

Supplemental Medical Plans Guide

Medical insurance does not prevent all the financial strain of a major illness or injury. Many families don't have enough in their savings to cover the deductible and coinsurance of a major medical event. Critical Illness, Hospital Indemnity and Accident Insurance can help cover this out-of-pocket financial exposure for a reasonable cost.

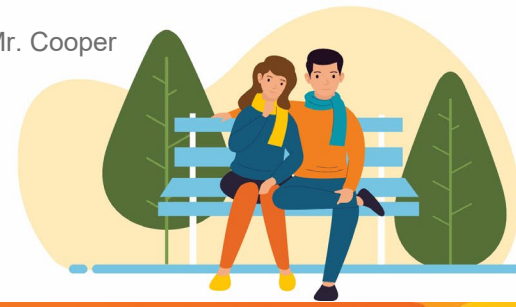
Have you ever known someone who was diagnosed with a critical illness, experienced an accident, or was hospitalized? Events like these happen unexpectedly. Don't go another day unprotected. Enroll in your supplemental medical plans and be prepared for whatever tomorrow brings.*

The benefits are paid directly to you, allowing you to use the funds however you choose. You receive the benefit even if you have other insurance. **Please note: These plans are not replacements for medical insurance.**

Click on the links below for more information on your plan options

- [Critical Illness Insurance](#)
- [Hospital Indemnity Insurance](#)
- [Accident Insurance](#)

** The policies/certificates of coverage have exclusions and limitations which may affect any benefits payable. The policies/certificates of coverage or their provisions, as well as covered illnesses, may vary or be unavailable in some states for supplemental medical benefit*



Critical Illness Insurance

Help minimize the financial stress that may follow the diagnosis of a serious illness

What is it?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. Critical Illness 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.

What conditions does it cover?

Unless noted, your payment will be at 100% of your benefit amount.

- | | |
|---|---|
| • Heart attack* | • Benign brain tumor |
| • Cancer | • Skin cancer (10%) |
| • Stroke | • Bone marrow transplant (25%) |
| • Sudden cardiac arrest | • Stem cell transplant (25%) |
| • Major organ transplant** | • Permanent paralysis |
| • Coronary artery bypass (50%) | • Loss of sight |
| • Carcinoma in situ (25%) | • Loss of hearing |
| • Type 1 Diabetes | • Loss of speech |
| • Transient ischemic attacks (10%) | • Coma |
| • Ruptured or dissecting aneurysm (10%) | • Multiple Sclerosis |
| • Abdominal aortic aneurysm (10%) | • Amyotrophic lateral sclerosis (ALS) |
| • Thoracic aortic aneurysm (10%) | • Parkinson's Disease |
| • Open heart surgery for valve replacement or repair (25%) | • Advanced Dementia including Alzheimer's disease |
| • Severe burns | • Huntington's disease |
| • Transcatheter heart valve replacement or repair (10%) | • Muscular dystrophy |
| • Coronary angioplasty (10%) | • Infectious disease (hospitalization requirement) (25%)*** |
| • Implantable/internal cardioverter defibrillator (ICD) placement (25%) | • Addison's disease (10%) |
| • Pacemaker placement (10%) | • Myasthenia gravis (50%) |
| | • Systemic lupus erythematosus (SLE) (50%) |
| | • Systemic sclerosis (scleroderma) (10%) |

Covered conditions for your insured children:

Cerebral palsy, Congenital birth defects, Cystic fibrosis, Down syndrome, Gaucher disease - type II or III, Infantile Tay-Sachs, Niemann-Pick disease, Pompe disease, Sickle cell anemia, Type 1 diabetes, Type IV glycogen storage disease, Zellweger syndrome



Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you an annual benefit when you and covered family members complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

\$50 for employees, \$50 for spouses, and \$50 per child

For a list of standard exclusions and limitations, please refer to the limitations and exclusions section later in this document. 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.

Why should I consider it?



Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.



Coverage is always guaranteed issue.



You can choose to take this coverage with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing.

* A sudden cardiac arrest is not in itself considered a heart attack.

** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ.

*** Diagnosis of a severe infectious disease by a Doctor, when a diagnosis occurs on or after the group's coverage effective date; AND Confinement to a Hospital or a transitional facility for 5 or more consecutive days.

Who can be covered and how much coverage can I get?

You have the option to enroll in coverage in the amount(s) below:	
You	Choice of \$10,000, \$20,000, \$30,000, or \$40,000
Your spouse*	100% of the employee amount
Your children*	100% of the employee amount

* Employees must be enrolled in order to elect coverage for eligible spouse and eligible dependent children as defined in the Certificate of Coverage and Riders.

