

Accident Insurance

Explore Your Benefits & Costs

Group Name: Plexus Corp.
Group Number: 701939

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:



Coverage is Guaranteed Issue.



Employees get an annual Wellness Benefit of \$150 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

PLAN | INVEST | PROTECT

VOYA
FINANCIAL

How much does it cost?

This table shows your rates for Accident Insurance. The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Bi-Weekly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$5.72	\$10.26	\$11.53	\$16.07






Weekly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$2.86	\$5.13	\$5.77	\$8.04

Your spouse will be covered for the same Accident benefits as you.

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:

 ER treatment	 X-rays	 Physical therapy
 Stitches	 Follow-up doctor treatment(s)	

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	\$50

Physical or occupational therapy (up to six per accident)	\$30
Stitches (for lacerations, up to 2")	\$40
Follow-up doctor treatment	\$60
Hospital admission	\$1,000
Hospital confinement (per day, up to 365 days)	\$300

This is only a small preview of the benefits available to you.

See the full Schedule of Benefits toward the end of this document.

What else is included?

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



**\$150 to use
however
you'd like**

Wellness Benefit

- Complete an eligible health screening test (such as an annual physical) or experience a covered stay in a hospital, and receive a benefit payment.
- Your annual benefit amount is \$150. Your spouse's benefit amount is \$150.
- The benefit for child coverage is 50% of your benefit amount per child, with an annual maximum of \$150 for all children.



**Keep
coverage
during a
leave of
absence**

Continuation of Insurance

Continuation allows you to maintain your current Accident Insurance coverage for yourself, your spouse, and children during an employer-approved leave of absence.



**Take your
coverage with
you**

Portability

If you are in a situation where you will lose eligibility for benefits, such as reduced hours, termination, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

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.

Additional non-insurance service(s)

Access **extra support** next time you travel

Voya Travel Assistance

Being in an unfamiliar place can cause stress, especially if something goes wrong. Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, travel assistance services such as pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.

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
Chiropractic treatment up to six per accident	\$30
Medical equipment	\$75
Physical or occupational therapy up to six per accident	\$30

Event	Benefit
Speech therapy up to 6 per accident	\$30
Prosthetic device (one)	\$500
Prosthetic device (two or more)	\$800
Major diagnostic exam	\$125
Outpatient surgery (one per accident)	\$150
X-ray	\$50
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	50% of the burn benefit
Emergency dental work: crown	\$250
Extraction	\$60
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
Laceration ¹ treated no sutures	\$20
Laceration ¹ sutures up to 2"	\$40
Laceration ¹ sutures 2" – 6"	\$160
Laceration ¹ 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	
	Non-surgical/ surgical repair ²
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 non-surgical repair amount
Fractures	
	Non-surgical/ surgical repair ³
Hip	\$3,000/\$6,000

Event	Benefit
Leg	\$2,500/\$5,000
Ankle	\$1,800/\$3,600
Kneecap	\$1,800/\$3,600
Foot excluding toes, heel	\$1,800/\$3,600
Upper arm	\$2,100/\$4,200
Forearm, hand, wrist except fingers	\$1,800/\$3,600
Finger, toe	\$240/\$480
Vertebral body	\$3,360/\$6,720
Vertebral processes	\$1,440/\$2,880
Pelvis except coccyx	\$3,200/\$6,400
Coccyx	\$400/\$800
Bones of face except nose	\$1,200/\$2,400
Nose	\$600/\$1,200
Upper jaw	\$1,500/\$3,000
Lower jaw	\$1,440/\$2,880
Collarbone	\$1,440/\$2,880
Rib or ribs	\$400/\$800
Skull – simple except bones of face	\$1,400/\$2,800
Skull – depressed except bones of face	\$3,000/\$6,000
Sternum	\$360/\$720
Shoulder blade	\$1,800/\$3,600
Chip fractures	25% of the closed reduction amount

Laceration benefits are a total of all lacerations per accident.

² Non-surgical repair of a completely separated joint may be referred to in your policy documentation as a “closed reduction.” Surgical repair of a completely separated joint may be referred to in your policy documentation as an “open reduction.”

³ Non-surgical repair of a fracture may be referred to in your policy documentation as a “closed reduction.” Surgical repair of a fracture may be referred to in your policy documentation as an “open reduction.”

Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children’s Accident Insurance 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.

*Definition and limitations/exclusions may vary by state.



Ready to Enroll?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

Voya Employee Benefits Customer Service at (877) 236-7564 or go to
<https://presents.voya.com/stageebrc/PlexusCorp>

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.

1222304

ACC2 Only

Date Prepared: 09/11/2023

212309-08152020