



# Accident Insurance

## Your Choice Plan

This is a limited benefit policy.  
There is no coverage for hospital, medical-surgical or major medical expenses.

### EMPLOYEE BENEFITS



Issued by ReliaStar Life Insurance Company, a member of ING.

Your future. Made easier.®

# 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

## 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 hours-worked-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 of age.

### • 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

## 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.

## An example of how accident coverage can help you with your expenses\*

### 35-YEAR-OLD CLAIMANT

**Accident:** Falling off bicycle

**Injuries:** Fractured wrist

Torn ACL (knee ligament injury)

### Out-of-pocket expenses incurred:

- \$100 emergency room co-pay
- \$250 deductible
- \$750 co-pay for knee surgery (\$3,750 x 20%)
- \$150 co-pay for eight physical therapy visits

**Total out-of-pocket expenses: \$1,250**

### Benefits paid:

- \$150 emergency room co-pay
- \$50 appliance (knee brace)
- \$300 fractured wrist
- \$400 surgical ligament tear repair
- \$50 follow-up appointment
- \$150 for six physical therapy sessions

**Total benefit paid under policy: \$1,100**

\*Cost of treatment and benefit amounts may vary.

## SCHEDULE OF COVERAGE

### A. Initial Care:

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

### B. 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

### C. 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

### D. 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

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

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

### E. 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

### Accident Insurance Exclusions\*

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

1. war or act of war, whether declared or undeclared;
2. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
3. 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);
4. engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or any similar activities;
5. participating or attempting to participate in an illegal activity;
6. committing or trying to commit suicide or injuring oneself, whether sane or not;
7. any sickness or declining process caused by a sickness;
8. practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
9. having a work related injury, unless an On Job 24-hour accident coverage type is shown on the plan summary for policyholder;
10. 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;
11. injury that occurs while the insurance is not in force.

\* May vary by state.

### About Us

ING Employee Benefits offers a broad array of products and services to meet the financial needs of employers and their employees. Most products and services are provided by ReliaStar Life Insurance Company, a wholly-owned indirect subsidiary of ING Groep N.V. ING Groep N.V. is an Amsterdam based global leader in integrated financial services with banking, insurance and asset management businesses in more than 60 countries. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues. Some products are not available in all states.

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.

[www.ing-usa.com](http://www.ing-usa.com) [www.ingemployeebenefits-us.com/payroll](http://www.ingemployeebenefits-us.com/payroll)

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