



**Wellness Benefit
Included!**

Accident

NCFlex offers an Accident Plan that pays benefits for specific injuries and events resulting from a covered accident that occurs on or after an employee's coverage effective date. The benefit amount depends on the type of injury and care received. Employees can choose between two plan options: the Classic Option and the Enhanced Option. Employees can also choose who to cover: employee only, employee plus spouse, employee plus child(ren), or employee plus family.

The Accident Plan 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. Benefits are paid directly to the employee and are paid in addition to any other insurance they may have.

How Can the Accident Plan Help?

The Accident Plan can help an employee pay for:

- Medical expenses, such as deductibles and copays
- Home health care costs
- Lost income due to lost time at work
- Everyday expenses, like utilities and groceries

Monthly Cost

All employees pay the same rate, no matter their age.

Coverage Level	Classic Option	Enhanced Option
Employee Only	\$6.94	\$15.98
Employee and Spouse	\$11.50	\$28.46
Employee and Child(ren)	\$13.64	\$31.26
Employee and Family	\$18.20	\$43.72

Note: An employee may not be covered as both an employee and a dependent. Also, dependent children may not be covered under both parents' plans if the employee and their spouse are eligible to elect coverage as employees.

24/7 Coverage and Additional Benefits:

The Accident Plan covers members 24/7 for accidents on or off the job and pays in addition to other benefits. If employees choose the Enhanced Option they get higher payments for injuries and care, as well as access to the **Wellness Benefit*, Sickness Hospital Confinement Benefit*, and Travel Assistance services***.

*Details on these additional benefits can be found on [page 15, 16, and 17](#). The Wellness Benefit and Travel Assistance services are available on both the Classic and Enhanced Option Plans.

What Accident Benefits are Available?

The following list is a summary of the benefits provided by the Accident Plan. For a complete description of the available benefits, exclusions, and limitations, see the certificate of insurance and any riders, which are available at ncflex.org.

In addition to what is listed below, also included in the Accident Plan coverage is the Sports Accident Benefit. If a covered 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 \$1,000. If the employee's spouse and/or children are/is covered under the Accident Plan, their coverage includes this benefit.

Event	Classic Option	Enhanced Option
Accident Care		
Initial doctor visit	\$100	\$120
Emergency room treatment	\$300	\$400
Ground ambulance	\$360	\$600
Air ambulance	\$1,500	\$2,500
Follow-up doctor treatment	\$100	\$120
Medical equipment	\$120	\$500
Physical or occupational therapy (per treatment up to 10)	\$60	\$75
Speech therapy up to 6 per accident	\$60	\$75
Prosthetic device (one)	\$750	\$1,500
Prosthetic device (two or more)	\$1,200	\$2,400
Major diagnostic exam	\$240	\$500
X-ray	\$75	\$100
Chiropractic treatment	N/A	\$75 (per visit)
Outpatient surgery (once per accident)	N/A	\$300
Common Injuries		
Emergency dental work (crown)	\$480	\$525
Emergency dental work (extraction)	\$90	\$180
Eye injury (removal of foreign object)	\$100	\$120
Eye injury (surgery)	\$350	\$420
Torn knee cartilage surgery no repair or if cartilage is shaved	\$225	\$280
Torn knee cartilage surgical repair	\$800	\$1,000
Laceration ¹ treated no sutures	\$60	\$80
Laceration ¹ sutures up to 2"	\$100	\$120

