

Accident Insurance

Explore Your Benefits & Costs



Group Name: Ryan Specialty Group Services
Group Number: 717240
Class: Full-Time Employees

Cleaning the gutters. Boxing 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:



No medical questions or tests are required for Accident coverage.



Employees get an annual Wellness Benefit of \$50 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 for added protection if one of the following covered conditions comes your way.

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

VOYA
FINANCIAL

How much does it cost?

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$5.98	\$11.93	\$12.26	\$18.21

If you have coverage on yourself, your spouse up to age 70 can be covered.

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.

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. To be eligible, the accident must happen outside of work. Some of the most common treatments and conditions we pay benefits for include:

 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	Choose an item
Emergency room treatment	\$225
X-ray	\$45
Physical or occupational therapy (up to six per accident)	\$45
Stitches (for lacerations, up to 2")	\$60
Follow-up doctor treatment	\$90
Hospital admission	\$1,250
Hospital confinement (per day, up to 365 days)	\$375

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:



**\$50 to use
however
you'd like**

Wellness Benefit

- Complete an eligible health screening test (such as an annual physical, and receive a benefit payment.
- Your annual benefit amount is \$50. Your spouse's benefit amount is \$50.
- The benefit for child coverage is 50% of your benefit amount per child, with an annual maximum of \$100 for all children.

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)

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.

Access **extra support**
next time you travel

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.

	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$1,200
Surgery exploratory or without repair	\$175
Blood, plasma, platelets	\$600
Hospital admission	\$1,250
Hospital confinement per day, up to 365 days	\$375
Critical care unit confinement per day, up to 15 days	\$600
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
Lodging per day, up to 30 days	\$180
Family care per child per day, up to 45 days	\$25
Accident care	
Initial doctor visit	\$90
Urgent care facility treatment	\$225

Emergency room treatment	\$225
Ground ambulance	\$360
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
Outpatient surgery (one per accident)	\$225
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
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	\$100
Eye injury surgery	\$350
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$225
Torn knee cartilage surgical repair	\$800
Laceration ¹ treated no sutures	\$30
Laceration ¹ sutures up to 2"	\$60
Laceration ¹ sutures 2" – 6"	\$240
Laceration ¹ 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	\$225
Paralysis - paraplegia	\$16,000
Paralysis - quadriplegia	\$24,000
Dislocations	
	Non-surgical/ surgical repair²
Hip joint	\$4,000/\$8,000
Knee	\$3,000/\$6,000
Ankle or foot bone(s) other than toes	\$1,800/\$3,600
Shoulder	\$2,200/\$4,400
Elbow	\$1,500/\$3,000
Wrist	\$1,500/\$3,000

Finger/toe	\$350/\$700
Hand bone(s) other than fingers	\$1,500/\$3,000
Lower jaw	\$1,500/\$3,000
Collarbone	\$1,500/\$3,000
Partial dislocations	25% of the non-surgical repair amount

Fractures	Non-surgical/ surgical repair ³
Hip	\$5,000/\$10,000
Leg	\$2,800/\$5,600
Ankle	\$2,500/\$5,000
Kneecap	\$2,500/\$5,000
Foot excluding toes, heel	\$2,500/\$5,000
Upper arm	\$2,750/\$5,500
Forearm, hand, wrist except fingers	\$2,500/\$5,000
Finger, toe	\$400/\$800
Vertebral body	\$4,200/\$8,400
Vertebral processes	\$2,000/\$4,000
Pelvis except coccyx	\$4,000/\$8,000
Coccyx	\$500/\$1000
Bones of face except nose	\$1,400/\$2,800
Nose	\$750/\$1,500
Upper jaw	\$1,750/\$3,500
Lower jaw	\$2,000/\$4,000
Collarbone	\$2,000/\$4,000
Rib or ribs	\$600/\$1,200
Skull – simple except bones of face	\$1,750/\$3,500
Skull – depressed except bones of face	\$5,000/\$10,000
Sternum	\$500/\$1,000
Shoulder blade	\$2,500/\$5,000
Chip fractures	25% of the non-surgical reduction amount



Ready to Enroll?

Enrollment instructions will be provided by your employer.

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.
- Work for pay, profit or gain.

*Definition and limitations/exclusions may vary by state.