

# Accident Insurance

Because you never know what the future will bring.

You cannot anticipate what one accident could mean to your financial stability. Our accident insurance benefits:

- Paid directly to you
- Money used how you wish
- Paid in addition to other medical coverage

## FEATURES OF ACCIDENT INSURANCE

Our Accident Insurance can help cover the unexpected costs related to accident expenses. This policy pays a specified benefit amount for:

- Initial care such as ambulance, emergency room and initial doctor visit
- Follow up care such as outpatient doctor's treatment and medical appliances
- Injuries, including burns, dislocations and fractures
- Catastrophic accident
- Accidental death

## Payperiod Rates (24 deductions)

Employee only .....	\$10.20
Employee + Spouse .....	\$ 13.72
Employee + Children .....	\$ 17.75
Employee + Family .....	\$21.27

## WHO CAN BE COVERED

You are eligible to apply for this coverage as long as you are 18 years or older, you are a permanent, benefits eligible employee who meets the hoursworked-per-week requirement and you are actively at work on the enrollment date. You may also apply for this coverage for your spouse and dependent children.

**Spouse & Dependent Child Coverage:** Spouse and Dependent Child Coverage are issued as riders:

**Spouse Accident Rider:** Coverage is available to your spouse, as long as you are covered and your spouse is between 18 through 74 years old.

**Child(ren's) Accident Rider:** Coverage is available to your unmarried, natural children, adopted children, or stepchildren from birth through the age of 24\* as long as you are covered. Age restrictions are waived for handicapped dependent children. \*May vary by state

**Wellness Rider:** The wellness rider pays a benefit of \$100 once per calendar year per certificate for covered health screening tests. The rider is available to employees and their spouses, if they elect coverage. The covered screening tests cover a wide range of illnesses and diseases.

**Waiting Period:** The rider requires a 30-day waiting period from the effective date of coverage under the rider.

**GUARANTEED ACCEPTANCE:** This coverage is available to you without answering health questions.

**PORTABILITY:** Should you retire or leave the company for any reason, this coverage can be taken with you. As long as you continue coverage, spouse and dependent coverage can also be continued with no change in premium amount. A direct bill payment option must be elected.

**CONVENIENT COVERAGE:** The availability of payroll deduction makes it convenient for you to pay for your plan.

**BENEFIT PAYMENTS:** Accident Insurance pays you a specified amount, defined in the schedule of benefits, for specific services and conditions resulting from a covered accident.

## ACCIDENT INSURANCE EXCLUSIONS\*

The policy does not cover any losses that are caused by or occur as the result of:

- war or act of war, whether declared or undeclared;
- riding in or driving any motordriven vehicle in a race, stunt show or speed test;
- operating, learning to operate, serving as a crew member of or jumping, parachuting or falling from any aircraft or hot air balloon, including those which are not motor-driven (Accident Insurance will cover flying as a fare paying passenger);
- engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or any similar activities;
- participating or attempting to participate in an illegal activity;
- committing or trying to commit suicide or injuring oneself, whether sane or not;
- any sickness or declining process caused by a sickness;
- practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- having a work related injury, unless an On Job 24-hour accident coverage type is shown on the plan summary for policyholder;
- an accident occurring while the covered person for whom a claim is being made was operating a motorized vehicle while intoxicated. By intoxication, we mean the blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the Accident occurred;
- injury that occurs while the insurance is not in force.

\* May vary by state.

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## SCHEDULE OF COVERAGE

### INITIAL CARE:

Ambulance – ground .....	100
Ambulance – air .....	500
Emergency room .....	150
Initial doctor visit .....	50

### ACCIDENT HOSPITAL CARE:

Surgery – open abdominal, thoracic .....	1,000
Surgery – exploratory or without repair .....	100
Blood/plasma/platelets .....	300
Hospital admission .....	750
Hospital confinement (per day up to 365 days) .....	200
ICU confinement (per day up to 14 days) .....	400
Coma (duration of 14 or more consecutive days) .....	5,000
Transportation (per trip up to 3 trips per accident) .....	300
Family lodging (per day up to 30 days) .....	100

### FOLLOW-UP CARE:

Follow-up doctor treatment .....	50
Medical appliances .....	50
Physical therapy (per treatment up to 6 treatments) .....	25
Prosthetic device – one .....	500
Prosthetic device – 2 or more .....	1,000

### COMMON INJURIES:

Burns	
2nd degree – at least 36% .....	750
3rd degree – at least 9, less than 35 sq in .....	1,500
3rd degree – 35 or more sq in .....	10,000
Skin grafts .....	25% of burn benefit
Emergency dental work – crown .....	150
Emergency dental work – extraction .....	50
Eye injury – surgery .....	200
Eye injury – removal of foreign object .....	200
Torn knee cartilage – surgical repair .....	500
Torn knee cartilage – surgery with no repair or if cartilage is shaved .....	100
Laceration (total of all lacerations)	
Treated, no sutures .....	25
Sutures, up to 2" .....	50
Sutures, 2-6' .....	200
Sutures, over 6" .....	400
Ruptured disk – surgical repair .....	400
Tendon/ligament/rotator cuff – one surgical repair .....	400
Tendon/ligament/rotator cuff – 2 or more, surgical repair .....	600
Tendon/ligament/rotator cuff – Exploratory arthroscopic surgery with no repair .....	100
Concussion (diagnosed with x-ray, CAT scan and/or MRI) .....	100
Paralysis – quadriplegia .....	10,000
Paralysis – paraplegia .....	5,000
Dislocations (closed & open reduction)	
Hip joint .....	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 Closed Reduction Amount
Fractures (closed & open reduction)	
Hip .....	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
Vertebral processes .....	300-600
Pelvis (except coccyx) .....	800-1,600
Coccyx .....	200-400
Bones of face, excluding nose .....	350-700
Nose .....	100-200
Upper jaw .....	350-700
Lower jaw .....	300-600
Collar bone .....	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 Closed Reduction Amount

### AD&D:

Accidental Death	
Insured .....	25,000
Spouse .....	10,000
Children .....	5,000
Common Carrier	
Insured .....	50,000
Spouse .....	20,000
Children .....	10,000
Dismemberment	
Loss of both hands, both feet or the sight of both eyes .....	15,000
Loss of one hand or one foot and sight of one eye .....	15,000
Loss of one hand and one foot .....	15,000
Loss of one hand or one foot .....	7,500
Loss of two or more fingers or toes .....	1,500
Loss of one finger or toe .....	750
Catastrophic Accident*	
Insured .....	100,000
Spouse .....	50,000
Children .....	50,000

\*catastrophic benefit reduced by 50% at age 65 & 75% at age 70

*This is a brief outline of available benefits. Please refer to your certificate for exact terms and conditions. Benefits are for each covered person for each covered accident unless otherwise indicated. May vary by state.*

**This is a limited benefit policy.** There is no coverage for hospital, medical surgical or major medical expenses. This brochure is a brief description of coverage. The policy, and certificate, and any riders should be read carefully for exact terms and conditions, exclusions and limitations. Issued by ReliaStar Life Insurance Company, a member of ING. Home and Administrative Office: 20 Washington Avenue South, Minneapolis, MN 55401 Product and services offered through the ING family of companies. Policy Form Number: RL-ACC2005-POL, RL-ACC2005-SAR, RL-ACC2005-RCHILD Policy form numbers, product availability, and specific provisions may vary by state. © 2009 ING North America Insurance Corporation