

For the Employees of Santa Barbara County Superior Courts



COMPASS
Chart your course.

Accident Insurance

A limited benefit policy





Accidents are unexpected – as are the financial consequences.

Consider the following:

- In the United States, there were nearly 30 million unintentional non-fatal injuries in 2010 alone.¹
- Unintentional injuries requiring hospitalization cost nearly \$22,000 on average.¹

¹ WISQARS Nonfatal Injury Reports, Centers for Disease Control and Prevention, based on 2010 data

You can't prepare for an accident – but you can prepare for its aftermath. Compass Accident Insurance, offered to you by ING Employee Benefits, can help you chart a course to a less stressful recovery.

About Compass Accident Insurance

Compass Accident Insurance is a limited benefit policy. Accident insurance pays you a specified amount, on top of any health insurance benefits you currently receive, for specific injuries resulting from a covered accident. You can use this money in any way you like, for example: deductibles, child care, housecleaning, groceries, utilities – any purpose that can help you meet your personal, financial, or household needs.

If you work at least 20 hours per week*, you qualify for this insurance. There are no medical questions you need to answer or medical tests you need to take to get coverage.

** may vary by class or location*

This is an optional benefit that you can purchase. Premium payments will be made through automatic deduction from your paycheck. This brochure will describe the coverage and options available to you.

This coverage is portable – which means that if you leave your employer or your employer decides in the future not to offer Compass Accident Insurance, you can maintain your coverage. If you choose to keep your coverage, you will be billed directly.

Your Compass Accident Plan – Off Job Coverage

This is a brief outline of available benefits. Each benefit is subject to terms and conditions that may reduce the final amount paid, depending on the circumstances of your accident and the care you receive. Ask your benefits manager if you have questions about these terms and conditions.

Benefits are for each covered person for each covered accident unless otherwise indicated. The services listed below must be related to a covered accident. Benefits may vary by state. Please review your certificate of coverage for exact language.

Accident Hospital Care

Surgery open abdominal, thoracic	\$1,200	Hospital Confinement Per day up to 365	\$250
Surgery exploratory or without repair	\$120	Coma duration of 14 or more days	\$6,000
Blood, Plasma, Platelets	\$360	Transportation per trip up to 3 per accident	\$360
Hospital Admission	\$1,000	Lodging per day up to 30 days	\$120
Rehabilitation Facility Confinement (per day for 90 days)	\$150		

Follow-up Care

Medical Equipment	\$120	Prosthetic Device one	\$600
Physical Therapy per treatment up to 6	\$30	Prosthetic Device 2 or more	\$1,200

Common Injuries

Burns 2 nd degree – at least 36% of the body	\$900	Laceration¹ sutures, up to 2”	\$60
Burns 3 rd degree – at least 9 but less than 35 square inches of the body	\$1,800	Laceration¹ sutures, 2” to 6”	\$240
Burns 3 rd degree – 35 or more square inches of the body	\$12,000	Laceration¹ sutures, over 6”	\$480
Skin Grafts	25% of burn benefit	Ruptured Disk Surgical repair	\$480
Emergency Dental Work while Hospital Confined	Crown: \$180 Extraction: \$50	Tendon / Ligament / Rotator Cuff One, Surgical repair	\$480
Eye Injury removal of foreign object	\$60	Tendon / Ligament / Rotator Cuff 2 or more, Surgical repair	\$720
Eye Injury surgery	\$240	Tendon / Ligament / Rotator Cuff Exploratory Arthroscopic Surgery with no repair	\$120
Torn Knee Cartilage surgery with no repair or if cartilage is shaved	\$120	Concussion	\$120
Torn Knee Cartilage Surgical repair	\$600	Paralysis quadriplegia	\$12,000
Laceration¹ treated, no sutures	\$30	Paralysis paraplegia	\$6,000

