

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 between two plan options: the Classic Option and the Enhanced Option Accident plan. 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 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	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 his/her 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 16 and 17**. The Wellness Benefit and Travel Assistance services are available on both the Low and High 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 **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	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
	Closed/open reduction ²	
Fractures	Closed/ope	n reduction ²
Fractures Hip	Closed/ope \$5,000/\$10,000	en reduction ² \$6,000/\$12,000
Hip	\$5,000/\$10,000	\$6,000/\$12,000
Hip Leg	\$5,000/\$10,000 \$2,800/\$5,600	\$6,000/\$12,000 \$3,500/\$7,000
Hip Leg Ankle	\$5,000/\$10,000 \$2,800/\$5,600 \$2,500/\$5,000	\$6,000/\$12,000 \$3,500/\$7,000 \$3,125/\$6,250
Hip Leg Ankle Kneecap	\$5,000/\$10,000 \$2,800/\$5,600 \$2,500/\$5,000 \$2,500/\$5,000	\$6,000/\$12,000 \$3,500/\$7,000 \$3,125/\$6,250 \$3,125/\$6,250
Hip Leg Ankle Kneecap Foot excluding toes, heel	\$5,000/\$10,000 \$2,800/\$5,600 \$2,500/\$5,000 \$2,500/\$5,000 \$2,500/\$5,000	\$6,000/\$12,000 \$3,500/\$7,000 \$3,125/\$6,250 \$3,125/\$6,250 \$3,125/\$6,250
Hip Leg Ankle Kneecap Foot excluding toes, heel Upper arm	\$5,000/\$10,000 \$2,800/\$5,600 \$2,500/\$5,000 \$2,500/\$5,000 \$2,500/\$5,000 \$2,750/\$5,500	\$6,000/\$12,000 \$3,500/\$7,000 \$3,125/\$6,250 \$3,125/\$6,250 \$3,125/\$6,250 \$3,500/\$7,000
Hip Leg Ankle Kneecap Foot excluding toes, heel Upper arm Forearm, hand, wrist except fingers	\$5,000/\$10,000 \$2,800/\$5,600 \$2,500/\$5,000 \$2,500/\$5,000 \$2,500/\$5,000 \$2,750/\$5,500 \$2,500/\$5,000	\$6,000/\$12,000 \$3,500/\$7,000 \$3,125/\$6,250 \$3,125/\$6,250 \$3,125/\$6,250 \$3,500/\$7,000 \$3,125/\$6,250
Hip Leg Ankle Kneecap Foot excluding toes, heel Upper arm Forearm, hand, wrist except fingers Finger, toe	\$5,000/\$10,000 \$2,800/\$5,600 \$2,500/\$5,000 \$2,500/\$5,000 \$2,500/\$5,000 \$2,750/\$5,500 \$2,500/\$5,000 \$400/\$800	\$6,000/\$12,000 \$3,500/\$7,000 \$3,125/\$6,250 \$3,125/\$6,250 \$3,125/\$6,250 \$3,500/\$7,000 \$3,125/\$6,250 \$500/\$1,000
Hip Leg Ankle Kneecap Foot excluding toes, heel Upper arm Forearm, hand, wrist except fingers Finger, toe Vertebral body	\$5,000/\$10,000 \$2,800/\$5,600 \$2,500/\$5,000 \$2,500/\$5,000 \$2,500/\$5,000 \$2,750/\$5,500 \$2,500/\$5,000 \$400/\$800 \$4,200/\$8,400	\$6,000/\$12,000 \$3,500/\$7,000 \$3,125/\$6,250 \$3,125/\$6,250 \$3,125/\$6,250 \$3,500/\$7,000 \$3,125/\$6,250 \$500/\$1,000 \$5,250/\$10,500
Hip Leg Ankle Kneecap Foot excluding toes, heel Upper arm Forearm, hand, wrist except fingers Finger, toe Vertebral body Vertebral processes	\$5,000/\$10,000 \$2,800/\$5,600 \$2,500/\$5,000 \$2,500/\$5,000 \$2,500/\$5,000 \$2,750/\$5,500 \$2,500/\$5,000 \$400/\$800 \$4,200/\$8,400 \$2,000/\$4,000	\$6,000/\$12,000 \$3,500/\$7,000 \$3,125/\$6,250 \$3,125/\$6,250 \$3,125/\$6,250 \$3,500/\$7,000 \$3,125/\$6,250 \$500/\$1,000 \$5,250/\$10,500
