

# Accident Insurance

Explore Your Benefits & Costs

Effective January 1, 2024



Accident Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like.** Choose this supplemental health insurance product to lessen the financial impact of a covered accident.

**Group Name:** Iowa State Association of Counties  
Group Benefits Program  
**Group Number:** 739367

## Who is eligible?

**Employees:** All eligible employees.

**Spouse:** Your legal spouse. They will be covered for the same Accident benefits as you.

**Child(ren):** Your dependent children including your natural children, stepchildren, adopted children or children for whom you are legal guardian can be covered up to age 26. Your children will be covered for the same Accident benefit amounts as you and one premium amount covers all of your eligible children.

*A person may not have coverage as both an Employee and Dependent. If both you and your spouse are covered under this policy as an employee; then only one, but not both, may cover the same children for Accident Insurance.*

**Questions?** If you have additional questions, please contact:

**Voya Employee Benefits Customer Service**

(877) 236-7564

<https://presents.voya.com/EBRC/ISAC>

## What is the monthly cost?

Core Plan (Employee Coverage) is 100% Employer Paid for employees enrolled in medical.

Employees have the option to enroll their Spouse and/or Child(ren) and/or buy up to the Enhanced plan through convenient payroll deductions.

Core Plan	Enrolled in Medical	Not Enrolled in Medical
Employee	\$0.00	\$7.10
Employee + Spouse	\$3.55	\$10.65
Employee + Child(ren)	\$8.80	\$15.90
Employee + Family	\$12.35	\$19.45

Enhanced Plan	Enrolled in Medical	Not Enrolled in Medical
Employee	\$6.04	\$13.14
Employee + Spouse	\$18.84	\$25.94
Employee + Child(ren)	\$20.76	\$27.86
Employee + Family	\$33.56	\$40.66



### Wellness Benefits

All enrolled employees, spouses and dependents are eligible to receive a **\$100 wellness benefit.**



### 24-Hour Coverage

Members have protection for accident injuries, on- and off-the-job.



### Portability

If you leave your employment, you can continue your coverage and pay your premiums directly to Voya.

## Schedule of Benefits

The following is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance.



**Your coverage includes a Sport Accident Benefit.** This means if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the **accident care, accident hospital care or common injuries** sections below will be increased by 25%; to a maximum additional benefit of \$1,000.

Accident Care	Core Plan	Enhanced Plan
Initial doctor visit	\$100	\$150
Urgent care or emergency room treatment	\$225	\$300
Ambulance	Ground: \$300 / Air: \$1,250	Ground: \$400 / Air: \$2,000
X-Ray	\$100	\$100
Major Diagnostic Exam	\$200	\$300
Office Follow-up (up to 6 per accident)	\$100	\$150
Chiropractic (up to 6 per accident)	\$50	\$75
Physical Therapy (up to 6 per accident)	\$75	\$100
Accident Hospital Care		
Hospital Admission	\$1,125	\$1,750
Hospital Confinement (per day; up to 365 days)	\$250	\$275
ICU Confinement (per day; up to 30 days)	\$400	\$800
Open Abdominal or Thoracic Surgery	\$2,000	\$3,000
Common Injuries		
Lacerations	Up to \$800	Up to \$1,200
Concussion	\$175	\$275
Dental Benefit (per tooth)	Up to \$300	Up to \$400
Eye Injuries	Up to \$400	Up to \$600
Surgical Repair: Knee Cartilage	Up to \$650	Up to \$900
Surgical Repair: Ruptured Disc	\$1,000	\$1,500
Surgical Repair: Tendon, Ligament or Rotator Cuff	Up to \$1,200	Up to \$1,800
Fractures & Dislocations		
Fracture	Up to \$6,400	Up to \$10,000
Dislocations	Up to \$6,400	Up to \$8,000
Accidental Death & Dismemberment		
Employee	Up to \$50,000	Up to \$100,000
Spouse	Up to \$20,000	Up to \$40,000
Child	Up to \$10,000	Up to \$20,000
Wellness Health Screenings		
Employee	\$100 per year	\$100 per year
Spouse	\$100 per year	\$100 per year
Child (No Maximum)	\$100 per year	\$100 per year