

# Accident Insurance

Explore Your Benefits & Costs



## HEARST benefits

Group Name: Hearst  
Group Number: 739545

**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 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 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?

You have the option to elect supplemental Accident Insurance to meet your needs.

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Coverage Type	Bi-Weekly Rates	Coverage Type	Bi-Weekly Rates
Employee	\$1.71	Employee	\$2.58
Employee + Spouse	\$3.42	Employee + Spouse	\$5.16
Employee + Children	\$3.68	Employee + Children	\$5.55
Family	\$5.40	Family	\$8.13

## 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 insurance and any riders.



ER treatment



X-ray



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	Low	High
Emergency room treatment	\$225	\$275
X-ray	\$50	\$75
Physical Therapy (up to 10 per accident)	\$30	\$50
Stitches (sutures for lacerations, up to 2")	\$40	\$60
Follow-up doctor treatment	\$50	\$100
Hospital admission	\$1,000	\$2,000
Hospital confinement (per day, up to 365 days)	\$100	\$200

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

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

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## When is my coverage effective?

### Open Enrollment

Your coverage becomes effective on January 1, 2024, following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage, if elected.

### New Hires:

- Coverage becomes effective at 12:01 AM on the latest of the following:
  - The date you are eligible for coverage.
  - The first day of the month following the date you return to active employment if you are not in active employment when your coverage would otherwise become effective.

If you have coverage on yourself, your spouse can be covered. 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 your spouse is covered as an employee under the policy, they are not eligible to be covered under the Spouse 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. 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.]

## What else is included?

The Accident Insurance available through your employer also features the following additional benefits. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.



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

### Wellness Benefit

The Wellness Benefit provides an annual benefit if you complete a covered health screening test whether or not there is any out-of-pocket cost to you.

- Employees benefit amount is \$50. Spouse's benefit amount is \$50.
- Children receive 100% of your benefit amount per child, with no annual maximum 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.



**Take your  
coverage  
with you.**

### **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.

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 **support**  
next time  
you travel

### **Voya Travel Assistance**

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.

*Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.*

## 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. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

- ✓ **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 will be increased by 25%; to a maximum additional benefit of \$1,000.

Event	Low	High
<b>Accident Hospital Care</b>		
Surgery (open abdominal, thoracic)	\$100	\$1,500
Surgery (exploratory or without repair)	\$100	\$150
General Anesthesia	\$100	\$200
Blood, Plasma, Platelets	\$300	\$400
Hospital Admission	\$1,000	\$2,000
Hospital Confinement (per day, up to 365 days)	\$100	\$200
Critical Care Unit (CCU) Admission	\$1,000	\$2,000
Critical Care Unit Confinement (per day up to 30 days)	\$200	\$400
Rehabilitation Facility Confinement (per day up to 90 days)	\$75	\$150
Observation Unit Stay	\$100	\$200
Induced Coma (up to 14 days)	\$100	\$150
Non-Induced Coma (duration of 14 or more days)	\$5,000	\$7,500
Transportation (per trip up to 3 per accident)	\$200	\$300
Lodging (per day up to 30 days)	\$120	\$180
Pet Boarding	\$15	\$20
<b>Accident Care</b>		
Initial Doctor Visit	\$60	\$100
Urgent Care Facility Treatment	\$150	\$225
Emergency Room Treatment	\$225	\$275

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Event	Low	High
Ground Ambulance	\$250	\$300
Air ambulance	\$750	\$1,000
Follow-up Doctor Treatment	\$50	\$100
Home Health Care	\$50	\$75
Outpatient IV Infusion Therapy	200	300
Chiropractic Treatment (up to 6 per accident)	\$30	\$50
Prescription Medicine	\$10	\$15
Medical Equipment	\$500	\$750
Physical or Occupational Therapy (per treatment up to 10)	\$30	\$50
Speech Therapy (per treatment up to 10)	\$30	\$50
Mental Health Therapy (per treatment up to 10)	\$30	\$50
Prosthetic Device (one)	\$500	\$750
Prosthetic Device (two or more)	\$100	\$1,500

Major Diagnostic Exams **\$125** **\$275**

CT (computerized tomography) or CAT scan (computerized axial tomography)  
MRI (magnetic resource imaging)  
PET (positron emission tomography) scan  
Ultrasound

Outpatient Surgery \$225 (Low) \$300 (High)  
X-ray \$50 (Low) \$75 (High)  
Lab Services \$50 (Low) \$75 (High)

### Common Injuries

Burns (2 <sup>nd</sup> degree, at least 36% of body)	\$1,000	\$1,250
Burns (3 <sup>rd</sup> degree, at least 2% but less than 4% of the total body surface area)	\$4,500	\$7,500
Burns (3 <sup>rd</sup> degree, 4% or more of the total body surface area)	\$10,000	\$15,000
Skin Grafts	50%	50%
Emergency Dental Work (Crown)	\$150	\$200
Emergency Dental Work (Extraction)	\$60	\$100

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Eye Injury (removal of foreign object)	\$200	\$300
Eye Injury (surgery)	\$225	\$350
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	\$150	\$225
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	\$500	\$800
Laceration <sup>1</sup> (treated - no sutures)	\$25	\$50
Laceration <sup>1</sup> (sutures up to 2")	\$40	\$60
Laceration <sup>1</sup> (sutures 2" to 6")	\$160	\$240
Laceration <sup>1</sup> (sutures over 6")	\$250	\$480
Puncture Wound <sup>1</sup>	\$25	\$50
Ruptured Disk (surgical repair)	\$500	\$800
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$275	\$425
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$550	\$825
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$800	\$1,225
Concussion	\$200	\$300
Traumatic Brain Injury	\$1,250	\$1,750
Paralysis (monoplegia)	\$5,000	\$10,000
Paralysis (hemiplegia)	\$10,000	\$15,000
Paralysis (paraplegia)	\$12,000	\$16,000
Paralysis (quadriplegia)	\$16,000	\$24,000