Hip Leg Ankle Kneecap Foot excluding toes, heel Upper arm Forearm, hand, wrist except fingers Finger, toe Vertebral body Vertebral processes Pelvis except coccyx	\$5,000/\$10,000 \$2,800/\$5,600 \$2,500/\$5,000 \$2,500/\$5,000 \$2,500/\$5,000 \$2,750/\$5,500 \$2,750/\$5,000 \$400/\$800 \$4,200/\$8,400 \$2,000/\$4,000 \$4,000/\$8,000	\$6,000/\$12,000 \$3,500/\$7,000 \$3,125/\$6,250 \$3,125/\$6,250 \$3,125/\$6,250 \$3,500/\$7,000 \$3,125/\$6,250 \$500/\$1,000 \$5,250/\$10,500 \$2,500/\$5,000
Hip Leg Ankle Kneecap Foot excluding toes, heel Upper arm Forearm, hand, wrist except fingers Finger, toe Vertebral body Vertebral processes Pelvis except coccyx Coccyx	\$5,000/\$10,000 \$2,800/\$5,600 \$2,500/\$5,000 \$2,500/\$5,000 \$2,500/\$5,000 \$2,750/\$5,500 \$2,500/\$5,000 \$400/\$800 \$4,200/\$8,400 \$2,000/\$4,000 \$4,000/\$8,000 \$500/\$1,000	\$6,000/\$12,000 \$3,500/\$7,000 \$3,125/\$6,250 \$3,125/\$6,250 \$3,125/\$6,250 \$3,500/\$7,000 \$3,125/\$6,250 \$500/\$1,000 \$5,250/\$10,500 \$2,500/\$5,000 \$5,000/\$10,000 \$625/\$1,250
Hip Leg Ankle Kneecap Foot excluding toes, heel Upper arm Forearm, hand, wrist except fingers Finger, toe Vertebral body Vertebral processes Pelvis except coccyx Coccyx Bones of the face except nose	\$5,000/\$10,000 \$2,800/\$5,600 \$2,500/\$5,000 \$2,500/\$5,000 \$2,500/\$5,000 \$2,750/\$5,500 \$2,750/\$5,500 \$4,200/\$8,400 \$4,200/\$8,400 \$4,000/\$8,000 \$500/\$1,000 \$1,400/\$2,800	\$6,000/\$12,000 \$3,500/\$7,000 \$3,125/\$6,250 \$3,125/\$6,250 \$3,125/\$6,250 \$3,500/\$7,000 \$3,125/\$6,250 \$500/\$1,000 \$5,250/\$10,500 \$5,000/\$1,000 \$6,250/\$1,250 \$1,750/\$3,500
Hip Leg Ankle Kneecap Foot excluding toes, heel Upper arm Forearm, hand, wrist except fingers Finger, toe Vertebral body Vertebral processes Pelvis except coccyx Coccyx Bones of the face except nose Nose	\$5,000/\$10,000 \$2,800/\$5,600 \$2,500/\$5,000 \$2,500/\$5,000 \$2,500/\$5,000 \$2,750/\$5,500 \$2,500/\$5,000 \$400/\$800 \$4,200/\$8,400 \$2,000/\$4,000 \$4,000/\$8,000 \$500/\$1,000 \$1,400/\$2,800 \$750/\$1,500	\$6,000/\$12,000 \$3,500/\$7,000 \$3,125/\$6,250 \$3,125/\$6,250 \$3,125/\$6,250 \$3,500/\$7,000 \$3,125/\$6,250 \$500/\$1,000 \$5,250/\$10,500 \$2,500/\$5,000 \$5,000/\$10,000 \$625/\$1,250 \$1,750/\$3,500 \$950/\$1,900
Hip Leg Ankle Kneecap Foot excluding toes, heel Upper arm Forearm, hand, wrist except fingers Finger, toe Vertebral body Vertebral processes Pelvis except coccyx Coccyx Bones of the face except nose Nose Upper jaw	\$5,000/\$10,000 \$2,800/\$5,600 \$2,500/\$5,000 \$2,500/\$5,000 \$2,500/\$5,000 \$2,750/\$5,500 \$2,750/\$5,500 \$4,200/\$8,400 \$4,200/\$8,400 \$4,000/\$8,000 \$500/\$1,000 \$1,400/\$2,800 \$750/\$1,500 \$1,750/\$3,500	\$6,000/\$12,000 \$3,500/\$7,000 \$3,125/\$6,250 \$3,125/\$6,250 \$3,125/\$6,250 \$3,500/\$7,000 \$3,125/\$6,250 \$500/\$1,000 \$5,250/\$10,500 \$5,000/\$1,000 \$625/\$1,250 \$1,750/\$3,500 \$950/\$1,900 \$2,200/\$4,400

