

Accident Insurance

Explore Your Benefits & Costs



Group Name: Total Quality Logistics, LLC.
Group Number: 0071248-5
Class: Full-Time and Part -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 \$50 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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How much does it cost?

This table shows your rates for Accident Insurance.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$10.50	\$17.08	\$19.32	\$25.92

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. Some of the most common treatments and conditions we pay benefits for include:



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	Benefit
Emergency room treatment	\$150
X-ray	\$30
Physical or occupational therapy (up to six per accident)	\$30
Stitches (for lacerations, up to 2")	\$40
Follow-up doctor treatment	\$60
Hospital admission	\$1000
Hospital confinement (per day, up to 365 days)	\$300

What else is included?

The Accident Insurance available through your employer also features the following:

 <p>\$50 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) and receive a benefit payment. Your annual benefit amount is \$50. Your spouse's benefit amount is \$50. The benefit for child coverage is 50% of your benefit amount per child, with an annual maximum of \$100 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.

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.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$800
Surgery exploratory or without repair	\$125
Blood, plasma, platelets	\$400
Hospital admission	\$1,000
Hospital confinement per day, up to 365 days	\$300
Critical care unit confinement per day, up to 15 days	\$475
Rehabilitation facility confinement per day, up to 90 days	\$125
Coma duration of 14 or more days	\$11,500
Transportation per trip, up to three per accident	\$500
Lodging per day, up to 30 days	\$120
Family care per child per day, up to 45 days	\$15
Accident care	
Initial doctor visit	\$60
Urgent care facility treatment	\$150

Emergency room treatment	\$150
Ground ambulance	\$240
Air ambulance	\$1,000
Follow-up doctor treatment	\$60
Medical equipment	\$40
Physical or occupational therapy up to six per accident	\$30
Speech therapy up to 6 per accident	\$30
Prosthetic device (one)	\$500
Prosthetic device (two or more)	\$800
Major diagnostic exam	\$80
X-ray	\$30
Common injuries	
Burns second degree, at least 36% of the body	\$1,000
Burns third degree, at least nine but less than 35 square inches of the body	\$4,500
Burns third degree, 35 or more square inches of the body	\$10,000
Skin grafts	25% of the burn benefit
Emergency dental work	\$250 crown, \$60 extraction
Eye injury removal of foreign object	\$60
Eye injury surgery	\$225
Torn knee cartilage surgery with no repair or if cartilage is shaved	\$150
Torn knee cartilage surgical repair	\$500
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	\$500
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$275
Tendon/ligament/rotator cuff one, surgical repair	\$550
Tendon/ligament/rotator cuff two or more, surgical repair	\$800
Concussion	\$150
Paralysis - paraplegia	\$10,750
Paralysis - quadriplegia	\$16,000
Dislocations	
	Closed/open reduction²
Hip joint	\$2,550 / \$5,100
Knee	\$1,600 / \$3,200
Ankle or foot bone(s) other than toes	\$1,000 / \$2,000
Shoulder	\$1,000 / \$2,000
Elbow	\$750 / \$1,500
Wrist	\$750 / \$1,500
Finger/toe	\$175 / \$350
Hand bone(s) other than fingers	\$750 / \$1,500
Lower jaw	\$750 / \$1,500
Collarbone	\$750 / \$1,500
Partial dislocations	25% of the closed reduction amount

Fractures	Closed/open reduction ³
Hip	\$2,000 / \$4,000
Leg	\$1,500 / \$3,000
Ankle	\$1,200 / \$2,400
Kneecap	\$1,200 / \$2,400
Foot excluding toes, heel	\$1,200 / \$2,400
Upper arm	\$1,400 / \$2,800
Forearm, hand, wrist except fingers	\$1,200 / \$2,400
Finger, toe	\$160 / \$320
Vertebral body	\$2,240 / \$4,480
Vertebral processes	\$960 / \$1,920
Pelvis except coccyx	\$2,250 / \$4,500
Coccyx	\$200 / \$400
Bones of face except nose	\$800 / \$1,600
Nose	\$400 / \$800
Upper jaw	\$1,000 / \$2,000
Lower jaw	\$960 / \$1,920
Collarbone	\$960 / \$1,920
Rib or ribs	\$300 / \$600
Skull – simple except bones of face	\$1,000 / \$2,000
Skull – depressed except bones of face	\$2,000 / \$4,000
Sternum	\$240 / \$480
Shoulder blade	\$1,200 / \$2,400
Chip fractures	25% of the closed reduction amount



Ready to Enroll?

For more information, please call the Voya Employee Benefits Customer Service Team at (877) 236-7564 or log on to <https://presents.voya.com/EBRC/TQL>

Exclusion and Limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance and AD&D are listed below. (These may vary by state.) For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

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 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, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.

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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