

# Accident Insurance

Explore Your Benefits & Costs



SAINT LOUIS  
UNIVERSITY

Group Name: Saint Louis University  
Group Number: 685046  
Class: All Active Eligible 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:



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

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**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.

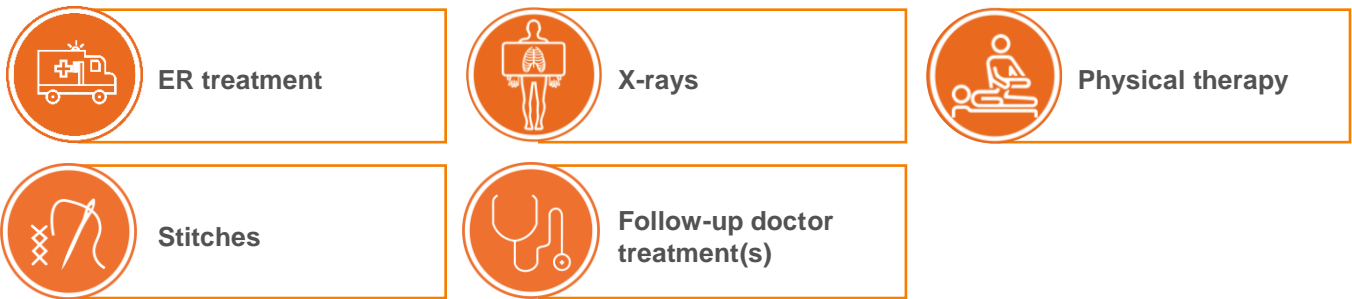
Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$16.58	\$29.33	\$32.48	\$45.23

If you have coverage on yourself, your spouse up to age 70 can be covered. 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. 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. 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	Benefit
Emergency room treatment	\$250
X-ray	\$90
Physical therapy (up to 6 per accident)	\$60
Stitches (for lacerations, up to 2")	\$90
Follow-up doctor treatment	\$100
Hospital admission	\$1,750
Hospital confinement (per day, up to 365 days)	\$375



## When is my coverage effective?

If you are already enrolled in Accident Insurance, enhancements to your coverage will be effective on 01/01/2024. Any claims submitted for a covered confinement that occurred prior to 01/01/2024 will result in any approved benefits being payable accordingly to the provisions in effect under the Policy at that time.

Your employer's policy has been enhanced to provide additional benefits starting 01/01/2024. Please note: if you have already purchased this coverage, the benefit offering will not change until this effective date, and any claims submitted for a covered event that occurred prior to this date will result in benefits payable according to the initial benefit schedule.

## What else is included?

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

 <p><b>Receive \$100 to use however you'd like</b></p>	<p><b>Wellness Benefit</b></p> <p>Complete an eligible health screening test and we'll send you a benefit payment.</p> <ul style="list-style-type: none"><li>• Employees benefit amount is \$100. Spouse's benefit amount is \$100.</li><li>• The annual benefit for child coverage is 100%.</li></ul> <p>The Wellness Benefit is not available in Washington.</p>
 <p><b>Paid per day of confinement</b></p>	<p><b>Sickness Hospital Confinement Coverage</b></p> <p>If you are confined to a hospital due to a covered sickness, a daily benefit may be payable for each day you are in the hospital. A benefit waiting period of 0 days from your effective date of coverage needs to be completed before you are eligible to receive benefit payments.</p>
 <p><b>Keep coverage during a leave of absence</b></p>	<p><b>Continuation of Insurance</b></p> <p>Continuation allows you to maintain your current Accident Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.</p>
 <p><b>Take your coverage with you</b></p>	<p><b>Portability</b></p> <p>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.</p>

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 50%; to a maximum additional benefit of \$2,000.

### Accident hospital care

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	\$375
Critical care unit confinement per day, up to 15 days	\$600
Rehabilitation facility confinement per day, up to 90 days	\$225
Coma duration of 14 or more days	\$18,500
Transportation per trip, up to three per accident	\$800
Lodging per day, up to 30 days	\$200
Family care per child per day, up to 45 days	\$30

### Accident care

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 six per accident	\$60
Medical equipment	\$275
Physical or occupational therapy up to six 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 exam	\$300

Outpatient surgery (one per accident)	\$250
X-ray	\$90
<b>Common injuries</b>	
Burns second degree, at least 36% of the body	\$1,500
Burns third degree, at least nine but less than 35 square inches of the body	\$8,500
Burns third degree, 35 or more square inches of the body	\$20,000
Skin grafts	50% of the burn benefit
Emergency dental work	\$400 crown, \$125 extraction
Eye injury removal of foreign object	\$110
Eye injury surgery	\$400
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$250
Torn knee cartilage surgical repair	\$900
Laceration <sup>1</sup> treated no sutures	\$50
Laceration <sup>1</sup> sutures up to 2"	\$90
Laceration <sup>1</sup> sutures 2" – 6"	\$350
Laceration <sup>1</sup> sutures over 6"	\$750
Ruptured disk surgical repair	\$900
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$600
Tendon/ligament/rotator cuff one, surgical repair	\$925
Tendon/ligament/rotator cuff two or more, surgical repair	\$1,400
Concussion	\$275
Paralysis - paraplegia	\$18,000
Paralysis - quadriplegia	\$27,000
<b>Dislocations</b>	
	Non-surgical/ surgical repair <sup>2</sup>
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	25% of the non-surgical repair amount
<b>Fractures</b>	
	Non-surgical/ surgical repair <sup>3</sup>
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 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 face	\$1,500/\$3,000
Skull – depressed except bones of face	\$4,000/\$8,000
Sternum	\$400/\$800
Shoulder blade	\$2,250/\$4,500
Chip fractures	25% of the non-surgical reduction amount

<sup>1</sup> Laceration benefits are a total of all lacerations per accident.

<sup>2</sup> 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.”

<sup>3</sup> 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.”

## Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children’s Accident Insurance. (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.

Exclusions and limitations for Sickness Hospital Confinement coverage (may vary by state) are listed below.

Benefits are not payable if any of the following are true:

- Services are received in an emergency room or for outpatient treatment or for a hospital stay for which there is no charge for room and board.

- Confinement is the result of alcoholism or drug abuse.
- Confinement is the result of dental care or elective procedures.
- Confinement is due to psychiatric or psychological conditions.
- Confinement is due to birth, if the covered person is a newborn child, unless the newborn has an eligible sickness.

### What are pre-existing conditions and are they covered\*?

A pre-existing condition means a sickness which, within the 12-month 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). For the first 12 months following the Sickness Hospital Confinement coverage effective date or any increase in coverage for each covered person, benefits are not payable for any hospital confinement resulting from a pre-existing condition. If the hospital confinement begins more than 12 months after the coverage effective date or an increase in coverage for the covered person, benefits are payable for any eligible hospital confinement even if resulting from a pre-existing condition.

\*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  
or go to <https://presents.voya.com/EBRC/SaintLouisUniversity>

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: 10/16/2023

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