

Voya Financial Accident and Hospital Indemnity Plans

University System of Georgia Benefits



we provide • you decide

Date: September, 2016

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Accident Insurance:

- Pays benefits for specific injuries and events resulting from a covered accident

Hospital Indemnity Insurance:

- Pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility

These are limited benefit policies. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

*Critical Illness is known as Specified Disease in some states

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 group policy documents will govern. Insurance products are issued by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Form numbers, provisions and availability may vary by state.

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

Accident Insurance

This is a summary only. For a complete description of your benefits, along with any applicable provisions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders. 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, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC2-ADR-12, Catastrophic Accident Rider Form #RL-ACC2-CAR-12, Off Job Accident Disability Income Rider form #RL-ACC2-DIR-12 and Sickness Hospital Confinement Rider Form #RL-ACC2-HCR-12. Form numbers, provisions and availability may vary by state.

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Accident Insurance

Did you know....

- 33% of all employees find it difficult to meet their monthly household expenses each month?²
- The average, nationwide cost of going to the emergency room is \$1,233?¹
- The average cost of a physical therapy session, per patient, is \$100, nationwide?³



¹ Price Waterhouse Cooper LLP, *Employee Financial Wellness Survey 2015*

² BlueCross BlueShield of North Carolina, *5 Emergency Room Myths 2014*

³ American Academy of Orthopaedic Surgeons (AAOS) October 2014

Accident Insurance: What's covered?

Accident Insurance pays benefits for specific injuries and events resulting from a covered accident while on or off-job.

These benefits can be used for any purpose, such as:

- Lost time from work
- Mortgage/rent/utilities
- Co-pays/deductibles/coinsurance
- Home healthcare costs
- Childcare expenses
- House-cleaning expenses
- Everyday expenses like groceries

Benefits are available for, but not limited to*:

- Surgery
- Hospital admission
- Hospital confinement
- Transportation/lodging
- Medical equipment
- Physical therapy
- Concussion
- Dislocations

This is a summary only. The policy, certificate and riders should be reviewed for complete provisions, conditions on benefit determination, exclusions and limitations. Product provisions and availability may vary by state.

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What Accident Insurance benefits are available?

- The benefit amounts paid depend on the type of injury and care received
- You may be required to seek care for their injury within a set amount of time
- Product provisions and availability may vary by state
- For a complete description of available benefits, along with applicable provisions, exclusions and limitations, see the certificate of insurance and any riders

Accident Insurance Benefits

Event		Benefit	
Accident hospital care			
Surgery – open abdominal, thoracic		\$1,000	
Surgery – exploratory or without repair		\$100	
Blood, Plasma, Platelets		\$300	
Hospital Admission		\$900	
Hospital Confinement Per day up to 365		\$225	
Critical Care Unit Confinement Per day up to 15		\$450	
Rehabilitation Facility Benefit Per day for 90 days		\$125	
Coma Duration of 14 or more days		\$5,000	
Transportation Per trip up to 3 per accident		\$300	
Lodging Per day to 30 days		\$100	
Family care Per child up to 45 days		\$20	

Accident Insurance Benefits

Event		Benefit	
Follow-up care			
Medical Equipment		\$100	
Physical Therapy Per treatment up to 6		\$25	
Prosthetic Device - One		\$500	
Prosthetic Device – Two or more		\$1,000	

Accident Insurance Benefits

Event		Benefit	
Common injuries			
Burns – 2 nd degree at least 36% of body		\$750	
Burns – 3 rd at least 9, less than 35 sq in of body		\$1,500	
Burns – 3 rd – 35+ sq in of body		\$10,000	
Skin grafts		25% of burn benefit	
Emergency Dental while Hospital Confined		Crown – \$150 Extraction – \$50	
Eye Injury – surgery		\$200	
Eye Injury – removal of foreign object		\$50	
Torn Knee Cartilage – surgical repair		\$500	
Torn Knee Cartilage – surgery with no repair or if cartilage is shaved		\$100	

Accident Insurance Benefits

Event		Benefit	
Common injuries			
Laceration* - treated no sutures		\$25	
Laceration* – sutures to 2”		\$50	
Laceration* – sutures 2 – 6”		\$200	
Laceration* – sutures over 6”		\$400	
Ruptured Disk – surgical repair		\$400	
Tendon, Ligament, Rotator Cuff – 1 surgical repair		\$400	
Tendon, Ligament, Rotator Cuff – 2 or more surgical repair		\$600	
Tendon, Ligament, Rotator Cuff – exploratory with no repair		\$100	
Concussion		\$100	
Paralysis – quadriplegia		\$10,000	
Paralysis – paraplegia		\$5,000	

*Laceration benefits are a total of all lacerations per accident

Accident Insurance Benefits

Event		Benefit	
Dislocations		Closed/open reduction*	
Hip Joint		\$2,000 / \$4,000	
Knee		\$1,000 / \$2,000	
Ankle / foot bones other than toes		\$800 / \$1,600	
Shoulder		\$300 / \$600	
Elbow		\$300 / \$600	
Wrist		\$300 / \$600	
Finger / toe		\$100 / \$200	
Hand bones other than fingers		\$300 / \$600	
Lower jaw		\$300 / \$600	
Collarbone		\$300 / \$600	
Partial dislocations		25% of the closed reduction amount	

