













#### What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs while you are not at work, on or after your coverage effective date. The benefit amount depends on the type of injury and care received. You have the option to elect Accident Insurance to meet your needs. 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.

#### **Features of Accident Insurance include:**

- **Guaranteed issue:** No medical questions or tests are required for coverage.
- Flexible: You can use the benefit payments for any purpose you like.
- Portable: If you leave your current employer or retire, you can take your coverage with you.

#### **How can Accident Insurance help?**

Below are a few examples of how your Accident Insurance benefits could be used:

- Medical expenses, such as deductibles and copays
- Home healthcare costs
- Lost income due to lost time at work
- Everyday expenses like utilities and groceries

#### Who is eligible for Accident Insurance?

- You All active employees working 30+ hours per week.
- **Your spouse**\* If you have coverage on yourself, you may enroll your spouse, as long as your spouse is not covered under your employer's plan as an employee. Your spouse will be covered for the same Accident benefits as you are.
- Your children\*\* If you have coverage on yourself; your natural children, stepchildren, adopted children or children for whom you are a legal guardian; are eligible to be covered under your employer's plan, up to the age of 26. Your children will be covered for the same Accident benefits as you are, and one premium amount covers all of your eligible children. If both you and your spouse are covered under this policy as an employee, then only one, but not both, may cover the same children for Accident Insurance. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children's coverage.

#### How to use the benefit

Once enrolled, you will receive a coverage summary notice from Voya in the mail that will contain helpful information about the products you enrolled in, as well as information on how to file a claim at www.voya.com/claims. For a complete description of benefits, exclusions and limitations, see your certificate of insurance and any riders at https://presents.voya.com/EBRC/grahampackaging (available after the plan effective date).

For more information, contact the Graham Benefits Center at 877-345-2232 or go online to <u>gpcbenefits.com</u> to view the Advantage Benefits Plans page.



<sup>\*</sup>The use of "spouse" in this document means a person insured as a spouse as described in the applicable rider. This may include domestic partners or civil union partners as defined by the employer's plan. Please contact your employer for more information.

<sup>\*\*</sup>The definition of "child" may vary by state. Please contact your employer for more information

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#### When is my coverage effective?

#### **Annual enrollment**

- Your coverage becomes effective on January 1 following the election of coverage.
- Coverage for your spouse and/or children becomes effective on the same date as your coverage.

#### **New hires**

- If you elect employee-paid coverage, that coverage becomes effective at 12:01 a.m. on the date you are eligible for coverage.
- Coverage for your spouse and/or children becomes effective on the same date as your coverage.

#### **Qualifying life events**

You can also elect or change coverage if you have a qualifying life event, such as getting married or having a child. Coverage due to a qualifying life event becomes effective the day of the qualifying event.

#### What accident benefits are available?

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. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders at presents.voya.com/EBRC/grahampackaging (available after the plan effective date).

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$1,000
Surgery exploratory or without repair	\$140
Blood, plasma, platelets	\$500
Hospital admission per accident	\$1,500
Hospital confinement per day, up to 365 days	\$250
Critical care unit confinement per day, up to 15 days	\$400
Rehabilitation facility confinement per day, up to 90 days	\$150
Coma duration of 14 or more days	\$14,500
<b>Transportation</b> per trip, up to three per accident	\$650
<b>Lodging</b> per day, up to 30 days	\$150
Accident care	
Initial doctor visit	\$90
Emergency room and urgent care facility	\$225
Ground ambulance	\$300
Air ambulance	\$1,250
Follow-up doctor treatment	\$90
Medical equipment	\$125
Physical or occupational therapy up to six per treatment	\$40
Speech therapy up to six per accident	\$40
Prosthetic device (one)	\$625
Prosthetic device (two or more)	\$1,000
Major diagnostic exam	\$200
X-ray	\$60

