

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

PLAN | INVEST | PROTECT



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:

| | |
|---|---|
|  <p>\$100 to use however you'd like</p> | <p>Wellness Benefit</p> <ul style="list-style-type: none"> 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. |
|  <p>Keep coverage during a leave of absence</p> | <p>Continuation of Insurance</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> |

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)

| | |
|---|--|
| <p>Access extra support next time you travel</p> | <p>Voya Travel Assistance</p> <p>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.</p> <p><i>Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.</i></p> |
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