**Dislocations Complete<sup>2</sup>/Complete Requiring Surgical Repair<sup>3</sup>**

	Level 1	Level 3
Hip Joint	\$2,550/\$5,100	\$4,000/\$8,000
Knee	\$1,600/\$3,200	\$2,400/\$4,800
Ankle or foot bone(s) (other than toes)	\$1,000/\$2,000	\$1,500/\$3,000

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Shoulder	\$1,000/\$2,000	\$1,600/\$3,200
Elbow	\$750/\$1,500	\$1,100/\$2,200
Wrist	\$750/\$1,500	\$1,100/\$2,200
Finger/toe	\$175/\$350	\$275/\$550
Hand bone(s) (other than fingers)	\$750/\$1,500	\$1,100/\$2,200
Lower jaw	\$750/\$1,500	\$1,100/\$2,200
Collarbone	\$750/\$1,500	\$1,100/\$2,200
Incomplete dislocations: % of the complete amount	25%	25%

**Fractures Non Surgical Repair  
Fracture<sup>4</sup>/Fracture Requiring Surgical Repair<sup>5</sup>**

	Level 1	Level 3
Hip	\$2,000/\$4,000	\$4,000/\$8,000
Leg	\$1,500/\$3,000	\$2,500/\$5,000
Ankle	\$1,200/\$2,400	\$1,800/\$3,600
Heel	\$1,200/\$2,400	\$1,800/\$3,600
Kneecap	\$1,200/\$2,400	\$1,800/\$3,600
Foot (excluding toes, heel)	\$1,200/\$2,400	\$1,800/\$3,600
Upper arm	\$1,400/\$2,800	\$2,100/\$4,200
Forearm, hand, wrist (except fingers)	\$1,200/\$2,400	\$1,800/\$3,600
Finger, Toe	\$160/\$320	\$240/\$480
Vertebral body	\$2,240/\$4,480	\$3,360/\$6,720
Vertebral processes	\$960/\$1,920	\$1,440/\$2,880
Pelvis (except coccyx)	\$2,250/\$4,500	\$3,200/\$6,400
Coccyx	\$200/\$400	\$400/\$800
Bones of the face (except nose)	\$800/\$1,600	\$1,200/\$2,400
Nose	\$400/\$800	\$600/\$1,200
Upper jaw	\$1,000/\$2,000	\$1,500/\$3,000
Lower jaw	\$960/\$1,920	\$1,440/\$2,880
Collarbone	\$960/\$1,920	\$1,440/\$2,880
Rib	\$300/\$600	\$400/\$800
Skull – Simple (except bones of the face)	\$1,000/\$2,000	\$1,400/\$2,800
Skull – Depressed (except bones of face)	\$2,000/\$4,000	\$3,000/\$6,000
Sternum	\$240/\$480	\$360/\$720
Shoulder blade	\$1,200/\$2,400	\$1,800/\$3,600

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Chip Fractures: % of  
the Non-Surgical  
Repair

25%

25%

<sup>1</sup>Laceration benefits are a total of all lacerations per accident. Payable once per covered accident. If your injury qualifies as both a laceration and puncture wound, only one benefit in the higher amount will be payable.

<sup>2</sup>Complete separated joint that does not require a surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

<sup>3</sup>Completely separated joint that requires surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

<sup>4</sup>Fracture that does not require a surgical repair. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

<sup>5</sup>Fracture that does require surgical repair. If the doctor diagnoses the fracture as a chip fracture, the benefit will be reduced to a percentage of what would have been paid for a Non-Surgical Repair Fracture of the same bone. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

## Catastrophic Accident

Your coverage also includes Catastrophic Accident benefits. This means that if you are severely injured in a covered accident, you may receive a benefit payment in the amount shown below. 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,
- the ability to speak.

This coverage also includes a Home Modification Benefit Vehicle Modification Benefit. This pays the amount shown below if the covered person requires modifications due to losses for which benefits are paid under this Rider. Modifications must be prescribed in writing by a doctor.

	Benefit
<b>Catastrophic Accident Benefits</b>	
Employee	\$80,000
Spouse	\$40,000
Children	\$20,000
Home Modification Benefit	\$1,250
Vehicle Modification Benefit	\$1,250

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## 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.

Exclusions and limitations for Catastrophic Accident coverage (may vary by state) are the same as the exclusions in the Certificate.

### Pre-existing Condition Limitation

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.

\*Definition and limitations/exclusions may vary by state.



### Questions?

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

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-2-23; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR2-23, Children's Accident Rider Form #RL-ACC3-CHR2-23, Wellness Benefit Rider Form #RL-ACC3-WELL2-23, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR2-23, Catastrophic Accident Rider Form #RL-ACC3-CAR2-23, 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, Absence from Employment Premium Waiver Rider form #RL-ACC3-AEPW-23; Continuation of Insurance Rider form #RL-ACC3-CNT2-23. Form numbers, provisions and availability may vary by state and employer's plan.

**ACC2.3 Only**

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