

Accident Insurance

Explore Your Benefits & Costs



Group Name: Iowa State Association of Counties Group Benefits Program
Group Number: 739367

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 \$100 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

PLAN | INVEST | PROTECT



How much does it cost?

You have the option to elect supplemental Accident Insurance to meet your needs. These tables show your rates for Accident Insurance.

Rates IF enrolled in the ISAC Group Benefits Program Medical Plan

Core Plan Coverage Type	Monthly Rates
Employee	\$0.00
Employee + Spouse	\$3.55
Employee + Children	\$8.80
Family	\$12.35

Enhanced Plan Coverage Type	Monthly Rates
Employee	\$6.04
Employee + Spouse	\$18.84
Employee + Children	\$20.76
Family	\$33.56

Rates IF NOT enrolled in the ISAC Group Benefits Program Medical Plan

Core Plan Coverage Type	Monthly Rates
Employee	\$7.10
Employee + Spouse	\$10.65
Employee + Children	\$15.90
Family	\$19.45

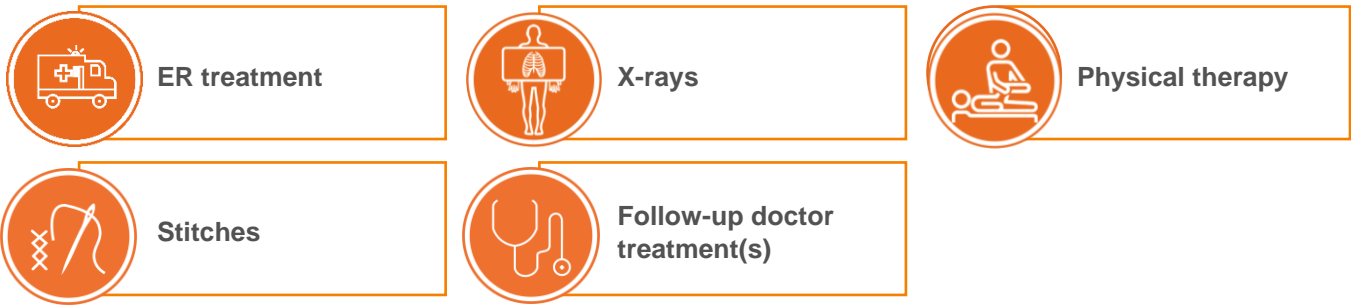
Enhanced Plan Coverage Type	Monthly Rates
Employee	\$13.14
Employee + Spouse	\$25.94
Employee + Children	\$27.86
Family	\$40.66

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.



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	Core Plan	Enhanced Plan
Emergency room treatment	\$225	\$300
X-ray	\$100	\$100
Physical therapy (up to 6 per accident)	\$75	\$100
Stitches (for lacerations, up to 2")	\$50	\$90
Follow-up doctor treatment	\$100	\$150
Hospital admission	\$1,125	\$1,750
Hospital confinement (per day, up to 365 days)	\$250	\$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.

What else is included?

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



Receive **\$100**
to use
however
you'd like

Wellness Benefit

Complete an eligible health screening test and we'll send you a benefit payment.

- Employees benefit amount is \$100. Spouse's benefit amount is \$100.
- The benefit amount for child(ren) is \$100.



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.

- ✓ **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.

Accident hospital care	Core Plan	Enhanced Plan
Surgery open abdominal, thoracic	\$2,000	\$3,000
Surgery exploratory or without repair	\$200	\$300
Blood, plasma, platelets	\$600	\$1,000
Hospital admission	\$1,125	\$1,750
Hospital confinement per day, up to 365 days	\$250	\$275
Critical care unit confinement per day, up to 30 days	\$400	\$800
Rehabilitation facility confinement per day, up to 90 days	\$150	\$200
Coma duration of 14 or more days	\$20,000	\$25,000
Transportation per trip, up to 3 per accident	\$650	\$800
Lodging per day, up to 30 days	\$150	\$200
Family care per child per day, up to 45 days	\$20	\$30
Accident care	Core Plan	Enhanced Plan
Initial doctor visit	\$100	\$150
Urgent care facility treatment	\$225	\$300
Emergency room treatment	\$225	\$300
Ground ambulance	\$300	\$400

