

Compass Accident Insurance

Enrollment at a glance

For the employees of: City of Cincinnati, 70710-4

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.

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.
- **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 30+ hours per week.
- **Your spouse***—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.
- **Your children****—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 and 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.

*The use of "spouse" in this document means a person insured as a spouse as described in the applicable rider. Please contact your employer for more information.

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

When is my coverage effective?

Annual enrollment

Your coverage becomes effective on 01/01/2019 following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage.

New hires

- If you elect voluntary coverage, that coverage becomes effective at 12:01 AM 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	\$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
Ground ambulance	\$240
Air ambulance	\$1,000
Follow-up doctor treatment	\$60
Chiropractic treatment up to six per accident	\$30
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
Outpatient surgery (one per accident)	\$150
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	\$150

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shaved	
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 reduction³
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

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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

¹ Laceration benefits are a total of all lacerations per accident.

² Closed reduction of dislocation = Non-surgical reduction of a completely separated joint. Open reduction of dislocation = Surgical reduction of a completely separated joint.

³ Closed reduction of fracture = Non-surgical. Open reduction of fracture = Surgical.

What does my Accident Insurance include?

The benefits listed below are included 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.

- **Sports Accident Benefit:** If your accident occurs while participating in an organized sporting activity as defined in the certificate; the accident hospital care, accident care or common injuries benefit will be increased by 25%; to a maximum additional benefit of \$1000.
- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test.
 - The annual benefit amount is \$50 for completing a health screening test.
 - Your spouse's benefit amount is \$50.
 - The benefit for child coverage is \$50, with an annual maximum of \$100 for all children.
 - **Consecutive Wellness Benefit:** This allows you to receive a one-time increase in your Wellness Benefit amount for receiving a health screening test in the second and subsequent years. Under the Consecutive Wellness Benefit:
 - The annual benefit amount is \$100 for completing a health screening test.
 - Your spouse's benefit amount is \$100
 - The benefit for child coverage is \$100, with an annual maximum of \$200 for all children.
- **Accidental Death and Dismemberment (AD&D) coverage:** If you are severely injured or die as a result of a covered accident, an AD&D benefit may be payable to you or your beneficiary.
 - **Common carrier:** If the death occurs as a result of a covered accident on a common carrier, a higher benefit will be payable. Common carrier means any commercial transportation that operates on a regularly scheduled basis between predetermined points or cities.

Accidental Death Benefits	Benefit
Common carrier	
Employee	\$100,000
Spouse	\$50,000
Children	\$25,000
Other accident	
Employee	\$50,000
Spouse	\$20,000
Children	\$10,000
Accidental Dismemberment Benefits	
Loss of both hand or both feet or sight in both eyes	\$28,000
Loss of one hand or one foot AND the sight of one eye	\$22,000
Loss of one hand AND one foot	\$22,000
Loss of one hand OR one foot	\$12,500

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Loss of two or more fingers or toes	\$1,800
Loss of one finger or one toe	\$1,250

- **Catastrophic Accident coverage:** If you are severely injured in a covered accident, Catastrophic Accident coverage may provide an additional benefit payment. Note that you will be eligible to receive this benefit payment 365 days after the covered accident. Loss is limited to total and permanent loss of any of the following: both hands or both feet, the use of both arms or both legs, one hand and one foot, one arm and one leg, the sight of both eyes, hearing in both ears, or the ability to speak.

Catastrophic Accident Benefits	Benefit
Employee	\$120,000
Spouse	\$60,000
Children	\$30,000
Home Modification Benefit	\$5,000
Vehicle Modification Benefit	\$5,000

How much does Accident Insurance cost?

All employees pay the same rate, no matter their age. See the chart below for the premium amounts. Rates shown are guaranteed until January 1, 2022.

Monthly Rates	
Employee	Family
\$6.52	\$20.62

Exclusions and Limitations*

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

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- Any sickness or declining process caused by a sickness.
- Work for pay, profit or gain.

Exclusions and limitations for Catastrophic Accident coverage (may vary by state) are the same as the exclusions in the Certificate, plus the catastrophic accident benefit reduces to 50% at age 65 and to 25% of the initial benefit amount at age 70.

*Definition and limitations/exclusions may vary by state.



How do I enroll?

You can enroll in benefits October 1, 2018 – October 26, 2018. To learn more, go to www.COCBenefits.com

Where do I get more information?

For more information, please call your Risk Management Team at 513-352-3759 or go to www.COCBenefits.com.

This offer is contingent upon participation requirements being met.

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. Form numbers, provisions and availability may vary by state.

EB0920-45065-0919

City of Cincinnati, Group #70710-4, Acct #0001 Date Prepared: 09/11/2018

177546-11/01/2017

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