

# Accident Insurance

Explore Your Benefits & Costs



Group Name: Brown & Brown, Inc.  
Group Number: 738581

**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



Teammates get an annual  
Wellness Benefit of \$50 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 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

PLAN  
INVEST  
PROTECT

**VOYA**  
FINANCIAL

## How much does it cost?

You have the option to elect supplemental Accident Insurance to meet your needs.

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

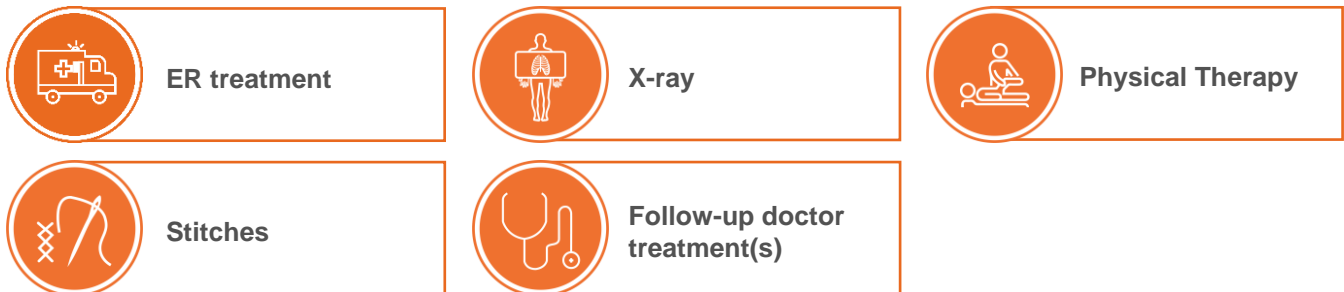
Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$4.38	\$8.76	\$9.42	\$13.80

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Semi-Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$2.19	\$4.38	\$4.71	\$6.90

## 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.



## 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	\$100
X-ray	\$125
Physical Therapy (up to 10 per accident)	\$40
Stitches (sutures for lacerations, up to 2")	\$50
Follow-up doctor treatment	\$30
Hospital admission	\$1,000
Hospital confinement (per day, up to 365 days)	\$200

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

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

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

- ✓ **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 will be increased by 25%; to a maximum additional benefit of \$1,000.

Event	Benefit
<b>Accident Hospital Care</b>	
Surgery (open abdominal, thoracic)	\$2,000
Surgery (exploratory or without repair)	\$750
General Anesthesia	\$75
Blood, Plasma, Platelets	\$100
Hospital Admission	\$1,000
Hospital Confinement (per day, up to 365 days)	\$200
Critical Care Unit (CCU) Admission	\$2,000
Critical Care Unit Confinement (per day, up to 30 days)	\$600
Rehabilitation Facility Confinement (per day, up to 90 days)	\$100
Induced Coma (up to 14 days)	\$150
Non-Induced Coma (duration of 14 or more days)	\$10,000
Transportation (per trip up to 3 per accident)	\$300
Lodging (per day up to 30 days)	\$100
Pet Boarding	\$75
<b>Accident Care</b>	
Initial Doctor Visit	\$125
Urgent Care Facility Treatment	\$100
Emergency Room Treatment	\$100
Ground Ambulance	\$200
Air Ambulance	\$1,000
Follow-Up Doctor Treatment	\$30
Medical Equipment	\$100
Physical Or Occupational Therapy (per treatment up to 10)	\$40
Speech Therapy (per treatment up to 10)	\$40
Mental Health Therapy (per treatment up to 10)	\$40
Prosthetic Device (one)	\$500
Prosthetic Device (two or more)	\$1,000
Major Diagnostic Exam	\$200
<ul style="list-style-type: none"> <li>• CT (Computerized Tomography) Or CAT Scan (Computerized Axial Tomography)</li> <li>• MRI (Magnetic Resonance Imaging)</li> </ul>	

