

# Accident Insurance

Explore Your Benefits & Costs



**CANYONS**  
SCHOOL DISTRICT

Group Name: Canyons School District  
Group Number: 740195

**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



Employees get an annual  
Wellness Benefit of \$75 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.

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

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**VOYA**  
FINANCIAL

## 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.





Semi-Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$3.99	\$7.98	\$8.58	\$12.56

Your spouse will be covered for the same Accident benefits as you.

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. 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'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	Benefit
Emergency room treatment	\$250
X-ray	\$200

Physical therapy (up to 10 per accident)	\$50
Stitches (for lacerations, up to 2")	\$100
Follow-up doctor treatment	\$75
Hospital admission	\$1,500
Hospital confinement (per day, up to 365 days)	\$300

## What else is included?

The Accident Insurance available through your employer also features the following:

 <p><b>Receive \$75 to use however you'd like</b></p>	<p><b>Wellness Benefit</b> This provides an annual benefit payment if you complete an eligible health screening test (such as an annual physical and receive a benefit payment.</p> <ul style="list-style-type: none"> <li>• Employees receive an annual benefit of \$75.</li> <li>• Spouses receive an annual benefit of \$75.</li> <li>• All covered Children will each receive benefit amount of \$75.</li> </ul> <p>A benefit is payable only once per year, even if the covered person receives multiple health screening tests.</p>
 <p><b>Keep coverage during a leave of absence</b></p>	<p><b>Continuation of Insurance</b> Continuation allows you to maintain your current Accident Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.</p>
 <p><b>Take your coverage with you</b></p>	<p><b>Portability</b> 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.</p>

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.

## 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.

<b>Accident hospital care</b>	<b>Benefit</b>
Surgery open abdominal, thoracic	\$1,000
Surgery exploratory or without repair	\$250
Blood, plasma, platelets	\$500
Hospital admission per day, up to 365 days	\$1,500
Hospital confinement	\$300
Critical care unit confinement per day, up to 15 days	\$600
Rehabilitation facility confinement per day, up to 90 days	\$150
Coma duration of 14 or more days	\$14,500
Transportation per trip, up to three per accident	\$650
Lodging per day, up to 30 days	\$150
Family care per child per day, up to 45 days	\$20
<b>Accident care</b>	<b>Benefit</b>
Initial doctor visit	\$200
Urgent care facility treatment	\$200
Emergency room treatment	\$250
Ground ambulance	\$400
Air ambulance	\$1,200
Follow-up doctor treatment	\$75
Chiropractic treatment up to six per accident	\$50
Medical equipment	\$500
Physical or occupational therapy up to 6 per accident	\$50
Occupational & Speech therapy	\$50
Prosthetic device (one)	\$625
Prosthetic device (two or more)	\$1,000
Major diagnostic exam	\$200
Outpatient surgery (one per accident)	\$350
X-ray	\$200
<b>Common injuries</b>	<b>Benefit</b>
Burns second degree, at least 36% of the body	\$1,125
Burns third degree, at least nine but less than 35 square inches of the body	\$7,000
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
Emergency dental work: Extraction	\$100
Eye injury removal of foreign object	\$80
Eye injury surgery	\$275
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$250
Torn knee cartilage surgical repair	\$650
Laceration <sup>1</sup> treated no sutures	\$50
Laceration <sup>1</sup> sutures up to 2"	\$100
Laceration <sup>1</sup> sutures 2" – 6"	\$400
Laceration <sup>1</sup> sutures over 6"	\$800
Ruptured disk surgical repair	\$650
Tendon/ligament/rotator cuff 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	\$200
Paralysis - paraplegia	\$13,500
Paralysis - quadriplegia	\$20,000
<b>Dislocations</b>	<b>Non-surgical/ surgical repair<sup>2</sup></b>
Hip joint	\$3,850/\$7,700
Knee	\$2,400/\$4,800
Ankle or foot bone(s) other than toes	\$1,500/\$3,000
Shoulder	\$1,600/\$3,200
Elbow	\$1,100/\$2,200
Wrist	\$1,100/\$2,200
Finger/toe	\$275/\$550
Hand bone(s) other than fingers	\$1,100/\$2,200
Lower jaw	\$1,100/\$2,200
Collarbone	\$1,100/\$2,200
Partial dislocations	25% of the non-surgical repair amount
<b>Fractures</b>	<b>Non-surgical/ surgical repair<sup>3</sup></b>
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	\$360/\$720
Vertebral body	\$4,050/\$8,100
Vertebral processes	\$1,750/\$3,500
Pelvis except coccyx	\$3,600/\$7,200
Coccyx	\$450/\$900
Bones of face except nose	\$1,350/\$2,700
Nose	\$1,350/\$2,700
Upper jaw	\$1,600/\$3,200
Lower jaw	\$1,800/\$3,600
Collarbone	\$1,800/\$3,600
Rib or ribs	\$450/\$900
Skull – simple except bones of face	\$1,575/\$3,150
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.

<sup>2</sup> 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.”

<sup>3</sup> 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.”

## Accidental Death & Dismemberment

Your coverage also includes Accidental Death & Dismemberment benefits. This means that if you are severely injured or pass away due to an accident, additional benefits may apply. See the chart below for more details. A “common carrier” is commercial transportation that operates on a regular schedule, between predetermined points or cities (such as a bus or airline route).

Accidental Death Benefits	Benefit
Common carrier accident	
Employee	\$150,000
Spouse	\$50,000
Children	\$25,000
Other accident	
Employee	\$50,000
Spouse	\$25,000
Children	\$10,000
Accidental Dismemberment Benefits	Benefit
Loss of both hand or both feet or sight in both eyes	\$40,000
Loss of one hand or one foot AND the sight of one eye	\$22,000
Loss of one hand AND one foot	\$22,000
Loss of one hand OR one foot	\$12,500
Loss of two or more fingers or toes	\$1,800
Loss of one finger or one toe	\$1,250

## Catastrophic Accident

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

Catastrophic Accident Benefits	Benefit
Employee*	\$80,000
Spouse*	\$40,000
Children	\$20,000
Home Modification Benefit	\$1,250
Vehicle Modification Benefit	\$1,250

\*Benefit reduces to 50% at age 65, and to 25% of the original benefit amount at age 70.

## Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children’s Accident Insurance and AD&D 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.
- Work for pay, profit or gain.

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

- The catastrophic accident benefit is not payable if the covered person is in a coma at the end of the 365 day period following a covered accident.
- The catastrophic accident benefit reduces to 50% at age 65 and to 25% of the initial benefit amount at age 70.

### What are pre-existing conditions and are they covered\*?

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  
or go to <https://presents.voya.com/EBRC/CanyonsSchoolDistrict>

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.

#### ACC2 Only

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