

# Accident Insurance- Washington

Explore Your Benefits & Costs



Group Name: Lakefield Veterinary Group, Inc.  
Group Number: 747572  
Class: All Active Full Time and Part Time Team Members working a minimum of 20 hours per week

**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 always  
Guaranteed Issue



Simplified claims process has  
limited paperwork and can be  
submitted/tracked online.



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 to lessen the financial impact of a covered accident.

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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**VOYA**  
FINANCIAL

# How much does it cost?

You have the option to elect Accident Insurance to meet your needs.  
This table shows your rates for Accident Insurance.

High Plan Coverage Type	Bi-Weekly Rates	Low Plan Coverage Type	Bi-Weekly Rates
Employee	\$6.63	Employee	\$4.04
Employee + Spouse	\$11.00	Employee + Spouse	\$6.70
Employee + Children	\$13.35	Employee + Children	\$8.12
Family	\$17.72	Family	\$10.78


If you have coverage on yourself, your spouse can be covered. Your spouse will be covered for the same Accident benefits as you. “

If you have coverage on yourself, your natural children, stepchildren, adopted children, a child of your domestic partner who is recognized as equivalent to a Spouse by Washington law or as defined by the Employer, or children for whom you are legal guardian can be covered from birth 14 days but less than age 26\*. Your children will be covered for the same benefit amounts as you. One premium amount covers all of your eligible children. If both you and your spouse are covered under this 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.

\*\* Coverage will continue while the Child remains incapable of self-sustaining employment due to physical or developmental disability and continues to meet the definition of Child except for the age limit.

# What’s covered?

Accident Insurance provides a benefit payment after a covered accident that results in specific injuries and treatments. You may be required to seek care for your injury within a set amount of time. Some of the specific covered treatments and conditions we pay benefits for include those shown below. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

**ER treatment**

**X-ray**

**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	High	Low
Emergency room treatment	\$300	\$200
X-ray	\$75	\$40
Physical Therapy (up to 6 per accident)	\$75	\$40
Stitches (for lacerations, up to 2")	\$120	\$50
Follow-up doctor treatment	\$120	\$75
Hospital admission	\$1,750	\$1,125
Hospital confinement (per day, up to 365 days)	\$450	\$350

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:



### 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.

## 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. 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	Low	High
<b>Accident hospital care</b>		
<b>Surgery</b> open abdominal, thoracic	\$1,000	\$2,500
<b>Surgery</b> exploratory or without repair	\$140	\$350
<b>Blood, plasma, platelets</b>	\$500	\$650
<b>Hospital admission</b>	\$1,125	\$1,750
<b>Hospital confinement</b> per day, up to 365 days	\$350	\$450
<b>Critical care unit confinement</b> per day, up to 15 days	\$525	\$700
<b>Rehabilitation facility confinement</b> per day, up to 90 days	\$150	\$225
<b>Coma</b> duration of 14 or more days	\$14,500	\$20,000
<b>Transportation</b> per trip, up to three per accident	\$650	\$840
<b>Lodging</b> per day, up to 30 days	\$150	\$225
<b>Family care</b> per child per day, up to 45 days	\$20	\$30
<b>Accident care</b>		
<b>Initial doctor visit</b>	\$75	\$120
<b>Urgent care facility treatment</b>	\$200	\$300
<b>Emergency room treatment</b>	\$200	\$300
<b>Ground ambulance</b>	\$300	\$600
<b>Air ambulance</b>	\$1,250	\$2,500
<b>Follow-up doctor treatment</b>	\$75	\$120
<b>Chiropractic treatment</b> up to six per accident	\$40	\$75
<b>Medical equipment</b>	\$100	\$250
<b>Physical or occupational therapy</b> up to six per accident	\$40	\$75
<b>Speech therapy</b> up to 6 per accident	\$40	\$75
<b>Prosthetic device</b> (one)	\$625	\$1,500
<b>Prosthetic device</b> (two or more)	\$1,000	\$2,400
<b>Major diagnostic exam</b>	\$200	\$500
<b>Outpatient surgery</b> (one per accident)	\$200	\$300
<b>X-ray</b>	\$40	\$75
<b>Common injuries</b>		
<b>Burns</b> second degree, at least 36% of the body	\$1,125	\$1,750
<b>Burns</b> third degree, at least nine but less than 35 square inches of the body	\$6,000	\$10,000
<b>Burns</b> third degree, 35 or more square inches of the body	\$12,500	\$22,000
<b>Skin grafts</b>	25% of the burn benefit	25% of burn benefit
<b>Emergency dental work</b>	\$300 crown, \$75 extraction	\$480 crown, \$180 extraction
<b>Eye injury</b> removal of foreign object	\$80	\$120
<b>Eye injury</b> surgery	\$275	\$420
<b>Torn knee cartilage</b> surgery with no repair or if cartilage is shaved	\$175	\$280
<b>Torn knee cartilage</b> surgical repair	\$650	\$1,000