Air ambulance	\$1,250	\$2,000
Follow-up doctor treatment	\$100	\$150
Chiropractic treatment	\$50	\$75
Medical equipment	\$125	\$275
Physical therapy up to six per accident	\$75	\$100
Occupational or Speech therapy	\$40	\$60
Prosthetic device (one)	\$625	\$1,250
Prosthetic device (two or more)	\$1,000	\$2,000
Major diagnostic exam	\$200	\$300
Outpatient surgery (one per accident)	\$200	\$250
X-ray	\$100	\$100
Common injuries	Core Plan	Enhanced Plan
Burns second degree, at least 36% of the body	\$1,125	\$1,500
Burns third degree, at least nine but less than 35 square inches of the body	\$6,000	\$8,500
Burns third degree, 35 or more square inches of the body	\$12,500	\$20,000
Skin grafts	50% of the burn benefit	50% of the burn benefit
Emergency dental work: Crown	\$300	\$400
Emergency dental work: Extraction	\$75	\$125
Eye injury removal of foreign object	\$200	\$300
Eye injury surgery	\$400	\$600
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$175	\$250
Torn knee cartilage surgical repair	\$650	\$900
Laceration ¹ treated no sutures	\$25	\$50
Laceration ¹ sutures up to 2"	\$50	\$90
Laceration ¹ sutures 2" – 6"	\$200	\$350
Laceration ¹ sutures over 6"	\$800	\$1,200
Ruptured disk surgical repair	\$1,000	\$1,500
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$350	\$600
Tendon/ligament/rotator cuff one, surgical repair	\$675	\$925
Tendon/ligament/rotator cuff two or more, surgical repair	\$1,200	\$1,800
Concussion	\$175	\$275
Paralysis - paraplegia	\$15,000	\$25,000
Paralysis - quadriplegia	\$30,000	\$50,000
Dislocations	Non-surgical/ surgical repair²	Non-surgical/ surgical repair²
Hip joint	\$3,200/\$6,400	\$4,000/\$8,000
Knee	\$2,000/\$4,000	\$2,500/\$5,000
Ankle or foot bone(s) other than toes	\$1,200/\$2,400	\$1,700/\$3,400
Shoulder	\$1,500/\$3,000	\$2,000/\$4,000
Elbow	\$900/\$1,800	\$1,250/\$2,500
Wrist	\$900/\$1,800	\$1,250/\$2,500
Finger/toe	\$250/\$500	\$300/\$600
Hand bone(s) other than fingers	\$900/\$1,800	\$1,250/\$2,500
Lower jaw	\$900/\$1,800	\$1,250/\$2,500

Collarbone	\$900/\$1,800	\$1,250/\$2,500
Partial dislocations	25% of the non-surgical repair amount	25% of the non-surgical repair amount
Fractures	Non-surgical/ surgical repair³	Non-surgical/ surgical repair³
Hip	\$3,200/\$6,400	\$5,000/10,000
Leg	\$1,800/\$3,600	\$2,700/\$5,400
Ankle	\$1,500/\$3,000	\$2,250/\$4,500
Kneecap	\$1,500/\$3,000	\$2,250/\$4,500
Foot excluding toes, heel	\$1,500/\$3,000	\$2,250/\$4,500
Upper arm	\$1,750/\$3,500	\$2,400/\$4,800
Forearm, hand, wrist except fingers	\$1,500/\$3,000	\$2,250/\$4,500
Finger, toe	\$200/\$400	\$300/\$600
Vertebral body	\$2,800/\$5,600	\$4,000/\$8,000
Vertebral processes	\$1,200/\$2,400	\$1,750/\$3,500
Pelvis except coccyx	\$2,750/\$5,500	\$3,500/\$7,000
Coccyx	\$300/\$600	\$450/\$900
Bones of face except nose	\$1,000/\$2,000	\$1,300/\$2,600
Nose	\$500/\$1,000	\$650/\$1,300
Upper jaw	\$1,250/\$2,500	\$1,600/\$3,200
Lower jaw	\$1,200/\$2,400	\$1,750/\$3,500
Collarbone	\$1,200/\$2,400	\$1,750/\$3,500
Rib or ribs	\$350/\$700	\$450/\$900
Skull – simple except bones of face	\$1,250/\$2,500	\$1,500/\$3,000
Skull – depressed except bones of face	\$2,500/\$5,000	\$4,000/\$8,000
Sternum	\$300/\$600	\$400/\$800
Shoulder blade	\$1,500/\$3,000	\$2,250/\$4,500
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.”

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	Core Plan	Enhanced Plan
Common carrier accident		
Employee	\$100,000	\$200,000
Spouse	\$50,000	\$100,000
Children	\$25,000	\$50,000
Other accident		
Employee	\$50,000	\$100,000
Spouse	\$20,000	\$40,000
Children	\$10,000	\$20,000
Accidental Dismemberment Benefits	Core Plan	Enhanced Plan
Loss of both hand or both feet or sight in both eyes	\$28,000	\$40,000
Loss of one hand or one foot AND the sight of one eye	\$22,000	\$30,000
Loss of one hand AND one foot	\$22,000	\$30,000
Loss of one hand OR one foot	\$12,500	\$15,000
Loss of two or more fingers or toes	\$1,800	\$2,500
Loss of one finger or one toe	\$1,250	\$1,500

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.

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?

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/ISAC>

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

Date Prepared: 10/11/2023

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