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

Common Injuries Dislocations

	Closed Reduction/ Open Reduction ²		Closed Reduction/ Open Reduction ²
Hip Joint	\$2,400 / \$4,800	Finger / Toe	\$120 / \$240
Knee	\$1,200 / \$2,400	Hand Bone(s) other than fingers	\$360 / \$720
Ankle or Foot Bone(s) other than toes	\$960 / \$1,920	Lower Jaw	\$360 / \$720
Shoulder	\$360 / \$720	Collarbone	\$360 / \$720
Elbow	\$360 / \$720	Partial Dislocations	25% of the closed reduction amount
Wrist	\$360 / \$720		

² Open Reduction of Dislocation = Surgical reduction of a completely separated joint. Closed Reduction of Dislocation = Non-surgical reduction of a completely separated joint.

Common Injuries Fractures

	Closed Reduction/ Open Reduction ³		Closed Reduction/ Open Reduction ³
Hip	\$1,800 / \$3,600	Bones of Face (except nose)	\$420 / \$840
Leg	\$960 / \$1,920	Nose	\$120 / \$240
Ankle	\$360 / \$720	Upper Jaw	\$420 / \$840
Kneecap	\$360 / \$720	Lower Jaw	\$360 / \$720
Foot (excluding toes, heel)	\$360 / \$720	Collarbone	\$360 / \$720
Upper Arm	\$420 / \$840	Rib or Ribs	\$300 / \$600
Forearm, Hand, Wrist (except fingers)	\$360 / \$720	Skull – simple (except bones of face)	\$1,200 / \$2,400
Finger, Toe	\$60 / \$120	Skull – depressed (except bones of face)	\$3,000 / \$6,000
Vertebral Body	\$960 / \$1,920	Sternum	\$360 / \$720

Vertebral Processes	\$360 / \$720
Pelvis (except Coccyx)	\$960 / \$1,920
Coccyx	\$240 / \$480

Shoulder Blade	\$360 / \$720
Chip Fractures	25% of the closed reduction amount

³ Open Reduction of Fracture = Surgical. Closed Reduction of Fracture = Non-surgical.

Included Riders

Your employer has selected the following riders that complement your accident coverage. This is a brief outline of each rider's benefits. Refer to the riders for exact terms and conditions.

Wellness Benefit Rider

The covered employee will receive a single standard annual benefit of \$100 for each covered employee and spouse who completes a health screening test. (The standard annual per-child benefit is 50% of the employee benefit amount, with a maximum of \$200 in child benefits payable per calendar year.)

Optional Riders

You can personalize your plan by choosing from the following optional riders to your coverage.

Spouse Accident Rider



The Spouse Accident Rider allows you to elect accident insurance coverage for your spouse/domestic partner* who is under age 70. See the complete certificate and rider for details. You must have coverage for yourself in order to select this rider.

** Definition of spouse/domestic partner may vary by state.*

Children's Accident Rider



The Children's Accident Rider allows you to elect accident insurance coverage for your eligible children, up to age 19 and to age 25 if full time student dependent. One rider covers all eligible children. See the complete certificate and rider for details. You must have coverage for yourself in order to select this rider.

Exclusions and Limitations¹

Exclusions in the Certificate, Spouse Accident Rider and Children's Accident Rider:

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 (excluding 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 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, sailgliding, parasailing, parakiting, kitesurfing 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.
- Work for pay, profit or gain if the employer elects to exclude work-related accidents under the policy.



¹ Exclusions and limitations may vary by state. Consult your certificate of insurance for exact language.

Chart your course with ING Employee Benefits.

This product is issued and underwritten by ReliaStar Life Insurance Company, a member of the ING family of companies. Home and Administrative Office: 20 Washington Avenue South, Minneapolis, MN 55401. This brochure is a summary only and the policy, certificate and riders should be reviewed for complete benefits, exclusions and limitations.

Compass Accident Policy Form #: RL-ACC2-POL-12. Compass Accident Certificate Form #: RL-ACC2-CERT-12. 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. Product availability and benefit provisions may vary by state. Form numbers may vary by state.

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