

Compass Accident Insurance

Enrollment at a glance

For the employees of: Plexus Corp.

What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident, on or after your coverage effective date. The benefit amount depends on the type of injury and care received as a result of the covered accident. Accident Insurance 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.

Features of Accident Insurance include:

- **Guaranteed issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Portable:** If you leave your current employer or retire, you can take your coverage with you.

How can Accident Insurance help?

Below are a few examples of how your Accident Insurance benefits could be used:

- Medical expenses, such as deductibles and copays
- Home healthcare costs
- Lost income due to lost time at work
- Everyday expenses like utilities and groceries

Who is eligible for Accident Insurance?

- **You**—All active employees working 30+ hours per week.
- **Your spouse***—If you have coverage on yourself, your spouse will also be covered, as long as your spouse is under age 70 and is not covered under your employer's plan as an employee. Your spouse will be covered for the same Accident benefits as you are.
- **Your children****—If you have coverage on yourself; your natural children, stepchildren, adopted children or children for whom you are a legal guardian; are eligible to be covered under your employer's plan, up to the age of 26. Your children will be covered for the same Accident benefits as you are and one premium amount covers all of your eligible children. 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. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children's coverage.

*The use of "spouse" in this document means a person insured as a spouse as described in the applicable rider. This may include domestic partners or civil union partners as defined by the employer's plan. Please contact your employer for more information.

**The definition of "child" may vary by state. Please contact your employer for more information.

When is my coverage effective?

Open Enrollment

Your coverage becomes effective on January 1st following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage.

New Hires

- If you elect voluntary coverage, that coverage becomes effective at 12:01 AM on the latest of the following:
 - The date you are eligible for coverage, if you apply on or before that date.
 - The first day of the month following the date you apply for coverage.
 - The first day of the month following the date you return to active employment, if you are not in active employment when your coverage would otherwise become effective.
- Coverage for your spouse and/or children becomes effective on the same date as your coverage.

What Accident benefits are available?

The following list 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. Note that there may be some variations by state. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any benefits.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$800
Surgery exploratory or without repair	\$125
Blood, plasma, platelets	\$400
Hospital admission	\$1,000
Emergency Room Treatment	\$150
Hospital confinement per day up to 365	\$300
Critical care unit confinement per day, up to 15 days	\$475
Rehabilitation facility confinement per day for 90 days	\$125
Coma duration of 14 or more days	\$11,500
Transportation per trip, up to 3 per accident	\$500
Lodging per day, up to 30 days	\$120
Family care per child, up to 45 days	\$15

Event	Benefit
Follow-up care	
Medical equipment	\$40
Physical therapy per treatment, up to 6	\$30
Speech therapy up to 6 per accident	\$30
X-ray	\$30
Major Diagnostic Exams	\$80
Outpatient Surgery (once per accident)	\$150
Prosthetic device (one)	\$500
Prosthetic device (two or more)	\$800

Event	Benefit
Dislocations	
	Closed/open reduction ²
Hip joint	\$2,550/\$5,100
Knee	\$1,600/\$3,200
Ankle or foot bone(s) Other than toes	\$1,000/\$2,000
Shoulder	\$1,000/\$2,000
Elbow	\$750/\$1,500
Wrist	\$750/\$1,500
Finger/toe	\$175/\$350
Hand bone(s) Other than fingers	\$750/\$1,500
Lower jaw	\$750/\$1,500
Collarbone	\$750/\$1,500
Partial dislocations	25% of the closed reduction amount

