



Compass Accident Insurance

A limited benefit policy

Enrollment at a Glance

Affordable insurance that can help you pay for the out-of-pocket costs you may experience after an accident.

For the employees of: Stanislaus County

ReliaStar Life Insurance Company, a member of the Voya[®] family of companies.

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What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. The amount paid 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.

You may qualify to receive benefits for items listed below, as long as they are the result of a covered accident. See the certificate of insurance and any riders for specific details.

- Accident hospital care
- Follow-up care
- Common Injuries

Other features of Accident Insurance include:

- **Guaranteed Issue:** No medical questions or tests required for coverage.
- **Flexible:** You can use the benefit money for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** Should 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

Who is eligible for Accident Insurance?

- **You**—all active employees working 30+ hours per week.
- **Your spouse***— under age 70. Coverage is available only if employee coverage is elected.
- **Your child(ren)**— to age 26. Coverage is available only if employee coverage is elected.

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

What accident benefits are available?

The following list includes the benefits provided by Accident Insurance. The benefit amounts paid depend on the type of injury and care received. You may be required to seek care for your injury within a set amount of time. Note that there may be some variation 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, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$800
Surgery exploratory or without repair	\$80
Blood, plasma, platelets	\$240
Hospital admission	\$800
Hospital confinement per day up to 365	\$200
Coma duration of 14 or more days	\$4,000
Transportation per trip, up to 3 per accident	\$240

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Lodging per day, up to 30 days	\$80
Follow-up care	
Medical equipment	\$40
Physical therapy per treatment, up to 6	\$20
Prosthetic device (one)	\$400
Prosthetic device (two or more)	\$800
Common injuries	
Burns second degree, at least 36% of the body	\$600
Burns 3rd degree, at least 9 but less than 35 square inches of the body	\$1,200
Burns 3rd degree, 35 or more square inches of the body	\$8,000
Skin Grafts	25% of the burn benefit
Emergency dental work while hospital confined	\$120 crown, \$40 extraction
Eye Injury removal of foreign object	\$40
Eye Injury surgery	\$160
Torn Knee Cartilage surgery with no repair or if cartilage is shaved	\$80
Torn Knee Cartilage surgical repair	\$400
Laceration¹ treated no sutures	\$20
Laceration¹ sutures up to 2"	\$40
Laceration¹ sutures 2" – 6"	\$160
Laceration¹ sutures over 6"	\$320
Ruptured Disk surgical repair	\$320
Tendon/Ligament/Rotator Cuff One, surgical repair	\$320
Tendon/Ligament/Rotator Cuff Two or more, surgical repair	\$480
Tendon/Ligament/Rotator Cuff Exploratory Arthroscopic Surgery with no repair	\$80
Concussion	\$80
Paralysis quadriplegia	\$8,000
Paralysis paraplegia	\$4,000
Dislocations	
Hip joint	\$1,600/\$3,200
Knee	\$800/\$1,600
Ankle or foot bone(s) Other than toes	\$640/\$1,280
Shoulder	\$240/\$480

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Elbow	\$240/\$480
Wrist	\$240/\$480
Finger/toe	\$80/\$160
Hand bone(s) Other than fingers	\$240/\$480
Lower jaw	\$240/\$480
Collarbone	\$240/\$480
Partial dislocations	25% of the closed reduction amount
Fractures	Closed/open reduction³
Hip	\$1,200/\$2,400
Leg	\$640/\$1,280
Ankle	\$240/\$480
Kneecap	\$240/\$480
Foot Excluding toes, heel	\$240/\$480
Upper arm	\$280/\$560
Forearm, Hand, Wrist Except fingers	\$240/\$480
Finger, Toe	\$40/\$80
Vertebral body	\$640/\$1,280
Vertebral processes	\$240/\$480
Pelvis Except coccyx	\$640/\$1,280
Coccyx	\$160/\$320
Bones of face Except nose	\$280/\$560
Nose	\$80/\$160
Upper jaw	\$280/\$560
Lower jaw	\$240/\$480
Collarbone	\$240/\$480
Rib or ribs	\$200/\$400
Skull – simple Except bones of face	\$800/\$1,600
Skull – depressed Except bones of face	\$2,000/\$4,000
Sternum	\$240/\$480
Shoulder blade	\$240/\$480
Chip fractures	25% of the closed reduction amount

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.

Meet Patty

Patty wasn't sure she'd be able to cover her medical expenses after she broke her leg in a car accident while out of town with friends. Thanks to her Accident Insurance coverage, Patty was able to use the benefits to help pay for her medical bills, as well as to offset her time away from work while going to various doctor appointments.

Benefits paid by Patty's Accident Insurance

	Out-of-Pocket Costs	Accident Insurance Benefit
Ground ambulance	\$500	\$100
Emergency room treatment	\$1,700	\$150
Leg fracture	--	\$800
Transportation (one trip)	\$85	\$300
Lodging (one night)	\$130	\$100
Medical equipment	\$150	\$100
Follow-up doctor visit	\$125	\$50
Lost time from work	\$300	--
Total	\$2,990	\$1600

This is an example of how coverage could work. The amounts shown are an example only. Actual costs/results may vary.

What does my Accident Insurance include?

The benefits listed below are included with your accident 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, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test. You may only receive a benefit once per year, even if you complete multiple health screening tests.
 - Examples of health screening tests include but are not limited to: Pap test, serum cholesterol test for HDL and LDL levels, mammography, colonoscopy, and stress test on bicycle or treadmill.
 - The annual benefit is \$150 for completing a health screening test.
 - If your spouse and children are covered for Accident Insurance, they are also covered by the Wellness Benefit. Your spouse's benefit amount is also \$150. The benefit for child coverage is 50% with an annual maximum of \$300 for children's benefits.

What optional benefits are available?

You may choose to include the optional benefits below with your accident 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, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

- **Spouse* Accident Insurance:** If you have coverage for yourself, you may enroll your spouse, as long as your spouse is under age 70 and is not covered under the Policy as an Employee.
 - Your spouse will receive the same base coverage as you.
 - Guaranteed Issue: No medical questions or tests required for coverage

*The use of "spouse" in this form means a person insured as a spouse as described in the certificate of insurance or benefit. This may include domestic partners or civil union partners as defined by the plan. Please contact your employer for more information.

- **Children's Accident Insurance:** As long as you have accident coverage on yourself, your natural child(ren), stepchild(ren), adopted child(ren) or child(ren) for whom you are a legal guardian are eligible to be covered under your employer's plan, up to the age of 26.
 - Your child(ren) will receive the same base coverage as you.
 - Guaranteed Issue: No medical questions or tests required for coverage.
 - One premium amount covers all of your eligible children.
 - If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same child(ren) under this benefit. If the parent who is covering the child(ren) stops being insured as an employee then the other parent may apply for children's coverage.

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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 January 1, 2020.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$7.54	\$12.50	\$13.69	\$18.65

Exclusions and Limitations

Exclusions in the Certificate, Spouse Accident Insurance and Children's Accident Insurance Benefit 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.
- Work for pay, profit or gain, if the employer elects to exclude work-related sicknesses or accidents under the policy.

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

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Who do I contact with questions?

For more information, please call the Voya Employee Benefits Customer Service Team at (800) 955-7736.

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, 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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