

Accident Insurance



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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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)



Hover your cell phone camera over the QR code, or type the following URL into your browser:

<https://presents.voya.com/EBRC/Home/OKHEE1>

What else is included? The Accident Insurance available through your employer also features the following:

Wellness Benefit



\$100 to use however you'd like

- 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.
- Children receive 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. 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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ACC2 Only

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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 repair²	Non surgical/ surgical repair²
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 repair³	Non surgical/ surgical repair³
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

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.

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