or occupational therapy up to six per accident	$60
Speech therapy up to 6 per accident	$60
Prosthetic device (one)	$1,250
Prosthetic device (two or more)	$2,000
Major diagnostic exam	$250
Outpatient surgery (one per accident)	$250
X-ray	$90
Common injuries	
Burns second degree, at least 36% of the body	$1,500
Burns third degree, at least nine but less than 35 square inches of the body	$8,500
Burns third degree, 35 or more square inches of the body	$20,000
Skin grafts	50% of the burn benefit
Emergency dental work: crown	$400
Extraction	$125
Eye injury removal of foreign object	$110
Eye injury surgery	$400
Torn knee cartilage surgery with no repair or if cartilage is shaved	$250
Torn knee cartilage surgical repair	$900
Laceration[1] treated no sutures	$50
Laceration[1] sutures up to 2”	$90
Laceration[1] sutures 2” – 6”	$350
Laceration[1] sutures over 6”	$750
Ruptured disk surgical repair	$900

Event	Benefit
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	$600
Tendon/ligament/rotator cuff one, surgical repair	$925
Tendon/ligament/rotator cuff two or more, surgical repair	$1,400
Concussion	$250
Paralysis - paraplegia	$18,000
Paralysis - quadriplegia	$27,000
Dislocations	**Non-surgical/ surgical repair[2]**
Hip joint	$4,000/$8,000
Knee	$2,500/$5,000
Ankle or foot bone(s) other than toes	$1,700/$3,400
Shoulder	$2,000/$4,000
Elbow	$1,250/$2,500
Wrist	$1,250/$2,500
Finger/toe	$300/$600
Hand bone(s) other than fingers	$1,250/$2,500
Lower jaw	$1,250/$2,500
Collarbone	$1,250/$2,500
Partial dislocations	25% of the non-surgical repair amount
Fractures	**Non-surgical/ surgical repair[3]**
Hip	$5,000/10,000
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	$2,400/$4,800
Forearm, hand, wrist except fingers	$2,250/$4,500
Finger, toe	$300/$600
Vertebral body	$4,000/$8,000
Vertebral processes	$1,750/$3,500
Pelvis except coccyx	$3,500/$7,000
Coccyx	$450/$900
Bones of face except nose	$1,300/$2,600
Nose	$650/$1,300
Upper jaw	$1,600/$3,200
Lower jaw	$1,750/$3,500
Collarbone	$1,750/$3,500
Rib or ribs	$450/$900
Skull – simple except bones of face	$1,500/$3,000
Skull – depressed except bones of face	$4,000/$8,000
Sternum	$400/$800
Shoulder blade	$2,250/$4,500
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."

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.
- 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/VidantHealth

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.

1222304

ACC2 Only

Date Prepared: 08/16/2022

212309-08152020