

Accident Insurance

Explore Your Benefits & Costs



Group Name: Columbus State Community College
Group Number: 745359
Class: Active Full-Time Employees

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 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.

ReliaStar Life Insurance Company
a member of the Voya® family of companies

PLAN | INVEST | PROTECT



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.






Low Plan Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$3.34	\$5.71	\$7.01	\$9.38
High Plan Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$6.14	\$11.89	\$12.71	\$18.46

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 your eligible children. Your children will be covered for the same Accident benefits as you are and one premium amount covers all 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's covered?

Accident Insurance provides a benefit payment after a covered accident that results in the specific injuries and treatments listed in this document. 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-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	Low Plan	High Plan
Emergency room treatment	\$225	\$275
X-ray	\$50	\$75
Physical therapy (up to 6 per accident)	\$30	\$45
Stitches (for lacerations, up to 2")	\$40	\$60
Follow-up doctor treatment	\$60	\$100
Hospital admission	\$1,000	\$2,000
Hospital confinement (per day, up to 365 days)	\$225	\$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.



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.

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.

- ✓ **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	Low	High
Accident hospital care		
Surgery open abdominal, thoracic	\$800	\$1,200
Surgery exploratory or without repair	\$125	\$175
Blood, plasma, platelets	\$400	\$600
Hospital admission	\$1,000	\$2,000
Hospital confinement per day, up to 365 days	\$225	\$275
Critical care unit confinement per day, up to 15 days	\$450	\$550
Rehabilitation facility confinement per day, up to 90 days	\$125	\$200
Coma duration of 14 or more days	\$11,500	\$17,000
Transportation per trip, up to three per accident	\$500	\$750
Lodging per day, up to 30 days	\$120	\$180
Accident care		
Initial doctor visit	\$60	\$90
Urgent care facility treatment	\$225	\$275
Emergency room treatment	\$225	\$275
Ground ambulance	\$240	\$360
Air ambulance	\$1,000	\$1,500
Follow-up doctor treatment	\$60	\$100
Medical equipment	\$75	\$200
Physical or occupational therapy up to six per accident	\$30	\$45
Speech therapy up to 6 per accident	\$30	\$45
Prosthetic device (one)	\$500	\$750
Prosthetic device (two or more)	\$800	\$1,200
Major diagnostic exam	\$125	\$275
X-ray	\$50	\$75
Common injuries		
Burns second degree, at least 36% of the body	\$1,000	\$1,250
Burns third degree, at least nine but less than 35 square inches of the body	\$4,500	\$7,500
Burns third degree, 35 or more square inches of the body	\$10,000	\$15,000
Skin grafts	50% of the burn benefit	50% of the burn benefit
Emergency dental work: crown	\$250	\$350
Extraction	\$60	\$90
Eye injury removal of foreign object	\$60	\$100
Eye injury surgery	\$225	\$350
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$150	\$225
Torn knee cartilage surgical repair	\$500	\$800
Laceration ¹ treated no sutures	\$20	\$30
Laceration ¹ sutures up to 2"	\$40	\$60

Event	Low	High
Laceration ¹ sutures 2" – 6"	\$160	\$240
Laceration ¹ sutures over 6"	\$320	\$480
Ruptured disk surgical repair	\$500	\$800
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$275	\$425
Tendon/ligament/rotator cuff one, surgical repair	\$550	\$825
Tendon/ligament/rotator cuff two or more, surgical repair	\$800	\$1,225
Concussion	\$150	\$225
Paralysis - paraplegia	\$10,750	\$16,000
Paralysis - quadriplegia	\$16,000	\$24,000

Dislocations	Non-surgical/ surgical repair ²	Non-surgical/ surgical repair ²
Hip joint	\$2,550/\$5,100	\$3,850/\$7,700
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
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
Partial dislocations	25% of the non-surgical repair amount	25% of the non- surgical repair amount

Fractures	Non-surgical/ surgical repair ³	Non-surgical/ surgical repair ³
Hip	\$2,000/\$4,000	\$3,000/\$6,000
Leg	\$1,500/\$3,000	\$2,500/\$5,000
Ankle	\$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 face except nose	\$800/\$1,600	\$1,200/\$2,400
Nose	\$400/\$800	\$600/\$1,200

Event	Low	High
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 or ribs	\$300/\$600	\$400/\$800
Skull – simple except bones of 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
Chip fractures	25% of the closed reduction amount	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. Performing these acts as part of your employment with the employer 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.



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
or go to <https://presents.Voya.com/EBRC/CSCC>**

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.

ACC2 Only

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