<b>Laceration<sup>1</sup></b> treated no sutures	\$25	\$60
<b>Laceration<sup>1</sup></b> sutures up to 2"	\$50	\$120
<b>Laceration<sup>1</sup></b> sutures 2" – 6"	\$200	\$480
<b>Laceration<sup>1</sup></b> sutures over 6"	\$400	\$960
<b>Ruptured disk</b> surgical repair	\$650	\$1,000
<b>Tendon/ligament/ rotator cuff</b> exploratory arthroscopic surgery with no repair	\$350	\$720
<b>Tendon/ligament/ rotator cuff</b> one, surgical repair	\$675	\$1,020
<b>Tendon/ligament/ rotator cuff</b> two or more, surgical repair	\$1,000	\$1,520
<b>Concussion</b>	\$175	\$450
<b>Paralysis - paraplegia</b>	\$13,500	\$20,000
<b>Paralysis - quadriplegia</b>	\$20,000	\$30,000
<b>Dislocations</b>	<b>Closed/open reduction<sup>2</sup></b>	<b>Closed/open reduction<sup>2</sup></b>
<b>Hip joint</b>	\$3,200/\$6,400	\$4,000/\$8,000
<b>Knee</b>	\$2,000/\$4,000	\$3,000/\$6,000
<b>Ankle or foot bone(s)</b> other than toes	\$1,200/\$2,400	\$1,800/\$3,600
<b>Shoulder</b>	\$1,500/\$3,000	\$2,200/\$4,400
<b>Elbow</b>	\$900/\$1,800	\$1,500/\$3,000
<b>Wrist</b>	\$900/\$1,800	\$1,500/\$3,000
<b>Finger/toe</b>	\$250/\$500	\$350/\$700
<b>Hand bone(s)</b> other than fingers	\$900/\$1,800	\$1,500/\$3,000
<b>Lower jaw</b>	\$900/\$1,800	\$1,500/\$3,000
<b>Collarbone</b>	\$900/\$1,800	\$1,500/\$3,000
<b>Partial dislocations</b>	25% of the closed reduction amount	25% of the closed reduction amount
<b>Fractures</b>	<b>Closed/open reduction<sup>3</sup></b>	<b>Closed/open reduction<sup>3</sup></b>
<b>Hip</b>	\$2,500/\$5,000	\$5,000/\$10,000
<b>Leg</b>	\$1,800/\$3,600	\$2,800/\$5,600
<b>Ankle</b>	\$1,500/\$3,000	\$2,500/\$5,000
<b>Kneecap</b>	\$1,500/\$3,000	\$2,500/\$5,000
<b>Foot</b> excluding toes, heel	\$1,500/\$3,000	\$2,500/\$5,000
<b>Upper arm</b>	\$1,750/\$3,500	\$2,750/\$5,500
<b>Forearm, hand, wrist</b> except fingers	\$1,500/\$3,000	\$2,500/\$5,000
<b>Finger, toe</b>	\$200/\$400	\$400/\$800
<b>Vertebral body</b>	\$2,800/\$5,600	\$4,200/\$8,400
<b>Vertebral processes</b>	\$1,200/\$2,400	\$2,000/\$4,000
<b>Pelvis</b> except coccyx	\$2,750/\$5,500	\$4,000/\$8,000
<b>Coccyx</b>	\$300/\$600	\$500/\$1,000
<b>Bones of face</b> except nose	\$1,000/\$2,000	\$1,400/\$2,800
<b>Nose</b>	\$500/\$1,000	\$750/\$1,500

<b>Upper jaw</b>	\$1,250/\$2,500	\$1,750/\$3,500
<b>Lower jaw</b>	\$1,200/\$2,400	\$2,000/\$4,000
<b>Collarbone</b>	\$1,200/\$2,400	\$2,000/\$4,000
<b>Rib or ribs</b>	\$350/\$700	\$600/\$1,200
<b>Skull – simple</b> except bones of face	\$1,250/\$2,500	\$1,750/\$3,500
<b>Skull – depressed</b> except bones of face	\$2,500/\$5,000	\$5,000/\$10,000
<b>Sternum</b>	\$300/\$600	\$500/\$1,000
<b>Shoulder blade</b>	\$1,500/\$3,000	\$2,500/\$5,000
<b>Chip fractures</b>	25% of the closed reduction amount	25% of the closed reduction amount

<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.

## Exclusions and limitations

Standard exclusions for the Certificate , Spouse Accident Insurance , and Children's Accident Insurance are listed below. 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.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding 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.
- 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. Performing these acts as part of your employment with the employer 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. Declining process means the gradual deterioration of the body, as a result of Sickness, that results in a loss.



## Questions?

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/EBRC/Lakefield>

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-WA, Children's Accident Rider Form #RL-ACC3-CHR-16-WA, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR-16-WA, Catastrophic Accident Rider Form #RL-ACC3-CAR-16-WA, Off Job Accident Disability Income Rider form #RL-ACC3-DIR-16-WA, Waiver of Premium Rider form #RL-ACC3-WOP-16-WA, Continuation of Insurance Rider form #RL-ACC3-CNT-16-WA. Form numbers, provisions and availability may vary by employer's plan.

### **ACC2 - WA Only**

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