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

Event	Classic Option	Enhanced Option
Laceration ¹ sutures 2" - 6"	\$240	\$480
Laceration ¹ sutures over 6"	\$480	\$960
Ruptured disk surgical repair	\$800	\$1,000
Tendon/ligament/rotator cuff exploratory arthroscopic surgery/no repair	\$720	\$900
Tendon/ligament/rotator cuff one, surgical repair	\$1,020	\$1,275
Tendon/ligament/rotator cuff two or more, surgical repair	\$1,520	\$1,900
Concussion	\$450	\$525
Paralysis – paraplegia	\$16,000	\$20,000
Paralysis – quadriplegia	\$24,000	\$30,000
Burns 2nd degree, at least 36% of the body	\$1,250	\$1,750
Burns 3rd degree, at least 9 but less than 35 square inches of the body	\$7,500	\$10,000
Burns 3rd degree, 35 or more square inches of the body	\$15,000	\$22,000
Skin grafts	25% of the burn benefit	50% of the burn benefit
Fractures	Closed/open reduction²	
Hip	\$5,000/\$10,000	\$6,000/\$12,000
Leg	\$2,800/\$5,600	\$3,500/\$7,000
Ankle	\$2,500/\$5,000	\$3,125/\$6,250
Kneecap	\$2,500/\$5,000	\$3,125/\$6,250
Foot excluding toes, heel	\$2,500/\$5,000	\$3,125/\$6,250
Upper arm	\$2,750/\$5,500	\$3,500/\$7,000
Forearm, hand, wrist except fingers	\$2,500/\$5,000	\$3,125/\$6,250
Finger, toe	\$400/\$800	\$500/\$1,000
Vertebral body	\$4,200/\$8,400	\$5,250/\$10,500
Vertebral processes	\$2,000/\$4,000	\$2,500/\$5,000
Pelvis except coccyx	\$4,000/\$8,000	\$5,000/\$10,000
Coccyx	\$500/\$1,000	\$625/\$1,250
Bones of the face except nose	\$1,400/\$2,800	\$1,750/\$3,500
Nose	\$750/\$1,500	\$950/\$1,900
Upper jaw	\$1,750/\$3,500	\$2,200/\$4,400
Lower jaw	\$2,000/\$4,000	\$2,500/\$5,000
Collarbone	\$2,000/\$4,000	\$2,500/\$5,000
Rib or ribs	\$600/\$1,200	\$750/\$1,500

Event	Classic Option	Enhanced Option
Skull – simple except bones of face	\$1,750/\$3,500	\$2,200/\$4,400
Skull – depressed except bones of face	\$5,000/\$10,000	\$6,250/\$12,500
Sternum	\$500/\$1,000	\$625/\$1,250
Shoulder blade	\$2,500/\$5,000	\$3,125/\$6,250
Chip fractures	25% of the closed reduction amount	25% of the closed reduction amount
Dislocations	Closed/open reduction³	
Hip joint	\$4,000/\$8,000	\$5,000/\$10,000
Knee	\$3,000/\$6,000	\$3,750/\$7,500
Ankle or foot bone(s) other than toes	\$1,800/\$3,600	\$2,250/\$4,500
Shoulder	\$2,200/\$4,400	\$2,750/\$5,500
Elbow	\$1,500/\$3,000	\$1,875/\$3,750
Wrist	\$1,500/\$3,000	\$1,875/\$3,750
Finger/toe	\$350/\$700	\$450/\$900
Hand bone(s) other than fingers	\$1,500/\$3,000	\$1,875/\$3,750
Lower jaw	\$1,500/\$3,000	\$1,875/\$3,750
Collarbone	\$1,500/\$3,000	\$1,875/\$3,750
Partial dislocations	25% of the closed reduction amount	25% of the closed reduction amount
Accident Hospital Care		
Surgery open abdominal, thoracic	\$1,250	\$2,500
Surgery exploratory or without repair	\$350	\$500
Blood, plasma, platelets	\$600	\$650
Hospital admission	\$1,250	\$2,000
Hospital confinement per day, up to 365 days	\$200	\$300
Critical care unit confinement per day, up to 30 days	\$400	\$500
Coma duration of 5 or more days	\$10,000	\$20,000
Transportation per trip, up to 3 per accident	\$750	\$840
Lodging per day, up to 30 days	\$180	\$225

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

² Closed Reduction of Fracture = Non-surgical. Open Reduction of Fracture = Surgical.