	CI	- I - I
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/ope	en reduction ³
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.

 $[\]begin{tabular}{ll} ? Closed Reduction of Fracture = Non-surgical. Open Reduction of Fracture = Surgical. \end{tabular}$

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 Plans. 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 his/her Accident plan, they can also file for a Wellness Benefit payment for a covered health screening test.

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 (Both 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 Benefit (Enhanced Option Only):

This benefit provides daily benefit payments for each day a covered employee and their covered dependent is confined to a hospital due to a covered sickness. The benefit can be used for a maximum of 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 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, 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.

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.**

Tax Considerations

If Voya pays a covered individual benefits totaling \$600 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 affects 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.



Voya Travel Assistance: Security When you Travel

For participants in either of the Accidental Death & Dismemberment plans and/or either of the Accident plans.

Voya Travel Assistance offers employees enhanced security for their leisure and business trips when traveling 100 miles or more from their primary residence or in another country, for trips 180 days or less. Employees and their dependents will have access to the Voya Travel Assistance customer service center or access to the services provided on the website 24 hours a day, 365 days a year - from anywhere in the world. Voya Travel Assistance services are provided by International Medical Group, Inc. (IMG), Indianapolis, IN.

Emergency Medical Transport Services

- Dispatch of a Physician
- Emergency Medical Evacuation
- Medical Repatriation
- Return of Dependent Children
- Return of Travel Companion
- Vehicle Return Services
- Visit of a Family Member or Friend
- · Repatriation of Remains

Medical Assistance Services

- Convalescence Arrangements
- Outpatient & Impatient Care
- Interpretation Services
- Medical Monitoring
- Medical & Dental Referrals
- Prescription Transfer & Shipping

Travel Assistance Services

- Emergency Cash Transfer
- Consulate and Embassy Location
- ID Theft Assistance
- Legal Referrals
- Lost Luggage and/or Document Assistance
- Pet Housing and Return
- Pre-Trip Informational Services
- Urgent Message Relay

Security Assistance Services

- Emergency Political Evacuation/Repatriation
- Location Intelligence App
- Natural Disaster Evacuation



How it works

At any time before or during a trip, participants may contact Voya Travel Assistance for assistance services. Participants can access this document to print, at **ncflex.org** in the AD&D and Accident sections. They can use the wallet card (shown below) to have convenient access to the numbers that they need.

If you need emergency or pre-trip services...

... use the contact information on the reverse and identify yourself as an eligible participant in the Voya Travel Assistance program.

You will be asked to provide some additional information in order to confirm your eligibility under this program. Once your eligibility has been verified, Voya Travel Assistance will arrange and provide the emergency transportation services previously described.

Please note: Services are only eligible for payment through Voya Travel Assistance if Voya Travel Assistance was contacted at the time of service and arranged for the service. If costs are incurred for other services, you are responsible for those costs or reimbursement of those costs if initially paid by Voya Travel Assistance; Voya Travel Assistance will ask for your credit card and debit your account for the required amount.

Voya Travel Assistance

Contact Voya Travel Assistance 24 hours a day, 365 days a year for: Emergency Medical Transport, Medical Assistance, Travel Assistance and Security Assistance Services.

From anywhere in the world: +(317)659-5841

Email: assist@imglobal.com

Visit Online and Register: imglobal.com/member

Select "Create an account"

Enter referral code: VOYATRAVEL

Click "continue" to enter your personal information, email address, and create your password.

Exclusions and limitations

Travelers are eligible when traveling 100 miles or more from their primary residence or in another country, for trips 180 days or less. Voya Travel Assistance shall not be responsible for any claim, damage, loss, costs, liability, or expense which arises as a result of Voya Travel Assistance's inability to contact the Group Policyholder's authorized Contact for any reason beyond Voya Travel Assistance's control or as a result of the failure and/or refusal of the Group Policyholder to authorize services proposed by Voya Travel Assistance.

Medical Transport Service

All transportations must be coordinated by Voya Travel Assistance in order to be eligible. IMG will not be responsible for medical transportations that are not coordinated by Voya Travel Assistance. Services are not available to the traveler for sickness, injuries, or losses resulting from:

- Normal childbirth, normal pregnancy (except complications of pregnancy), or voluntary induced abortion
- · Traveling for the purposes of securing medical treatment
- A member's mental or nervous condition, unless hospitalized
- Active participation in war and/or terrorism
- Traveling against the advice of a physician

Security Assistance Services

All emergency medical transport, political, natural disaster, or security evacuation services will be coordinated by IMG. Services listed in this brochure are only valid if IMG remains a client of Voya Financial.

Evacuation services are provided to the nearest safe location and then to covered member's resident country, if needed.

Level 4 restriction: Services will be denied if the member's destination country is at a Level 4 Travel Advisory (other than for COVID) on the US State Department website at the time of the member's Scheduled Departure Date to travel there.

Voya Travel Assistance will not be responsible for political or natural disaster evacuations that are not coordinated and provided by Voya Travel Assistance or its security partner.

Voya Travel Assistance is not responsible for any medical expenses incurred by travelers under this quote.

Services are not available to the extent they would expose Voya Travel Assistance or any of its insurers to any sanction, prohibition or restriction under U.N. resolutions or the trade or economic sanctions, laws, or regulations of the E.U., U.K., or U.S.A.

All services are governed by the terms and conditions outlined in the contract between IMG and Voya

This overview is for informational purposes only and describes IMG's general capabilities and a broad overview of the services it offers. The actual services and payments that IMG arranges or provides for you will be determined by your services contract.

ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya family of companies.