



## Compass Accident Insurance

### 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:  
County of Santa Barbara

ReliaStar Life Insurance Company, a member of the Voya<sup>®</sup> 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 that occurs while you are not at work, on or after your coverage effective date. The benefit amount 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.

Other features of Accident Insurance include:

- **Guaranteed issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** If 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 20+ 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.

## When is my coverage effective?

The effective date of coverage is the date you are eligible to begin filing claims. The injury must occur on or after the coverage effective date.

- If you elect employee-paid Coverage, that coverage becomes effective at 12:01 a.m. on the latest of the following:
  - The date you are eligible for coverage, if you apply on or before that date.
  - The date you apply for coverage.
  - The date you return to active employment, if you are not in active employment when your coverage would otherwise become effective.
- Coverage for your spouse and/or children becomes effective on the same date as your coverage.

## What accident benefits are available?

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. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$1,200
Surgery exploratory or without repair	\$120
Blood, plasma, platelets	\$360
Hospital admission	\$1,000

Event	Benefit
Dislocations	Closed/open reduction <sup>2</sup>
Hip joint	\$2,400/\$4,800
Knee	\$1,200/\$2,400
Ankle or foot bone(s) other than toes	\$960/\$1,920
Shoulder	\$360/\$720

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<b>Hospital confinement</b> per day, up to 365 days	\$250
<b>Coma</b> duration of 14 or more days	\$6,000
<b>Transportation</b> per trip, up to 3 per accident	\$360
<b>Lodging</b> per day, up to 30 days	\$120
<b>Follow-up care</b>	
<b>Medical equipment</b>	\$120
<b>Physical therapy</b> up to 6 per accident	\$30
<b>Prosthetic device</b> (one)	\$600
<b>Prosthetic device</b> (two or more)	\$1,200
<b>Common injuries</b>	
<b>Burns</b> second degree, at least 36% of the body	\$900
<b>Burns</b> third degree, at least 9 but less than 35 square inches of the body	\$1,800
<b>Burns</b> third degree, 35 or more square inches of the body	\$12,000
<b>Skin grafts</b>	25% of the burn benefit
<b>Emergency dental work</b> while hospital confined	\$180 crown, \$60 extraction
<b>Eye injury</b> removal of foreign object	\$60
<b>Eye injury</b> surgery	\$240
<b>Torn knee cartilage</b> surgery with no repair or if cartilage is shaved	\$120
<b>Torn knee cartilage</b> surgical repair	\$600
<b>Laceration</b> <sup>1</sup> treated no sutures	\$30
<b>Laceration</b> <sup>1</sup> sutures up to 2"	\$60
<b>Laceration</b> <sup>1</sup> sutures 2" – 6"	\$240
<b>Laceration</b> <sup>1</sup> sutures over 6"	\$480
<b>Ruptured disk</b> surgical repair	\$480
<b>Tendon/ligament/rotator cuff</b> one, surgical repair	\$480
<b>Tendon/ligament/rotator cuff</b> two or more, surgical repair	\$720
<b>Tendon/ligament/rotator cuff</b> exploratory arthroscopic surgery with no repair	\$120
<b>Concussion</b>	\$120
<b>Paralysis - quadriplegia</b>	\$12,000
<b>Paralysis - paraplegia</b>	\$6,000

<sup>1</sup> Laceration benefits are a total of all lacerations per accident.

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

<sup>3</sup> Closed Reduction of Fracture = Non-surgical.  
Open Reduction of Fracture = Surgical.

<b>Elbow</b>	\$360/\$720
<b>Wrist</b>	\$360/\$720
<b>Finger/toe</b>	\$120/\$240
<b>Hand bone(s)</b> other than fingers	\$360/\$720
<b>Lower jaw</b>	\$360/\$720
<b>Collarbone</b>	\$360/\$720
<b>Partial dislocations</b>	25% of the closed reduction amount
<b>Fractures</b>	
	<b>Closed/open reduction<sup>3</sup></b>
<b>Hip</b>	\$1,800/\$3,600
<b>Leg</b>	\$960/\$1,920
<b>Ankle</b>	\$360/\$720
<b>Kneecap</b>	\$360/\$720
<b>Foot</b> excluding toes, heel	\$360/\$720
<b>Upper arm</b>	\$420/\$840
<b>Forearm, hand, wrist</b> except fingers	\$360/\$720
<b>Finger, toe</b>	\$60/\$120
<b>Vertebral body</b>	\$960/\$1,920
<b>Vertebral processes</b>	\$360/\$720
<b>Pelvis</b> except coccyx	\$960/\$1,920
<b>Coccyx</b>	\$240/\$480
<b>Bones of face</b> except nose	\$420/\$840
<b>Nose</b>	\$120/\$240
<b>Upper jaw</b>	\$420/\$840
<b>Lower jaw</b>	\$360/\$720
<b>Collarbone</b>	\$360/\$720
<b>Rib or ribs</b>	\$300/\$600
<b>Skull – simple</b> except bones of face	\$1,200/\$2,400
<b>Skull – depressed</b> except bones of face	\$3,000/\$6,000
<b>Sternum</b>	\$360/\$720
<b>Shoulder blade</b>	\$360/\$720
<b>Chip fractures</b>	25% of the closed reduction amount

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## What does my Accident Insurance include?

- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test. You have up to one year to submit your wellness claim from the date of your health screening test. You may only receive a benefit payment 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 amount is \$150 for completing a health screening test.
  - If your spouse and/or 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% of your benefit amount per child with an annual maximum of \$300 for all children.

## What optional benefits are available?

You may choose to include the optional benefits below with your Accident Insurance 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, exclusions and limitations, see your certificate of insurance and any riders.

- **Spouse\* Accident Insurance:** If you have coverage on yourself, you may enroll your spouse, as long as your spouse is under age 70 and is not covered under your employer's plan as an employee.
  - Your spouse will be covered for the same Accident benefits as you are.
  - Guaranteed issue: No medical questions or tests are 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 rider. 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:** If you have coverage on yourself, your natural children, stepchildren, adopted children or children for whom you are a legal guardian are eligible to be covered under your employer's plan, up to the age of 26.
  - Your children will be covered for the same Accident benefits as you are.
  - Guaranteed issue: No medical questions or tests are 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 children for Accident Insurance. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children's coverage.

\*\*The definition of "child" may vary by state. Please contact your employer for more information.

## How much does Accident Insurance cost?

All employees pay the same rate, no matter their age. See the chart below for the premium amounts.

Semi-Monthly Rates (24 Pay Periods)			
Employee	Employee and Spouse	Employee and Children	Family
\$4.66	\$7.72	\$8.55	\$11.61

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## Exclusions and Limitations

Exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance 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.

\*See the certificate of insurance and riders for a complete list of available benefits, exclusions and limitations.

## Who do I contact with questions?

For more information, please call the Voya Employee Benefits Customer Service Team at (877) 236-7564

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-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, Wellness Benefit Rider Form #RL-ACC2-WELL-12. Form numbers, provisions and availability may vary by state.

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