³ Closed Reduction of Dislocation = Non-surgical reduction of a completely separated joint. Open Reduction of Dislocation = Surgical reduction of a completely separated joint.

Wellness Benefit (Both Classic and Enhanced Options)

The Wellness Benefit is included in both Accident Plan options. If the employee completes an eligible health screening test, they are eligible for a Wellness Benefit payment. The health screening test must occur on or after the coverage effective date. If the employee's spouse and/or children are covered under their Accident Plan, they're also eligible for this benefit payment for a covered health screening.

Only one benefit is payable per covered member per calendar year, regardless of how many screenings are completed by that member.

Covered Member	Wellness Benefit available once per year with a covered screening:
Employee	\$50
Spouse	\$50
Child	\$25

What types of health screening tests are eligible?

Health screening tests include, but are not limited to:

- Blood tests for triglycerides
- Pap smear or thin prep pap test
- Flexible sigmoidoscopy
- CEA (blood test for colon cancer)
- Bone marrow testing
- Serum cholesterol test for HDL & LDL levels
- Hemoccult stool analysis
- Serum Protein Electrophoresis (myeloma)
- Breast ultrasound, sonogram, MRI
- Chest x-ray
- Mammography
- Colonoscopy
- CA 15-3 (breast cancer)
- Stress test on bicycle or treadmill
- Fasting blood glucose test
- Thermography
- PSA (prostate cancer)
- Hearing test
- Routine eye exam
- Routine dental exam
- Well child/preventative exams through age 18
- Biometric screenings
- Electrocardiogram (EKG)
- Annual Physical Exam – Adults
- CA 125 (ovarian cancer)
- Tests for sexually transmitted infections (STIs)
- Ultrasound screening for abdominal aortic aneurysms
- Hemoglobin A1C (HbA1c)
- Bone density screening
- COVID-19 test

Voya Travel Assistance (Classic and Enhanced Options):

Voya Travel Assistance* offers a covered employee and their covered dependents enhanced security for their leisure and business trips when traveling 100 miles or more from their primary residence.

- **Emergency Medical Transport Services**
- **Medical Assistance Services**
- **Travel Assistance Services**
- **Security Assistance Services**

These services can help ease stress if something goes wrong in an unfamiliar place away from home. Visit [page 38](#) in this guide or the Accident page on ncflex.org to learn more and find out how to access these services.

*Voya Travel Assistance services are provided by International Medical Group, Inc. (IMG), Indianapolis, IN.

Sickness Hospital Confinement Rider (Enhanced Option):

This rider provides daily benefit payments for each day a covered employee or their covered dependent is confined to a hospital due to a covered sickness for up to 30 days. For an employee and their covered spouse, the benefit is \$200 per day. For a covered child, the benefit is \$150 per day. There is a 30-day waiting period from the effective date of coverage for this benefit to be available. This benefit excludes pre-existing conditions if the hospital stay occurs in the first 12 months from the effective date of coverage. After the first 12 months, pre-existing conditions are covered by this rider. For a full list of exclusions and limitations, please see the Accident Plan certificate available on ncflex.org. Note that you should file an accident claim rather than a hospital indemnity claim to receive this benefit.



Exclusions and Limitations

Exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance 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, training to operate, serving as a crew member of, or participating in jumping, parachuting from, 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 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 sickness.

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

Continuation Options

If an employee leaves employment or retires, portability of the Accident Plan is available, if elected prior to the employee reaching age 70. For details and rates, employees may contact Voya at **877-464-5111**.

Tax Considerations

If Voya pays a covered individual benefits totaling \$2000 or more in a plan year, the employee will receive an IRS 1099-MISC after the plan year ends. Employees should consult with a tax advisor regarding the possible effects to their taxes.

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. Forms include: 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. Form numbers, provisions and availability may vary by state.



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