*Closed Reduction of Dislocation = Non-surgical reduction of a complete separated joint / Open Reduction of Dislocation = Surgical reduction of a completely separated joint

Accident Insurance Benefits

Event		Benefit	
Fractures		Closed/open reduction*	
Hip		\$1,500 / \$3,000	
Leg		\$800 / \$1,600	
Ankle		\$300 / \$600	
Kneecap		\$300 / \$600	
Foot (excluding toes / heel)		\$300 / \$600	
Upper arm		\$350 / \$700	
Forearm, hand, wrist (except fingers)		\$300 / \$600	
Finger, Toe		\$50 / \$100	
Vertebral body		\$800 / \$1,600	
Vertebral processes		\$300 / \$600	
Pelvis (except coccyx)		\$800 / \$1,600	
Coccyx		\$200 / \$400	

*Closed Reduction of Fracture = Non-surgical Open Reduction of Fracture = Surgical

Accident Insurance Benefits

Event		Benefit	
Fractures		Closed/open reduction*	
Bones of the face (except nose)		\$350 / \$700	
Nose		\$100 / \$200	
Upper jaw		\$350 / \$700	
Lower jaw		\$300 / \$600	
Collarbone		\$300 / \$600	
Ribs or rib		\$250 / \$500	
Skull – simple; except bones of the face		\$1,000 / \$2,000	
Skull – depressed; except bones of the face		\$2,500 / \$5,000	
Sternum		\$300 / \$600	
Shoulder blade		\$300 / \$600	
Chip fractures		25% of the closed reduction amount	

*Closed Reduction of Fracture = Non-surgical / Open Reduction of Fracture = Surgical

Accident Insurance Benefits

Event		Benefit	
Emergency care benefits			
Ground Ambulance		\$100	
Air Ambulance		\$500	
Emergency Room Treatment		\$150	
Initial Doctor Visit		\$50	
Follow up Dr. Treatment		\$50	

Eligibility

Employee eligibility:

- You must work a minimum of 30+ hours a week in a benefit eligible position
- You must be actively at work at the time of enrollment

Spouse and child(ren) eligibility:

- Your spouse*— no age limitation
- Your child(ren)— to end of month upon turning the age of 26



*The use of “spouse” in this document means a person insured as a spouse as described in the certificate of insurance or rider.. Please contact your employer for more information.

Accident Insurance example

John slid into home base while playing in a summer softball league, broke his ankle and tore his ACL in the process.

Out-of-pocket medical expenses incurred:

Emergency room co-pay:	\$250
Deductible:	\$500
Surgery co-pay (\$3,750 x 0%):	\$375
Co-pay for 6 physical therapy visits:	\$300
Total out-of-pocket expenses:	\$1,425
Total benefit paid under policy:	\$1,000**

**The amounts shown above are for illustrative purposes only. Actual costs/results may vary.

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Accident Insurance: additional benefits

- Spouse Accident Insurance (employee option)
- Children's Accident Insurance (employee option)

Product provisions and availability may vary by state.

Spouse Accident Insurance

If you elect coverage for yourself and your spouse:

- No age maximum
- 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 document means a person insured as a spouse as described in the certificate of insurance or rider. Please contact your employer for more information.

Children's Accident Insurance

If you elect coverage for your children:

- Natural child(ren),
- Stepchild(ren)
- Adopted child(ren)
- Child(ren) for whom you are a legal guardian are eligible to be covered under your employer's plan, to end of month upon turning 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.

How much does Accident Insurance cost?

All employees pay the same rate, no matter their age. See the chart below for the premium amounts.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$7.13	\$11.88	\$13.94	\$18.68

Exclusions and Limitations

Exclusions in the Certificate, Spouse Accident Insurance, Children's Accident Insurance and AD&D 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.

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

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Hospital Indemnity Insurance

This is a summary only. 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. Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Policy Form #RL-HI-POL-12; Certificate Form #RL-HI-CERT-12; and Rider Forms: Spouse Hospital Confinement Indemnity Rider Form #RL-HI-SPR-12; Children's Hospital Confinement Indemnity Rider Form #RL-HI-CHR-12; Initial Confinement Benefit Rider Form #RL-HI-ICN-12; Diagnostic Test Benefit Rider Form #RL-HI-DGR-12; Wellness Benefit Rider Form #RL-HI-WELL-12; Accident Benefit Rider Form #RL-HI-ACD-12; and Critical Illness Rider Form #RL-HI-CIR-12. Form numbers, provisions and availability may vary by state.

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Hospital Indemnity Insurance (HI)

Did you know...

