

Accident Insurance

Enrollment at a glance

For the employees of Cherry Creek School District #5



What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs 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.

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 20+ 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.

*The use of "spouse" in this document means a person insured as a spouse as described in the applicable rider. Please contact your employer for more information.

**The definition of "child" may vary by state. Please contact your employer for more information.

When is my coverage effective?

2020 Annual Enrollment

Your coverage becomes effective on July 1, 2020, 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 voluntary coverage, that coverage becomes effective at 12:01 AM on the latest of the following:
 - The date you are eligible for coverage, if you apply on or before that date.
 - The first day of the month following the date you apply 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.
- Coverage for your spouse and/or children becomes effective on the same date as your coverage.

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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.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$2,000
Surgery exploratory or without repair	\$175
Blood, plasma, platelets	\$600
Hospital admission	\$2,000
Hospital confinement per day, up to 365 days	\$300
Critical care unit confinement per day, up to 15 days	\$500
Rehabilitation facility confinement per day, up to 90 days	\$200
Coma duration of 14 or more days	\$17,000
Transportation per trip, up to three per accident	\$750
Accident care	
Initial doctor visit	\$90
Urgent care facility treatment	\$225
Emergency room treatment	\$225
Ground ambulance	\$1,000
Air ambulance	\$1,500
Follow-up doctor treatment	\$90
Medical equipment	\$120
Physical or occupational therapy up to six per accident	\$45
Speech therapy up to 6 per accident	\$45
Prosthetic device (one)	\$750
Prosthetic device (two or more)	\$1,200
Major diagnostic exam	\$240
X-ray	\$45
Common injuries	
Burns second degree, at least 36% of the body	\$1,250
Burns third degree, at least nine but less than 35 square inches of the body	\$7,500
Common injuries	
Burns third degree, 35 or more square inches of the body	\$15,000
Skin grafts	25% of the burn benefit
Emergency dental work	\$350 crown, \$90 extraction
Eye injury removal of foreign object	\$200
Eye injury surgery	\$350

Torn knee cartilage surgery with no repair or if cartilage is shaved	\$225
Torn knee cartilage surgical repair	\$800
Laceration¹ treated no sutures	\$30
Laceration¹ sutures up to 2"	\$60
Laceration¹ sutures 2" – 6"	\$240
Laceration¹ sutures over 6"	\$480
Ruptured disk surgical repair	\$800
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$425
Tendon/ligament/rotator cuff one, surgical repair	\$825
Tendon/ligament/rotator cuff two or more, surgical repair	\$1,225
Concussion	\$400
Paralysis - paraplegia	\$16,000
Paralysis - quadriplegia	\$24,000
Dislocations	
Hip joint	Closed/open reduction ²
Knee	\$3,850/\$7,700
Ankle or foot bone(s) other than toes	\$2,400/\$4,800
Shoulder	\$1,500/\$3,000
Elbow	\$1,600/\$3,200
Wrist	\$1,100/\$2,200
Dislocations	
Finger/toe	Closed/open reduction ²
Hand bone(s) other than fingers	\$275/\$550
Lower jaw	\$1,100/\$2,200
Collarbone	\$1,100/\$2,200
Partial dislocations	25% of the closed reduction amount
Fractures	
Hip	Closed/open reduction ³
Leg	\$3,000/\$6,000
Ankle	\$2,500/\$5,000
Kneecap	\$1,800/\$3,600
Foot excluding toes, heel	\$1,800/\$3,600

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Upper arm	\$2,100/\$4,200
Forearm, hand, wrist except fingers	\$1,800/\$3,600
Finger, toe	\$240/\$480
Vertebral body	\$3,360/\$6,720
Vertebral processes	\$1,440/\$2,880
Pelvis except coccyx	\$3,200/\$6,400
Coccyx	\$400/\$800
Bones of face except nose	\$1,200/\$2,400
Nose	\$600/\$1,200
Upper jaw	\$1,500/\$3,000
Lower jaw	\$1,440/\$2,880

Collarbone	\$1,440/\$2,880
Rib or ribs	\$400/\$800
Skull – simple except bones of face	\$1,400/\$2,800
Skull – depressed except bones of face	\$3,000/\$6,000
Sternum	\$360/\$720
Shoulder blade	\$1,800/\$3,600
Chip fractures	25% of the closed reduction amount

¹ Laceration benefits are a total of all lacerations per accident.

² Closed reduction of dislocation = Non-surgical reduction of a completely separated joint. Open reduction of dislocation = Surgical reduction of a completely separated joint.

³ Closed reduction of fracture = Non-surgical. Open reduction of fracture = Surgical.

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.

- **Waiver of Premium** If you aren't working because you are totally disabled, the Waiver of Premium benefit allows you to keep your Accident Insurance coverage for a period of time without paying premiums. You may need to complete a waiting period of total disability before premiums are waived, during which time premiums need to be paid. Only premiums for employee coverage will be waived; all other coverage will terminate.
- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test.
 - The annual benefit amount is \$50 for completing a health screening test.
 - Your spouse's benefit amount is \$50.
 - The benefit for child coverage is \$25, with an annual maximum of \$100 for all children.

- **Accidental Death and Dismemberment (AD&D) coverage:** If you are severely injured or die as a result of a covered accident, an AD&D benefit may be payable to you or your beneficiary.
 - **Common carrier:** If the death occurs as a result of a covered accident on a common carrier, a higher benefit will be payable. Common carrier means any commercial transportation that operates on a regularly scheduled basis between predetermined points or cities.

Accidental Death Benefits	Benefit
Common carrier	
Employee	\$200,000
Spouse	\$100,000
Children	\$50,000
Other accident	
Employee	\$100,000
Spouse	\$40,000
Children	\$20,000
Accidental Dismemberment Benefits	
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	\$30,000
Loss of one hand AND one foot	\$30,000
Loss of one hand OR one foot	\$15,000
Loss of two or more fingers or toes	\$2,500
Loss of one finger or one toe	\$1,500

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 Europ Assistance USA, Bethesda, MD.

How much does Accident Insurance cost?

All employees pay the same rate, no matter their age. See the chart below for the premium amounts.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$6.93	\$12.04	\$13.37	\$18.48

Exclusions and Limitations*

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



For more information, please contact or go to:

- Voya Employee Benefits Customer Service at (877) 236-7564
- Your Benefits Main Line at (720) 554-4485

To learn more, go to <https://presents.voya.com/EBRC/CherryCreek>

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, Waiver of Premium Rider form #RL-ACC3-WOP-16. Form numbers, provisions and availability may vary by state.

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