How many times can I receive this benefit?

The Schedule of Benefits includes a list of covered conditions. There is no total maximum benefit amount or limit to the number of payments you may receive for each covered condition under your plan, except for skin cancer.

You may receive a benefit payment for each different diagnosis of a covered condition shown on your Schedule of Benefits. (a definition of "different diagnosis" is provided in the certificate of coverage).

For skin cancer, the benefit is payable up to 1 time per calendar year, 10 times the lifetime maximum limit. Once the maximum for skin cancer has been reached, no further benefits are payable.

How much does it cost?

The table below shows how much you'll pay for Critical Illness Insurance. The premium is deducted directly from your paycheck. Your rates will depend on your age and how much coverage you select. Your rates could increase as you enter into a new age band based on provisions in your certificate of coverage.

Monthly											
Employee: \$40,000					Spouse: \$40,000		Child(ren): \$40,000				
Wellness Included											
Attained		Non-Tobacco User					Attained		Tobacco User		
Age	EE Only	EE+SP	EE+CH	Family		Age	EE Only	EE + SP	EE + CH	Family	
Under 25	\$10.05	\$20.10	\$10.05	\$20.10		Under 25	\$18.05	\$36.10	\$18.05	\$36.10	
25-29	\$12.45	\$24.90	\$12.45	\$24.90		25 - 29	\$21.25	\$42.50	\$21.25	\$42.50	
30-34	\$16.05	\$32.10	\$16.05	\$32.10		30 - 34	\$26.05	\$52.10	\$26.05	\$52.10	
35-39	\$21.25	\$42.50	\$21.25	\$42.50		35 - 39	\$34.05	\$68.10	\$34.05	\$68.10	
40-44	\$30.85	\$61.70	\$30.85	\$61.70		40 - 44	\$50.05	\$100.10	\$50.05	\$100.10	
45-49	\$38.05	\$76.10	\$38.05	\$76.10		45 - 49	\$61.65	\$123.30	\$61.65	\$123.30	
50-54	\$48.45	\$96.90	\$48.45	\$96.90		50 - 54	\$79.65	\$159.30	\$79.65	\$159.30	
55-59	\$59.65	\$119.30	\$59.65	\$119.30		55 - 59	\$97.25	\$194.50	\$97.25	\$194.50	
60-64	\$70.85	\$141.70	\$70.85	\$141.70		60 - 64	\$116.05	\$232.10	\$116.05	\$232.10	
65-69	\$90.85	\$181.70	\$90.85	\$181.70		65 - 69	\$149.25	\$298.50	\$149.25	\$298.50	
70+	\$125.25	\$250.50	\$125.25	\$250.50		70 +	\$205.25	\$410.50	\$205.25	\$410.50	

Monthly Employee: \$30,000 Spouse: \$30,000 Child(ren): \$30,000 Wellness Included										
Attained		Non-Tobacco User					Attained		Tobacco User	
Age	EE Only	EE+SP	EE+CH	Family		Age	EE Only	EE + SP	EE + CH	Family
Under 25	\$7.85	\$15.70	\$7.85	\$15.70		Under 25	\$13.85	\$27.70	\$13.85	\$27.70
25-29	\$9.65	\$19.30	\$9.65	\$19.30		25 - 29	\$16.25	\$32.50	\$16.25	\$32.50
30-34	\$12.35	\$24.70	\$12.35	\$24.70		30 - 34	\$19.85	\$39.70	\$19.85	\$39.70
35-39	\$16.25	\$32.50	\$16.25	\$32.50		35 - 39	\$25.85	\$51.70	\$25.85	\$51.70
40-44	\$23.45	\$46.90	\$23.45	\$46.90		40 - 44	\$37.85	\$75.70	\$37.85	\$75.70
45-49	\$28.85	\$57.70	\$28.85	\$57.70		45 - 49	\$46.55	\$93.10	\$46.55	\$93.10
50-54	\$36.65	\$73.30	\$36.65	\$73.30		50 - 54	\$60.05	\$120.10	\$60.05	\$120.10
55-59	\$45.05	\$90.10	\$45.05	\$90.10		55 - 59	\$73.25	\$146.50	\$73.25	\$146.50
60-64	\$53.45	\$106.90	\$53.45	\$106.90		60 - 64	\$87.35	\$174.70	\$87.35	\$174.70
65-69	\$68.45	\$136.90	\$68.45	\$136.90		65 - 69	\$112.25	\$224.50	\$112.25	\$224.50
70+	\$94.25	\$188.50	\$94.25	\$188.50		70 +	\$154.25	\$308.50	\$154.25	\$308.50