- The average cost of one day in the hospital in the U.S. for 2014 is \$2,214?¹
- The average length of in hospital stay is 4.6 days?¹
That's over \$10,000 total



¹ [The Kaiser Family Foundation State Health Facts](http://www.hcup-us.ahrq.gov). HEALTHCARE COST AND UTILIZATION PROJECT <http://www.hcup-us.ahrq.gov>
Nov. 2014 study. Reviewed and updated 1/6/16

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Hospital Indemnity Insurance: What's covered?

Hospital Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital*, critical care unit or rehabilitation facility.

These benefits can be used for any purpose, such as:

- Lost time from work
- Mortgage/rent/utilities
- Co-pays/deductibles/coinsurance
- Home health care expenses
- Childcare expenses



*A hospital does not include an institution or part of an institution used as: a hospice unit; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

Eligibility

Employee Eligibility:

- You must work a minimum of 30+ hours a week in a benefit eligible position
- You must be actively at work at the time of enrollment

Spouse and Child(ren) Eligibility:

- **Your spouse***— no age limitation
- **Your child(ren)**— to end of month upon turning the age of 26



*The use of “spouse” in this document means a person insured as a spouse as described in the certificate of insurance or rider. Please contact your employer for more information.

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Hospital Indemnity Insurance:

Mary delivers her full-term baby at the hospital without any complications.

Insurance deductible:	\$2,000*
Co-insurance for 3-day hospital stay (\$12,000x20%)	\$2,400
Hospital Indemnity Insurance Benefit (\$100/day):	\$300
Initial Confinement Benefit (5 x daily benefit (\$100/day)):	\$500
Total out-of-pocket expenses:	\$3,600
Total benefit paid under policy:	\$800*

The amounts shown are for illustrative purposes only. Actual costs/results may vary

*Benefit paid assumes benefit amount of \$100 per day per hospital confinement.

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Hospital Indemnity Insurance:

Additional benefits

- Spouse Hospital Indemnity Insurance (employee option)
- Children's Hospital Indemnity Insurance (employee option)
- Initial Confinement Benefit

Product provisions and availability may vary by state

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Spouse Hospital Indemnity Insurance

If you elect coverage for yourself and your spouse :

- No age restrictions
- 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 document means a person insured as a spouse as described in the certificate of insurance or rider. Please contact your employer for more information.

Children's Hospital Indemnity Insurance

If you elect coverage for your children:

- Natural child(ren),
- Stepchild(ren)
- Adopted child(ren)
- Child(ren) for whom you are a legal guardian are eligible to be covered under your employer's plan, to end of month upon turning the age of 26.
- Your child(ren) will receive the same coverage as you.
- **Guaranteed issue: No medical questions or tests required for coverage.**
- One premium amount covers all of your eligible children.

Initial Confinement Benefit

Initial Confinement Benefit:

- Pays an additional benefit of 5 times the daily benefit for the first day you spend in a hospital, critical care unit or rehabilitation center
- Must be confined for at least 20* consecutive hours to receive this benefit
- If your spouse and/or children is/are covered by Hospital Indemnity Insurance, they are also eligible for this benefit.

*This length of time may vary by employer and state.

How much does Hospital Indemnity Insurance Cost?

How much does Hospital Indemnity Insurance cost?

All employees pay the same rate. See the chart below for the premium amounts.

Hospital Indemnity Rates by Level

Composite Rate	Daily Benefit	Monthly Rate
Employee	\$100	9.83
Employee + Spouse	\$100	20.00
Employee + Children	\$100	14.86
Employee + Family	\$100	25.03

Exclusions and Limitations

Exclusions in the Certificate, Initial Confinement Benefit, Spouse Hospital Indemnity Insurance and Child Hospital Indemnity 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.
- Operation of a motorized vehicle while intoxicated.
- 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.
- Elective surgery, except when required for appropriate care as a result of the covered person's injury or sickness.**
- 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.

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

**Not applicable to Accident Benefit Rider

How to File a Claim

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How to file a claim

It's simple

- A claim checklist is at the top of the forms, providing clear instructions on how to successfully complete each form.



Stop guessing

- Not certain which form you need? "Start A Claim" feature walks you through a series of questions to provide you with a custom claims form package. Information provided during the questionnaire will pre-populate some of the fields in the provided forms.



Submitting claims just got easier

- Forms and supporting documentation can be submitted electronically through our secure upload site.
- Electronic signature is accepted on our forms, eliminating the need to print and scan forms for submission. It is not available on Attending Physician Statements.
- An email confirming the receipt of documents will be provided.



Employee Benefit Contact Center

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Employee Benefits Contact Center

- Hours of operation: 9:00 AM – 6:30 PM EST
- After-hours voicemail with 24-hour returned-call response
- All calls are recorded
- Enterprise support
 - Command center in Jacksonville, FL
 - Workforce management
 - Telephone team
- TFN 844-228-8692 – Available January 1, 2017
- Claims & Customer Service
- English & Spanish speaking representative available
- Plan Documents will be made available on the USG Benefits website for retrieval and review by employees.

* Statistics as of 07/01/2015

Questions?

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