Event	Benefit
<ul style="list-style-type: none"> <li>• EEG (Electroencephalogram)</li> <li>• PET (Positron Emission Tomography) Scan</li> <li>• Ultrasound</li> </ul>	
X-Ray	\$125
<b>Common Injuries</b>	
Burns (2 <sup>nd</sup> degree, at least 36% of the total body surface area)	\$1,000
Burns (3 <sup>rd</sup> degree, at least 2% but less than 4% of the total body surface area)	\$10,000
Burns (3 <sup>rd</sup> degree, 4% or more of the total body surface area)	\$20,000
Skin Grafts	50% of the burn benefit
Emergency Dental Work: Crown	\$150
Emergency Dental Work: Extraction	\$50
Eye Injury (removal of foreign object)	\$50
Eye Injury Surgery	\$250
Torn Hip, Knee, or Shoulder Cartilage (surgery, with no repair or if cartilage is shaved)	\$225
Torn Hip, Knee, Or Shoulder Cartilage (surgical repair)	\$1,000
Laceration <sup>1</sup> Treated No Sutures	\$25
Laceration <sup>1</sup> Sutures Up To 2"	\$50
Laceration <sup>1</sup> Sutures 2" – 6"	\$200
Laceration <sup>1</sup> Sutures Over 6"	\$400
Puncture Wound	\$50
Ruptured Disk Surgical Repair	\$1,000
Tendon/Ligament/Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$425
Tendon/Ligament/Rotator Cuff (one surgical repair)	\$1,000
Tendon/Ligament/Rotator Cuff (two or more, surgical repair)	\$1,500
Concussion	\$200
Paralysis (monoplegia)	\$1,250
Paralysis (hemiplegia)	\$2,500
Paralysis (paraplegia)	\$5,000
Paralysis (quadriplegia)	\$10,000
<b>Dislocations Complete<sup>2</sup>/ Complete Requiring Surgical Repair<sup>3</sup></b>	
Hip Joint	\$3,000/\$6,000
Knee	\$2,000/\$4,000
Ankle Or Foot Bone(S) (other than toes)	\$1,500/\$3,000
Shoulder	\$1,500/\$3,000
Elbow	\$1,000/\$2,000
Wrist	\$1,000/\$2,000
Finger/Toe	\$300/\$600
Hand Bone(S) (other than fingers)	\$1,500/\$3,000
Lower Jaw	\$1,000/\$2,000
Collarbone	\$1,500/\$3,000
Incomplete Dislocations	25% of the complete amount

Event	Benefit
<b>Fractures - Non-Surgical Repair Fracture<sup>4</sup>/ Fracture Requiring Surgical Repair<sup>5</sup></b>	
Hip	\$4,000/\$8,000
Leg	\$2,500/\$5,000
Ankle	\$2,000/\$4,000
Heel	\$2,000/\$4,000
Foot (excluding toes, heel)	\$2,000/\$4,000
Upper Arm	\$1,500/\$3,000
Forearm, Hand, Wrist (except fingers)	\$2,000/\$4,000
Finger, Toe	\$350/\$700
Vertebral Body	\$3,600/\$7,200
Vertebral Processes	\$800/\$1,600
Pelvis (except coccyx)	\$3,200/\$6,400
Coccyx	\$350/700
Bones Of Face (except nose)	\$1,500/\$3,000
Nose	\$1,500/\$3,000
Upper Jaw	\$1,500/\$3,000
Lower Jaw	\$1,600/\$3,200
Collarbone	\$1,600/\$3,200
Rib	\$350/\$700
Skull – Simple Except Bones Of Face	\$1,500/\$3,000
Skull – Depressed Except Bones Of Face	\$3,000/\$6,000
Sternum	\$360/\$720
Shoulder Blade	\$1,600/\$3,200
Chip Fractures	25% of the Non-Surgical Repair

<sup>1</sup>Laceration benefits are a total of all lacerations per accident. Payable once per covered accident. If your injury qualifies as both a laceration and puncture wound, only one benefit in the higher amount will be payable.

<sup>2</sup>Complete separated joint that does not require a surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

<sup>3</sup>Completely separated joint that requires surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

<sup>4</sup>Fracture that does not require a surgical repair. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

<sup>5</sup>Fracture that does require surgical repair. If the doctor diagnoses the fracture as a chip fracture, the benefit will be reduced to a percentage of what would have been paid for a Non-Surgical Repair Fracture of the same bone. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

## What else is included?

The Accident Insurance available through your employer also features the following additional benefits. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.



Receive  
**\$50 to use  
however  
you'd like**

### Wellness Benefit

The Wellness Benefit provides an annual benefit if you complete a covered health screening test whether or not there is any out-of-pocket cost to you.

- Employees benefit amount is \$50. Spouse's benefit amount is \$50. Children receive 100% of your benefit amount per child.



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 **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.*

## 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. 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.

### Pre-existing Condition Limitation

A pre-existing condition means a sickness which, within a designated period prior to the Sickness Hospital Confinement coverage effective date or any increase in coverage for each covered person, resulted in the covered person receiving medical treatment, consultation, care or services (including diagnostic measures).

**There are no pre-existing condition limitations on this coverage.** For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

\*Definition and limitations/exclusions may vary by state.



## 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 (888) 790-6056
- To file a claim, go to [www.voya.com/claims](http://www.voya.com/claims)

Florida Licensed Agent: Steve Wells

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-2-23; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR2-23, Children's Accident Rider Form #RL-ACC3-CHR2-23, Wellness Benefit Rider Form #RL-ACC3-WELL2-23, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR2-23, Catastrophic Accident Rider Form #RL-ACC3-CAR2-23, 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, Absence from Employment Premium Waiver Rider form #RL-ACC3-AEPW-23; Continuation of Insurance Rider form #RL-ACC3-CNT2-23. Form numbers, provisions and availability may vary by state and employer's plan.

### ACC2.3 Only

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