Event	Benefit
Common injuries	
Burns second degree, at least 36% of the body	\$1,000
Burns 3rd degree, at least 9 but less than 35 square inches of the body	\$4,500
Burns 3rd degree, 35 or more square inches of the body	\$10,000
Skin Grafts	25% of the burn benefit
Emergency dental work while hospital confined	\$250 crown, \$60 extraction
Eye Injury removal of foreign object	\$60
Eye Injury Surgery	\$225
Torn Knee Cartilage surgery with no repair or if cartilage is shaved	\$150
Torn Knee Cartilage surgical repair	\$500
Laceration¹ treated no sutures	\$20
Laceration¹ sutures up to 2"	\$40
Laceration¹ sutures 2" – 6"	\$160
Laceration¹ sutures over 6"	\$320
Ruptured Disk surgical repair	\$500
Tendon/Ligament/Rotator Cuff One, surgical repair	\$550
Tendon/Ligament/Rotator Cuff Two or more, surgical repair	\$800
Tendon/Ligament/Rotator Cuff Exploratory Arthroscopic Surgery with no repair	\$275
Concussion	\$150
Paralysis quadriplegia	\$16,000
Paralysis paraplegia	\$10,750

Event	Benefit
Emergency care benefits	
Ground ambulance	\$240
Air ambulance	\$1,000
Emergency room treatment	\$150
Initial doctor visit	\$60
Follow-up doctor visit	\$60
Chiropractic Treatment (up to 6 per accident)	\$30

Event	Benefit
Fractures	
	Closed/open reduction ³
Hip	\$3,000/\$6,000
Leg	\$2,500/\$5,000
Ankle	\$1,800/\$3,600
Kneecap	\$1,800/\$3,600
Foot Excluding toes, heel	\$1,800/\$3,600
Upper arm	\$2,100/\$4,200
Forearm, Hand, Wrist Except fingers	\$1,800/\$3,600
Finger, Toe	\$240/\$480
Vertebral body	\$3,360/\$6,720
Vertebral processes	\$1,440/\$2,880
Pelvis Except coccyx	\$3,200/\$6,400
Coccyx	\$400/\$800
Bones of face Except nose	\$1,200/\$2,400
Nose	\$600/\$1,200
Upper jaw	\$1,500/\$3,000
Lower jaw	\$1,440/\$2,880
Collarbone	\$1,440/\$2,880
Rib or ribs	\$400/\$800
Skull – simple Except bones of face	\$1,400/\$2,800
Skull – depressed Except bones of face	\$3,000/\$6,000
Sternum	\$360/\$720
Shoulder blade	\$1,800/\$3,600
Chip fractures	25% of the closed reduction amount

¹ Laceration benefits are a total of all lacerations per accident.
² Closed Reduction of Dislocation = Non-surgical reduction of a completely separated joint. Open Reduction of Dislocation = Surgical reduction of a completely separated joint.
³ Closed Reduction of Fracture = Non-surgical. Open Reduction of Fracture = Surgical.

What does my Accident Insurance include?

The benefits listed below are included with your Accident Insurance coverage. For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test.
 - The annual benefit amount is \$150 for completing a health screening test.
 - Your spouse's benefit amount is \$150
 - The benefit for child coverage is \$75, with an annual maximum of \$300 for all children.

How much does Accident Insurance cost?

All employees within the same class pay the same rate, no matter their age. See the chart below for the premium amounts. Rates shown are guaranteed until January 1, 2023.

Weekly Rates (52 Pay Periods)			
Employee	Employee and Spouse	Employee and Children	Family
\$2.89	\$5.18	\$5.82	\$8.11

Bi-Weekly Rates (26 Pay Periods)			
Employee	Employee and Spouse	Employee and Children	Family
\$5.78	\$10.36	\$11.65	\$16.23

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 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. Performing these acts as part of your 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 a sickness.



How do I enroll?

Contact your local Human Resource Representative for more information.

Where do I get more information?

Please refer to Connect or your local Human Resource Representative for more information.

For questions on the plan, including how to file a claim, please call Voya Employee Benefits Customer Service at (877) 236-7564 or log on to <https://presents.voya.com/EB/LandingPage/PlexusCorp>

This offer is contingent upon participation requirements being met.

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 (Minneapolis, MN), a member of the Voya[®] family of companies. 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, Wellness Benefit Rider Form #RL-ACC3-WELL-16, Form numbers, provisions and availability may vary by state.

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