

Compass Accident Insurance

Enrollment at a glance

For the employees of: Bloomington Independent School District #271 Group #65768-9

What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs while you are not at work, on or after your coverage effective date. The benefit amount depends on the type of injury and care received. You have the option to elect Accident Insurance to meet your needs. 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.

Features of Accident Insurance include:

- **Guaranteed issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Portable:** If you leave your current employer or retire, you can take your coverage with you.

How can Accident Insurance help?

Below are a few examples of how your Accident Insurance benefits could be used:

- Medical expenses, such as deductibles and copays
- Home healthcare costs
- Lost income due to lost time at work
- Everyday expenses like utilities and groceries

What Accident benefits are available?

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. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any benefits.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$1,000
Surgery exploratory or without repair	\$100
Blood, plasma, platelets	\$300
Hospital admission	\$900
Hospital confinement per day up to 365	\$225
Critical care unit confinement per day, up to 15 days	\$450
Rehabilitation facility confinement per day for 90 days	\$125
Coma duration of 14 or more days	\$5,000
Transportation per trip, up to three per accident	\$300
Lodging per day, up to 30 days	\$100
Family care per child, up to 45 days	\$20
Follow-up care	
Medical equipment	\$100
Physical therapy per treatment, up to six	\$25
Prosthetic device (one)	\$500
Prosthetic device (two or more)	\$1,000

Common injuries	
Burns second degree, at least 36% of the body	\$750
Burns third degree, at least nine but less than 35 square inches of the body	\$1,500
Burns third degree, 35 or more square inches of the body	\$10,000
Skin grafts	25% of the burn benefit
Emergency dental work while hospital confined	\$150 crown, \$50 extraction
Eye injury removal of foreign object	\$50
Eye injury surgery	\$200
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$100
Torn knee cartilage surgical repair	\$500
Laceration ¹ treated no sutures	\$25
Laceration ¹ sutures up to 2"	\$50
Laceration ¹ sutures 2" – 6"	\$200
Laceration ¹ sutures over 6"	\$400
Ruptured disk surgical repair	\$400
Tendon/ligament/rotator cuff one, surgical repair	\$400
Tendon/ligament/rotator cuff two or more, surgical repair	\$600
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$100
Concussion	\$100
Paralysis quadriplegia	\$10,000
Paralysis paraplegia	\$5,000
Dislocations	
Hip joint	Closed/open reduction ² \$2,000/\$4,000
Knee	\$1,000/\$2,000
Ankle or foot bone(s) other than toes	\$800/\$1,600
Shoulder	\$300/\$600
Elbow	\$300/\$600
Wrist	\$300/\$600
Finger/toe	\$100/\$200
Hand bone(s) other than fingers	\$300/\$600
Lower jaw	\$300/\$600
Collarbone	\$300/\$600
Partial dislocations	25% of the closed reduction amount
Fractures	
Hip	Closed/open reduction ³ \$1,500/\$3,000
Leg	\$800/\$1,600
Ankle	\$300/\$600
Kneecap	\$300/\$600
Foot excluding toes, heel	\$300/\$600
Upper arm	\$350/\$700
Forearm, hand, wrist except fingers	\$300/\$600
Finger, toe	\$50/\$100
Vertebral body	\$800/\$1,600

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Fractures	Closed/open reduction ³
Vertebral processes	\$300/\$600
Pelvis except coccyx	\$800/\$1,600
Coccyx	\$200/\$400
Bones of face except nose	\$350/\$700
Nose	\$100/\$200
Upper jaw	\$350/\$700
Lower jaw	\$300/\$600
Collarbone	\$300/\$600
Rib or ribs	\$250/\$500
Skull – simple except bones of face	\$1,000/\$2,000
Skull – depressed except bones of face	\$2,500/\$5,000
Sternum	\$300/\$600
Shoulder blade	\$300/\$600
Chip fractures	25% of the closed reduction amount
Emergency care benefits	
Ground ambulance	\$100
Air ambulance	\$500
Emergency room treatment	\$150
Initial doctor visit	\$50
Follow-up doctor visit	\$50

¹ Laceration benefits are a total of all lacerations per accident.

² Closed Reduction of Dislocation = Non-surgical reduction of a completely separated joint. Open Reduction of Dislocation = Surgical reduction of a completely separated joint.

³ Closed Reduction of Fracture = Non-surgical. Open Reduction of Fracture = Surgical.

Who is eligible for Accident Insurance?

- **You**—All active employees classified as teachers working 17.5+ hours per week and active employees classified as non-teachers working 20+ hours per week.
- **Your spouse***—If you have coverage on yourself, you may enroll your spouse, as long as your spouse is under age 70 and is not covered under your employer’s plan as an employee. Your spouse will be covered for the same Accident benefits as you are.
- **Your children****—If you have coverage on yourself; your natural children, stepchildren, adopted children or children for whom you are a legal guardian; are eligible to be covered under your employer’s plan, up to the age of 26. 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 under this benefit. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children’s coverage.

*The use of “spouse” in this document means a person insured as a spouse as described in the certificate of insurance or rider. Please contact your employer for more information.

**The definition of “child” may vary by state. Please contact your employer for more information.

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What does my Accident Insurance include?

The benefits listed below are included with your Accident Insurance coverage. 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 benefits.

- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test.
 - The annual benefit amount is \$100 for completing a health screening test.
 - 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.

When is my coverage effective?

The effective date of coverage is the date your coverage is active and you are eligible to begin filing claims. The specific injury and event must occur on or after the coverage effective date.

Annual enrollment

- Your coverage becomes effective on the July 1st following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage.

How much does Accident Insurance cost?

All employees pay the same rate, no matter their age. See the chart below for the premium amounts. Rates shown are guaranteed until July 1, 2021.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$9.36	\$15.58	\$17.64	\$23.86

Exclusions and limitations

Exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance are listed below. (These may vary by state.) 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 that occurs while on full-time 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 semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.

*See the certificate of insurance and riders for a complete list of available benefits, exclusions and limitations.

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Questions?

Where do I get more information?

For more information or to access the certificate of insurance, please call the Voya Employee Benefits Customer Service Team at (877) 236-7564

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-ACC2-POL-12; Certificate Form #RL-ACC2-CERT-12; and Rider Forms: Spouse Accident Rider Form #RL-ACC2-SPR-12, Children's Accident Rider Form #RL-ACC2-CHR-12 and Wellness Benefit Rider Form #RL-ACC2-WELL-12. Form numbers, provisions and availability may vary by state.

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