Group Name: GEON Performance Solutions
Group Number: 724777

*Accident Insurance*

# Help minimize the financial impact that can come with an accidental injury



## What is it?

Accident Insurance pays you benefits for specific injuries and events resulting from 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.

## Who can be covered?

You have the option to enroll yourself as well as your spouse* and children* in Accident Insurance coverage to meet your needs.

* Employees must be enrolled in order to elect coverage for eligible spouse and eligible dependent children as defined in the Certificate of Coverage and Riders.

## Why should I consider it?

- Benefits will be paid directly to you to use for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.
- Coverage is always guaranteed issue.
- You can choose to take this coverage with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing.

## Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you an annual benefit when you and covered family members complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

$50 for employees, $50 for spouses, 50% of your benefit amount per child, with an annual maximum of $100 for all children per policy per calendar year

## How much does it cost?

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium

| Bi-Weekly Rates (26 Pay Periods) | | | |
|---|---|---|---|
| Employee | Employee and Spouse | Employee and Children | Family |
| $4.92 | $9.84 | $10.58 | $15.50 |

# What kinds of injuries and treatments does it cover?

Your Accident Insurance coverage is always guaranteed issue, and it 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. The following list presents the benefits provided by Accident Insurance. State variations may apply. For a complete description of your available benefits, see your certificate of insurance and any riders.

| Accident Hospital Care | Benefits |
|---|---|
| Surgery (open abdominal, thoracic) | $1,500 |
| Surgery (exploratory or without repair) | $200 |
| Blood, Plasma, Platelets | $625 |
| Hospital Admission | $1,750 |
| Hospital Confinement (per day, up to 365 days) | $275 |
| Critical Care Unit Confinement (per day up to 15 days) | $450 |
| Rehabilitation Facility Confinement (per day up to 90 days) | $200 |
| Coma duration of 14 or more days | $18,500 |
| Transportation (per trip, up to 3 per accident) | $800 |
| Lodging (per day, up to 30 days) | $200 |
| Family Care (per child per day, up to 45 days) | $30 |

| Accident Care | Benefit |
|---|---|
| Initial Doctor Visit | $100 |
| Urgent Care Facility Treatment | $250 |
| Emergency Room Treatment | $250 |
| Ground Ambulance | $400 |
| Air ambulance | $2,000 |
| Follow-up Doctor Treatment | $100 |
| Chiropractic Treatment (up to 6 per accident) | $60 |
| Medical Equipment | $275 |
| Physical or Occupational Therapy (up to 6 per accident) | $60 |
| Speech Therapy (up to 6 per accident) | $60 |
| Prosthetic Device (one) | $1,250 |
| Prosthetic Device (two or more) | $2,000 |
| Major Diagnostic Exams | $300 |
| Outpatient Surgery (1 per accident) | $250 |
| X-ray | $90 |

| Common Injuries | Benefits |
|---|---|
| Burns (2nd degree, at least 36% of body) | $1,500 |
| Burns (3rd degree, at least 9 but less than 35 square inches of the body) | $8,500 |
| Burns (3rd degree, 35 or more square inches of the body) | $20,00 |
| Skin Grafts | 50% of the burn benefit |
| Emergency Dental Work | $400 crown, $125 extraction |
| Eye Injury (removal of foreign object) | $400 |
| Eye Injury (surgery) | $110 |
| Torn Knee Cartilage (surgery with no repair or if cartilage is shaved) | $250 |
| Torn Knee Cartilage (surgical repair) | $900 |
| Laceration[1] (treated - no sutures) | $50 |
| Laceration[1] (sutures up to 2”) | $90 |
| Laceration[1] (sutures 2” to 6”) | $350 |
| Laceration[1] (sutures over 6”) | $750 |
| Ruptured Disk (surgical repair) | $900 |

| Common Injuries | Benefits |
|---|---|
| Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair) | $925 |
| Tendon, Ligament, Rotator Cuff (1, surgical repair) | $1400 |
| Tendon, Ligament, Rotator Cuff (2 or more, surgical repair) | $600 |
| Concussion | $275 |
| Paralysis (paraplegia) | $27,000 |
| Paralysis (quadriplegia) | $18,000 |

| Dislocations<br>Non-surgical/Surgical Repair[2] | Benefits |
|---|---|
| Hip Joint | $4,000/$8,000 |
| Knee | $2,500/$5,000 |
| Ankle or foot bone(s) (other than toes) | $1,700/$3,400 |
| Shoulder | $2,000/$4,000 |
| Elbow | $1,250/$2,500 |
| Wrist | $1,250/$2,500 |
| Finger/toe | $300/$600 |
| Hand bone(s) (other than fingers) | $1,250/$2,500 |
| Lower jaw | $1,250/$2,500 |
| Collarbone | $1,250/$2,500 |
| Partial dislocations: percentage of the non-surgical repair amount | 25% |

| Fractures<br>Non-Surgical/Surgical Repair[3] | Benefits |
|---|---|
| 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 | $300/$600 |
| Vertebral Body | $4,000/$8,000 |
| Vertebral Processes | $1,750/$3,500 |
| Pelvis (except Coccyx) | $3,500/$7,000 |
| Coccyx | $450/$900 |
| Bones of the Face (except nose) | $1,300/$2,600 |
| Nose | $650/$1,300 |
| Upper jaw | $1,600/$3,200 |
| Lower jaw | $1,750/$3,500 |
| Collarbone | $1,750/$3,500 |
| Rib or Ribs | $450/$900 |
| Skull – Simple (except bones of the face) | $1,500/$3,000 |
| Skull – Depressed<br>(except bones of face) | $4,000/$8,000 |
| Sternum | $400/$800 |
| Shoulder Blade | $2,250/$4,500 |
| Chip Fractures: percentage of the<br>non-surgical reduction amount | 25% |

[1] 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.”

**Accidental Death and Dismemberment (AD&D)** 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. 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 | $50,000 |
| Spouse | $25,000 |
| Child | $12,500 |
| Other accident | |
| Employee | $25,000 |
| Spouse | $10,000 |
| Child | $5,000 |

| Accidental Dismemberment Benefits | Benefits |
|---|---|
| Loss of both hands or both feet or sight in both eyes | $16,000 |
| Loss of one hand or one foot AND sight of one eye | $10,000 |
| Loss of one hand AND one foot | $10,000 |
| Loss of one hand OR one foot | $5,000 |
| Loss of two or more fingers or toes | $900 |
| Loss of one finger or toe | $500 |

## What else is included?

The benefits below are also included with your coverage. 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.

**Sports Accident Benefit** increases the benefit amounts listed in the accident hospital care, accident care or common injuries sections by 25% and to a maximum additional benefit amount of $1,000 if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage).

**Portability** allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company when your eligibility for benefits changes such as due to termination or reduced hours.

**Continuation of Insurance** allows you to maintain your current Accident Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.

### Additional Non-Insurance Services

**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, pre-trip and cultural information, security services and accessible technology.

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

# 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.

Your 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.

*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

Visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

**https://presents.voya.com/EBRC/GEON**

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; Additional Services Rider Form #RL-ACC3-ASR-20. Form numbers, provisions and availability may vary by state and employer's plan.

**Accident 2.0 only**

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