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Event	Benefit
Common injuries	
Burns second degree, at least 36% of the body	\$1,125
<b>Burns</b> third degree, at least nine but less than 35 square inches of the body	\$6,000
<b>Burns</b> third degree, 35 or more square inches of the body	\$12,500
Skin grafts	50% of the burn benefit
Emergency dental work	\$300 crown, \$75 extraction
Eye injury removal of foreign object	\$80
Eye injury surgery	\$275
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$175
Torn knee cartilage surgical repair	\$650
Laceration¹ treated no sutures	\$25
Laceration¹ sutures up to 2"	\$50
Laceration¹ sutures 2" – 6"	\$200
Laceration¹ sutures over 6"	\$400
Ruptured disk surgical repair	\$650
<b>Tendon/ligament/rotator cuff</b> exploratory arthroscopic surgery with no repair exploratory arthroscopic surgery with no repair	\$350
Tendon/ligament/rotator cuff one, surgical repair	\$675
Tendon/ligament/rotator cuff two or more, surgical repair	\$1,000
Concussion	\$175
Paralysis - paraplegia	\$13,500
Paralysis - quadriplegia	\$20,000
Dislocations	Closed/open reduction <sup>2</sup>
Hip joint	\$3,200/\$6,400
Knee	\$2,000/\$4,000
Ankle or foot bone(s) other than toes	\$1,200/\$2,400
Shoulder	\$1,500/\$3,000
Elbow	\$900/\$1,800
Wrist	\$900/\$1,800
Finger/toe	\$250/\$500
Hand bone(s) other than fingers	\$900/\$1,800
Lower jaw	\$900/\$1,800
Collarbone	\$900/\$1,800
Partial dislocations	25% of the closed reduction amount

# ACCIDENT INSURANCE Employee















Event	Benefit
Fractures	Closed/open reduction <sup>3</sup>
Hip	\$2,500/\$5,000
Leg	\$1,800/\$3,600
Ankle	\$1,500/\$3,000
Kneecap	\$1,500/\$3,000
Foot excluding toes, heel	\$1,500/\$3,000
Upper arm	\$ 1,750/\$3,500
Forearm, hand, wrist except fingers	\$1,500/\$3,000
Finger, toe	\$200/\$400
Vertebral body	\$2,800/\$5,600
Vertebral processes	\$1,200/\$2,400
Pelvis except coccyx	\$2,750/\$5,500
Соссух	\$300/\$600
Bones of face except nose	\$1,000/\$2,000
Nose	\$500/\$1,000
Upper jaw	\$1,250/\$2,500
Lower jaw	\$1,200/\$2,400
Collarbone	\$1,200/\$2,400
Rib or ribs	\$350/\$700
Skull – simple except bones of face	\$1,250/\$2,500
Skull – depressed except bones of face	\$2,500/\$5,000
Sternum	\$300/\$600
Shoulder blade	\$1,500/\$3,000
Chip fractures	25% of the closed reduction amount

<sup>&</sup>lt;sup>1</sup>Laceration benefits are a total of all lacerations per accident.

<sup>&</sup>lt;sup>2</sup>Closed reduction of dislocation = Non-surgical reduction of a completely separated joint. Open reduction of dislocation = Surgical reduction of a completely separated joint.

<sup>&</sup>lt;sup>3</sup>Closed reduction of fracture = Non-surgical. Open reduction of fracture = Surgical.

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#### What does my Accident Insurance include?

The benefits listed below are included with your Accident Insurance coverage. 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 at presents.voya.com/EBRC/grahampackaging (available after the plan effective date).

• **Sports Accident Benefit:** If your accident occurs while participating in an organized sporting activity as defined in the certificate, the accident hospital care, accident care or common injuries benefit will be increased by 50%, to a maximum additional benefit of \$1,000.

#### Are there additional non-insurance services available?

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 International Medical Group, Inc., of Indianapolis, IN.

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#### **Exclusions and Limitations\***

Exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance 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 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.

\*See the certificate and any riders for a complete description of benefits, exclusions and limitations at presents.voya.com/EBRC/grahampackaging (available after the plan effective date).

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. Form numbers, provisions and availability may vary by state and employer's plan. 1343689

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