



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 complements your health insurance benefits by paying 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: co-pays, deductibles, child care, housecleaning, groceries, utilities – any purpose that can help you meet your personal, financial, or household needs.

Active employees classified as teachers who normally work at least 17.5 hours per week and active employees classified as non-teachers who normally work at least 20 hours per week qualify for this insurance. There are no medical questions you need to answer or medical tests you need to take to get coverage.

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 – On and 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.

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 Confinement per day up to 90 days	\$125
Coma duration of 14 or more days	\$5,000
Transportation per trip up to 3 per accident	\$300
Lodging per day up to 30 days	\$100
Family care per child up to 45 days	\$20

Follow-up Care

Medical Equipment	\$100
Physical Therapy per treatment up to 6	\$25

Prosthetic Device one	\$500
Prosthetic Device 2 or more	\$1,000

Emergency Care

Ground Ambulance	\$100
Air Ambulance	\$500
Emergency Room Treatment	\$150

Initial Doctor Visit	\$50
Follow-up Doctor Treatment	\$50

Common Injuries

Burns 2 nd degree – at least 36% of the body	\$750
Burns 3 rd degree – at least 9 but less than 35 square inches of the body	\$1,500
Burns 3 rd degree – 35 or more square inches of the body	\$10,000
Skin Grafts	25% of burn benefit
Emergency Dental Work while Hospital Confined	Crown: \$150 Extraction: \$50
Eye Injury removal of foreign object	\$50
Eye Injury surgery	\$200
Torn Knee Cartilage surgery with no repair or if cartilage is shaved	\$100
Torn Knee Cartilage surgical repair	\$500
Laceration¹ treated, no sutures	\$25

Laceration¹ sutures, up to 2"	\$50
Laceration¹ sutures, 2" to 6"	\$200
Laceration¹ sutures, over 6"	\$400
Ruptured Disk surgical repair	\$400
Tendon / Ligament / Rotator Cuff One, surgical repair	\$400
Tendon / Ligament / Rotator Cuff 2 or more, surgical repair	\$600
Tendon / Ligament / Rotator Cuff Exploratory Arthroscopic Surgery with no repair	\$100
Concussion	\$100
Paralysis quadriplegia	\$10,000
Paralysis paraplegia	\$5,000

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	\$2,000 / \$4,000	Finger / Toe	\$100 / \$200
Knee	\$1,000 / \$2,000	Hand Bone(s) other than fingers	\$300 / \$600
Ankle or Foot Bone(s) other than toes	\$800 / \$1,600	Lower Jaw	\$300 / \$600
Shoulder	\$300 / \$600	Collarbone	\$300 / \$600
Elbow	\$300 / \$600	Partial Dislocations	25% of the closed reduction amount
Wrist	\$300 / \$600		

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	\$1,500 / \$3,000	Bones of Face (except nose)	\$350 / \$700
Leg	\$800 / \$1,600	Nose	\$100 / \$200
Ankle	\$300 / \$600	Upper Jaw	\$350 / \$700
Kneecap	\$300 / \$600	Lower Jaw	\$300 / \$600
Foot (excluding toes, heel)	\$300 / \$600	Collarbone	\$300 / \$600
Upper Arm	\$350 / \$700	Rib or Ribs	\$250 / \$500
Forearm, Hand, Wrist (except fingers)	\$300 / \$600	Skull – simple (except bones of face)	\$1,000 / \$2,000
Finger, Toe	\$50 / \$100	Skull – depressed (except bones of face)	\$2,500 / \$5,000
Vertebral Body	\$800 / \$1,600	Sternum	\$300 / \$600

Vertebral Processes	\$300 / \$600
Pelvis (except Coccyx)	\$800 / \$1,600
Coccyx	\$200 / \$400

Shoulder Blade	\$300 / \$600
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 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* 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 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 26. 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.

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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