



Compass Accident Insurance

A limited benefit policy

Benefits at a Glance

Affordable insurance that can help you pay for the out-of-pocket costs you may experience after an accident.

For the employees of:
Rimini Street, Inc.

ReliaStar Life Insurance Company, a member of the Voya[®] family of companies.

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What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident while off-job. The amount paid depends on the type of injury and care received. 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.

You may qualify to receive benefits for items listed below, as long as they are the result of a covered accident. See the certificate of insurance and any riders for specific details.

- Accident hospital care
- Follow-up care
- Common Injuries
- Emergency care benefits

Other features of Accident Insurance include:

- **Guaranteed Issue:** No medical questions or tests required for coverage.
- **Flexible:** You can use the benefit money for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** Should 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 20+ hours per week.
- **Your spouse***— under age 70. Coverage is available only if employee coverage is elected.
- **Your child(ren)**— to age 26. Coverage is available only if employee coverage is elected.

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

What accident benefits are available?

The following list includes the benefits provided by Accident Insurance. The benefit amounts paid depend on the type of injury and care received. You may be required to seek care for your injury within a set amount of time. Note that there may be some variation 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, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$2,500
Surgery exploratory or without repair	\$250
Blood, plasma, platelets	\$400
Hospital admission	\$1,400
Hospital confinement per day up to 365	\$300
Coma duration of 14 or more days	\$7,000

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Transportation per trip, up to 3 per accident	\$400
Lodging per day, up to 30 days	\$150
Follow-up care	
Medical equipment	\$250
Physical therapy per treatment, up to 6	\$50
Prosthetic device (one)	\$1,200
Prosthetic device (two or more)	\$2,400
Common injuries	
Burns second degree, at least 36% of the body	\$1250
Burns 3rd degree, at least 9 but less than 35 square inches of the body	\$2,500
Burns 3rd degree, 35 or more square inches of the body	\$18,000
Skin Grafts	25% of burn benefit
Emergency dental work while hospital confined	\$250 crown, \$125 extraction
Eye Injury removal of foreign object	\$75
Eye Injury surgery	\$300
Torn Knee Cartilage surgery with no repair or if cartilage is shaved	\$150
Torn Knee Cartilage surgical repair	\$750
Laceration ¹ treated no sutures	\$60
Laceration ¹ sutures up to 2"	\$120
Laceration ¹ sutures 2" – 6"	\$480
Laceration ¹ sutures over 6"	\$960
Ruptured Disk surgical repair	\$600
Tendon/Ligament/Rotator Cuff One, surgical repair	\$600
Tendon/Ligament/Rotator Cuff Two or more, surgical repair	\$900
Tendon/Ligament/Rotator Cuff Exploratory Arthroscopic Surgery with no repair	\$200
Concussion	\$250
Paralysis quadriplegia	\$15,000
Paralysis paraplegia	\$7500
Dislocations	
Hip joint	Closed/open reduction ² \$2,500/\$5,000
Knee	\$1,500/\$3,000
Ankle or foot bone(s) Other than toes	\$1,200/\$2,400
Shoulder	\$500/\$1,000

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Elbow	\$500/\$1,000
Wrist	\$500/\$1,000
Finger/toe	\$150/\$300
Hand bone(s) Other than fingers	\$500/\$1,000
Lower jaw	\$500/\$1,000
Collarbone	\$500/\$1,000
Partial dislocations	25% of the closed reduction amount
Fractures	Closed/open reduction³
Hip	\$2,500/\$5,000
Leg	\$1,250/\$2,500
Ankle	\$500/\$1,000
Kneecap	\$500/\$1,000
Foot Excluding toes, heel	\$500/\$1,000
Upper arm	\$550/\$1,100
Forearm, Hand, Wrist Except fingers	\$500/\$1,000
Finger, Toe	\$100/\$200
Vertebral body	\$1,200/\$2,400
Vertebral processes	\$500/\$1,000
Pelvis Except coccyx	\$1,200/\$2,400
Coccyx	\$350/\$700
Bones of face Except nose	\$550/\$1,100
Nose	\$150/\$300
Upper jaw	\$550/\$1,100
Lower jaw	\$500/\$1,000
Collarbone	\$500/\$1,000
Rib or ribs	\$450/\$900
Skull – simple Except bones of face	\$1,500/\$3,000
Skull – depressed Except bones of face	\$5,000/\$10,000
Sternum	\$500/\$1,000
Shoulder blade	\$500/\$1,000
Chip fractures	25% of the closed reduction amount
Emergency care benefits	
Ground ambulance	\$200
Air ambulance	\$1000
Emergency room treatment	\$300
Initial doctor visit	\$80
Follow-up doctor visit	\$80

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.

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What does my Accident Insurance include?

- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test. You may only receive a benefit once per year, even if you complete multiple health screening tests.
 - Examples of health screening tests include but are not limited to: Pap test, serum cholesterol test for HDL and LDL levels, mammography, colonoscopy, and stress test on bicycle or treadmill.
 - The annual benefit is \$100 for completing a health screening test.
 - If your [spouse and/or children are covered for Accident Insurance, they are also covered by the Wellness Benefit. Your spouse's benefit amount is also \$100. The benefit for child coverage is 50% with an annual maximum of \$200 for children's benefits.

What optional benefits are available?

You may choose to include the optional benefits below with your accident 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, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

- **Spouse* Accident Insurance:** If you have coverage for yourself, you may enroll your spouse, as long as your spouse is under age 70 and is not covered under the Policy as an Employee.
 - Your spouse will receive the same base coverage as you.
 - Guaranteed Issue: No medical questions or tests required for coverage

*The use of "spouse" in this form means a person insured as a spouse as described in the certificate of insurance or benefit. This may include domestic partners or civil union partners as defined by the plan. Please contact your employer for more information.

- **Children's Accident Insurance:** As long as you have accident coverage on yourself, your natural child(ren), stepchild(ren), adopted child(ren) or child(ren) for whom you are a legal guardian are eligible to be covered under your employer's plan, up to the age of 26.
 - Your child(ren) will receive the same base coverage as you.
 - Guaranteed Issue: No medical questions or tests required for coverage.
 - One premium amount covers all of your eligible children.
 - If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same child(ren) under this benefit. If the parent who is covering the child(ren) stops being insured as an employee then the other parent may apply for children's coverage.

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 December 31, 2022.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$14.10	\$24.33	\$28.78	\$39.01

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Exclusions and Limitations

Exclusions in the Certificate, Spouse Accident Insurance, Children's Accident Insurance Benefit 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 that occurs while on full-time 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 semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.
- Work for pay, profit or gain, if the employer elects to exclude work-related sicknesses or accidents under the policy.

*See the certificate of insurance and riders for a complete list of available benefits, along with applicable provisions, exclusions and limitations.

Who do I contact with questions?

For more information, please call the Voya Employee Benefits Customer Service Team at (800) 955-7736

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, a member of the Voya® family of companies. Policy Form #RL-ACC2-POL-12; Certificate Form #RL-ACC2-CERT-12; and Rider Forms: Spouse Accident Rider Form #RL-ACC2-SPR-12, Children's Accident Rider Form #RL-ACC2-CHR-12, Wellness Benefit Rider Form #RL-ACC2-WELL-12. Form numbers, provisions and availability may vary by state.

CN0322-23036-0317

Rimini Street Inc., Group #69787-7, Date Prepared: 10/24/2016

172511-04/08/2016

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