

Accident Plan

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 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 he/she 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	Cost
Employee Only	\$6.94
Employee and Spouse	\$11.50
Employee and Child(ren)	\$13.64
Employee and Family	\$18.20

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 his/her spouse are eligible to elect coverage as employees.

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 **1-877-464-5111**.

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 www.ncflex.org.

In addition to what is listed below, also included in the Accident Plan coverage is the Sports Accident Benefit. If an 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	Benefit
Accident Care	
Initial doctor visit	\$100
Emergency room treatment	\$300
Ground ambulance	\$360
Air ambulance	\$1,500
Follow-up doctor treatment	\$100
Medical equipment	\$120
Physical or occupational therapy up to 10 per accident	\$60
Speech therapy up to 6 per accident	\$60
Prosthetic device (one)	\$750
Prosthetic device (two or more)	\$1,200
Major diagnostic exam	\$240
X-ray	\$75
Common Injuries	
Emergency dental work (crown)	\$480
Emergency dental work (extraction)	\$90
Eye injury (removal of foreign object)	\$100
Eye injury (surgery)	\$350
Torn knee cartilage surgery no repair or if cartilage is shaved	\$225
Torn knee cartilage surgical repair	\$800
Laceration 1 treated no sutures	\$60
Laceration 1 sutures up to 2"	\$100
Laceration 1 sutures 2" - 6"	\$240

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

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

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

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.

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, or training to operate, or serve 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 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.*

Tax Issues

An employee should consult with a tax advisor regarding the possible effects of the receipt of benefits under the Voya Accident Plan.

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.

