Accident Insurance

Explore Your Benefits & Costs

Group Name: Oklahoma Higher Education Employees Interlocal
Group Number: 722316
Class: Full-Time Employees

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:

No medical questions or tests are required for Accident coverage.

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 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

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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.

Low Plan Monthly Rates			
Employee	**Employee and Spouse**	**Employee and Children**	**Family**
$10.37	$18.53	$21.20	$29.36

High Plan Monthly Rates			
Employee	**Employee and Spouse**	**Employee and Children**	**Family**
$15.12	$27.30	$30.01	$42.19

Your spouse will be covered for the same Accident benefits as you. "Spouse" may include domestic partners or civil union partners as defined by your employer's plan.

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	Low	High
Emergency room treatment	$150	$200
X-ray	$75	$100
Physical or occupational therapy (up to six per accident)	$45	$55
Stitches (for lacerations, up to 2")	$100	$150

Follow-up doctor treatment	$75	$100
Hospital admission	$2,000	$3,000
Hospital confinement (per day, up to 365 days)	$250	$400

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:

$100 to use however you'd like

Wellness Benefit

- Complete an eligible health screening test (such as an annual physical) or experience a covered stay in a hospital, and receive a benefit payment.
- Your annual benefit amount is $100. Your spouse's benefit amount is $100.
- The benefit for child coverage is 50% of your benefit amount per child, with an annual maximum of $200 for all children.

Keep coverage during a leave of absence

Continuation of Insurance

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

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 **extra support** next time you travel

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.

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	Low	High
Surgery open abdominal, thoracic	$2,000	$3,000
Surgery exploratory or without repair	$175	$350
Blood, plasma, platelets	$600	$650
Hospital admission	$2,000	$3,000
Hospital confinement per day, up to 365 days	$250	$400
Critical care unit confinement per day, up to 15 days	$450	$600
Rehabilitation facility confinement per day, up to 90 days	$200	$300
Coma duration of 14 or more days	$17,000	$20,000
Transportation per trip, up to three per accident	$750	$840
Lodging per day, up to 30 days	$200	$300
Accident care	**Low**	**High**
Initial doctor visit	$75	$100
Urgent care facility treatment	$150	$200
Emergency room treatment	$150	$200
Ground ambulance	$360	$600
Air ambulance	$1,500	$2,500
Follow-up doctor treatment	$75	$100
Medical equipment	$200	$500
Physical or occupational therapy up to six per accident	$45	$55
Speech therapy up to 6 per accident	$45	$55
Prosthetic device (one)	$750	$1,500
Prosthetic device (two or more)	$1,200	$2,400
Major diagnostic exam	$250	$400
Outpatient surgery (one per accident)	$225	$300
X-ray	$75	$100
Common injuries	**Low**	**High**
Burns second degree, at least 36% of the body	$1,250	$1,750
Burns third degree, at least nine but less than 35 square inches of the body	$7,500	$10,000

Burns third degree, 35 or more square inches of the body	$15,000	$22,000
Skin grafts	50% of the burn benefit	50% of the burn benefit
Emergency dental work: crown	$350	$480
Extraction	$90	$180
Eye injury removal of foreign object	$100	$120
Eye injury surgery	$350	$420
Torn knee cartilage surgery with no repair or if cartilage is shaved	$225	$280
Torn knee cartilage surgical repair	$800	$1,000
Laceration[1] treated no sutures	$50	$75
Laceration[1] sutures up to 2”	$100	$150
Laceration[1] sutures 2” – 6”	$240	$480
Laceration[1] sutures over 6”	$480	$960
Ruptured disk surgical repair	$800	$1,000
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	$425	$720
Tendon/ligament/rotator cuff one, surgical repair	$825	$1,020
Tendon/ligament/rotator cuff two or more, surgical repair	$1,225	$1,520
Concussion	$400	$600
Paralysis - paraplegia	$16,000	$20,000
Paralysis - quadriplegia	$24,000	$30,000
Dislocations	**Non surgical/ surgical repair[2]**	**Non surgical/ surgical repair[2]**
Hip joint	$3,850/$7,700	$5,000/$10,000
Knee	$2,400/$4,800	$3,000/$6,000
Ankle or foot bone(s) other than toes	$1,500/$3,000	$1,800/$3,600
Shoulder	$1,600/$3,200	$2,200/$4,400
Elbow	$1,100/$2,200	$1,500/$3,000
Wrist	$1,100/$2,200	$1,500/$3,000
Finger/toe	$275/$550	$350/$700
Hand bone(s) other than fingers	$1,100/$2,200	$1,500/$3,000
Lower jaw	$1,100/$2,200	$1,500/$3,000
Collarbone	$1,100/$2,200	$1,500/$3,000
Partial dislocations	25% of the non-surgical repair amount	25% of the non-surgical repair amount
Fractures	**Non surgical/ surgical repair[3]**	**Non surgical/ surgical repair[3]**
Hip	$3,000/$6,000	$6,000/$12,000
Leg	$2,500/$5,000	$2,800/$5,600
Ankle	$1,800/$3,600	$2,500/$5,000
Kneecap	$1,800/$3,600	$2,500/$5,000
Foot excluding toes, heel	$1,800/$3,600	$2,500/$5,000
Upper arm	$2,100/$4,200	$2,750/$5,500
Forearm, hand, wrist except fingers	$1,800/$3,600	$2,500/$5,000

Finger, toe	$240/$480	$400/$800
Vertebral body	$3,360/$6,720	$4,200/$8,400
Vertebral processes	$1,440/$2,880	$2,000/$4,000
Pelvis except coccyx	$3,200/$6,400	$4,000/$8,000
Coccyx	$400/$800	$500/$1,000
Bones of face except nose	$1,200/$2,400	$1,400/$2,800
Nose	$600/$1,200	$750/$1,500
Upper jaw	$1,500/$3,000	$1,750/$3,500
Lower jaw	$1,440/$2,880	$2,000/$4,000
Collarbone	$1,440/$2,880	$2,000/$4,000
Rib or ribs	$400/$800	$600/$1,200
Skull – simple except bones of face	$1,400/$2,800	$1,750/$3,500
Skull – depressed except bones of face	$3,000/$6,000	$5,000/$10,000
Sternum	$360/$720	$500/$1,000
Shoulder blade	$1,800/$3,600	$2,500/$5,000
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	Low	High
Common carrier accident		
Employee	$200,000	$300,000
Spouse	$100,000	$150,000
Children	$50,000	$75,000
Other accident		
Employee	$40,000	$60,000
Spouse	$20,000	$30,000
Children	$8,000	$12,000
Accidental Dismemberment Benefits		
Loss of both hand or both feet or sight in both eyes	$50,000	$100,000
Loss of one hand or one foot AND the sight of one eye	$37,500	$75,000
Loss of one hand AND one foot	$37,500	$75,000
Loss of one hand OR one foot	$20,500	$37,500
Loss of two or more fingers or toes	$3,125	$6,250
Loss of one finger or one toe	$2,080	$3,750

Ready to Enroll?

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/OKHEEI**

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.
- 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.

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.

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