

For the Employees of Stanislaus County



Compass

Chart your course.

Accident Insurance

A limited benefit policy



Accidents are unexpected – as are the financial consequences.

Consider the following:

- In the United States, there were nearly 30 million unintentional non-fatal injuries in 2012 alone.*
- Nearly 2 million of those injuries were severe enough to require hospitalization.*

* *WISQARS Nonfatal Injury Reports, Centers for Disease Control and Prevention, based on 2012 data*

You can't prepare for an accident – but you can prepare for its aftermath. Compass Accident Insurance, offered to you by Voya Employee Benefits, can help you chart a course to a less stressful recovery.

About Compass Accident Insurance

Compass Accident Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Accident insurance pays you a specified amount for specific injuries resulting from a covered accident. You can use this money in any way you like, for example: deductibles, child care, housecleaning, groceries, utilities – any purpose that can help you meet your personal, financial, or household needs.

If you are an employee who works at least 30 hours per week, you qualify for this insurance. If you are eligible for benefits at work, you may qualify for this insurance. Check with your benefits manager for eligibility requirements. There are no medical questions you need to answer or medical tests you need to take to get coverage.

This is an optional benefit that you can purchase. Premium payments will be made through automatic deduction from your paycheck. This brochure will describe the coverage and options available to you.

This coverage is portable – which means that if you leave your employer, you can maintain your coverage. If you choose to keep your coverage, you will be billed directly.

Your Compass Accident Plan – Off Job Coverage

This is a brief outline of available benefits. Each benefit is subject to terms and conditions that may reduce the final amount paid, depending on the circumstances of your accident and the care you receive. Ask your benefits manager if you have questions about these terms and conditions.

Benefits are for each covered person for each covered accident unless otherwise indicated. The services listed below must be related to a covered accident. Benefits may vary by state. Please review your certificate of coverage for exact language.

Accident Hospital Care

Surgery open abdominal, thoracic	\$800	Hospital Confinement per day up to 365	\$200
Surgery exploratory or without repair	\$80	Coma duration of 14 or more days	\$4,000
Blood, Plasma, Platelets	\$240	Transportation per trip up to 3 per accident	\$240
Hospital Admission	\$800	Lodging per day up to 30 days	\$80

Follow-up Care

Medical Equipment	\$40	Prosthetic Device one	\$400
Physical Therapy per treatment up to 6	\$20	Prosthetic Device 2 or more	\$800

Common Injuries

Burns 2 nd degree – at least 36% of the body	\$600	Laceration¹ sutures, up to 2"	\$40
Burns 3 rd degree – at least 9 but less than 35 square inches of the body	\$1,200	Laceration¹ sutures, 2" to 6"	\$160
Burns 3 rd degree – 35 or more square inches of the body	\$8,000	Laceration¹ sutures, over 6"	\$320
Skin Grafts	25% of burn benefit	Ruptured Disk surgical repair	\$320

Emergency Dental Work while Hospital Confined	Crown: \$120 Extraction: \$40	Tendon / Ligament / Rotator Cuff One, surgical repair	\$320
Eye Injury removal of foreign object	\$40	Tendon / Ligament / Rotator Cuff 2 or more, surgical repair	\$480
Eye Injury surgery	\$160	Tendon / Ligament / Rotator Cuff Exploratory Arthroscopic Surgery with no repair	\$80
Torn Knee Cartilage surgery with no repair or if cartilage is shaved	\$80	Concussion	\$80
Torn Knee Cartilage surgical repair	\$400	Paralysis quadriplegia	\$8,000
Laceration¹ treated, no sutures	\$20	Paralysis paraplegia	\$4,000

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

Common Injuries Dislocations

	Closed Reduction/ Open Reduction ²		Closed Reduction/ Open Reduction ²
Hip Joint	\$1,600 / \$3,200	Finger / Toe	\$80 / \$160
Knee	\$800 / \$1,600	Hand Bone(s) other than fingers	\$240 / \$480
Ankle or Foot Bone(s) other than toes	\$640 / \$1,280	Lower Jaw	\$240 / \$480
Shoulder	\$240 / \$480	Collarbone	\$240 / \$480
Elbow	\$240 / \$480	Partial Dislocations	25% of the closed reduction amount
Wrist	\$240 / \$480		

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

Common Injuries Fractures

	Closed Reduction/ Open Reduction ³		Closed Reduction/ Open Reduction ³
Hip	\$1,200 / \$2,400	Bones of Face (except nose)	\$280 / \$560
Leg	\$640 / \$1,280	Nose	\$80 / \$160
Ankle	\$240 / \$480	Upper Jaw	\$280 / \$560
Kneecap	\$240 / \$480	Lower Jaw	\$240 / \$480
Foot (excluding toes, heel)	\$240 / \$480	Collarbone	\$240 / \$480
Upper Arm	\$280 / \$560	Rib or Ribs	\$200 / \$400
Forearm, Hand, Wrist (except fingers)	\$240 / \$480	Skull – simple (except bones of face)	\$800 / \$1,600
Finger, Toe	\$40 / \$80	Skull – depressed (except bones of face)	\$2,000 / \$4,000
Vertebral Body	\$640 / \$1,280	Sternum	\$240 / \$480
Vertebral Processes	\$240 / \$480	Shoulder Blade	\$240 / \$480
Pelvis (except Coccyx)	\$640 / \$1,280	Chip Fractures	25% of the closed reduction amount
Coccyx	\$160 / \$320		

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

Wellness Benefit Rider

The covered employee will receive a single standard annual benefit of \$150 for each covered employee and spouse who completes a health screening test. (The standard child benefit is 50% of the employee benefit amount, with a maximum of \$300 in child benefits payable per calendar year.)

Spouse Accident Rider



You may elect accident insurance coverage for your spouse/domestic partner*, through age 69. See the complete certificate and rider for details. You must have coverage for yourself in order to select this rider.

** Definition of spouse/domestic partner may vary by state.*

Children's Accident Rider



You may elect accident insurance coverage for your child or children, up to age 26. One rider covers all eligible children. See the complete certificate and rider for details. You must have coverage for yourself in order to select this rider.

Exclusions and Limitations*

Exclusions in the Certificate, Spouse Accident Rider, and Children's Accident Rider:

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 (excluding 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.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing 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.



* Exclusions and limitations may vary by state. Consult your certificate of insurance for exact language.

Chart your course with Voya™ Employee Benefits.

Call 877-236-7564 if you have any questions about this product.

This product is issued and underwritten by ReliaStar Life Insurance Company, a member of the Voya™ family of companies. Home and Administrative Office: 20 Washington Avenue South, Minneapolis, MN 55401. This brochure is a summary only and the policy, certificate and riders should be reviewed for complete benefits, exclusions and limitations.

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

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Compass Accident Insurance

Monthly Rates for the Employees of Stanislaus County

Monthly Rates

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

Rates are guaranteed until 01/01/2017. Policy Form#:RL-ACC2-POL-12(may vary by state).
See accompanying brochure for product information including provisions, limitations, and exclusions.

This product is issued and underwritten by ReliaStar Life Insurance Company, a member of Voya™ a family of Companies. Home Administrative Office: 20 Washington Avenue South, Minneapolis, MN 55401.

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