Monthly Employee: \$20,000 Spouse: \$20,000 Child(ren): \$20,000 Wellness Included										
Attained						Attained				
Non-Tobacco User						Tobacco User				
Age	EE Only	EE+SP	EE+CH	Family		Age	EE Only	EE + SP	EE + CH	Family
Under 25	\$5.65	\$11.30	\$5.65	\$11.30		Under 25	\$9.65	\$19.30	\$9.65	\$19.30
25-29	\$6.85	\$13.70	\$6.85	\$13.70		25 - 29	\$11.25	\$22.50	\$11.25	\$22.50
30-34	\$8.65	\$17.30	\$8.65	\$17.30		30 - 34	\$13.65	\$27.30	\$13.65	\$27.30
35-39	\$11.25	\$22.50	\$11.25	\$22.50		35 - 39	\$17.65	\$35.30	\$17.65	\$35.30
40-44	\$16.05	\$32.10	\$16.05	\$32.10		40 - 44	\$25.65	\$51.30	\$25.65	\$51.30
45-49	\$19.65	\$39.30	\$19.65	\$39.30		45 - 49	\$31.45	\$62.90	\$31.45	\$62.90
50-54	\$24.85	\$49.70	\$24.85	\$49.70		50 - 54	\$40.45	\$80.90	\$40.45	\$80.90
55-59	\$30.45	\$60.90	\$30.45	\$60.90		55 - 59	\$49.25	\$98.50	\$49.25	\$98.50
60-64	\$36.05	\$72.10	\$36.05	\$72.10		60 - 64	\$58.65	\$117.30	\$58.65	\$117.30
65-69	\$46.05	\$92.10	\$46.05	\$92.10		65 - 69	\$75.25	\$150.50	\$75.25	\$150.50
70+	\$63.25	\$126.50	\$63.25	\$126.50		70 +	\$103.25	\$206.50	\$103.25	\$206.50

Monthly Employee: \$10,000 Spouse: \$10,000 Child(ren): \$10,000 Wellness Included										
Attained						Attained				
Non-Tobacco User						Tobacco User				
Age	EE Only	EE+SP	EE+CH	Family		Age	EE Only	EE + SP	EE + CH	Family
Under 25	\$3.45	\$6.90	\$3.45	\$6.90		Under 25	\$5.45	\$10.90	\$5.45	\$10.90
25-29	\$4.05	\$8.10	\$4.05	\$8.10		25 - 29	\$6.25	\$12.50	\$6.25	\$12.50
30-34	\$4.95	\$9.90	\$4.95	\$9.90		30 - 34	\$7.45	\$14.90	\$7.45	\$14.90
35-39	\$6.25	\$12.50	\$6.25	\$12.50		35 - 39	\$9.45	\$18.90	\$9.45	\$18.90
40-44	\$8.65	\$17.30	\$8.65	\$17.30		40 - 44	\$13.45	\$26.90	\$13.45	\$26.90
45-49	\$10.45	\$20.90	\$10.45	\$20.90		45 - 49	\$16.35	\$32.70	\$16.35	\$32.70
50-54	\$13.05	\$26.10	\$13.05	\$26.10		50 - 54	\$20.85	\$41.70	\$20.85	\$41.70
55-59	\$15.85	\$31.70	\$15.85	\$31.70		55 - 59	\$25.25	\$50.50	\$25.25	\$50.50
60-64	\$18.65	\$37.30	\$18.65	\$37.30		60 - 64	\$29.95	\$59.90	\$29.95	\$59.90
65-69	\$23.65	\$47.30	\$23.65	\$47.30		65 - 69	\$38.25	\$76.50	\$38.25	\$76.50
70+	\$32.25	\$64.50	\$32.25	\$64.50		70 +	\$52.25	\$104.50	\$52.25	\$104.50

What else is included?

The benefits below are also included with your coverage. 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.

Portability If you are in a situation where your eligibility for benefits is changing, such as reduced hours, termination from employment, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

Exclusions and limitations

There are no exclusions and limitations.



Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

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



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. Critical Illness Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form #RL-CI4-POL-16; Certificate form #RL-CI4-CERT2-20; Spouse Rider form #RL-CI4-SPR2-20; Children's Rider form #RL-CI4-CHR2-20; Continuation Rider form #RL-CI4-CNT2-20; Absence from Employment Premium Waiver Rider form #RL-CI4-AEPW-20; Wellness Benefit Rider form #RL-CI4-WELL2-20; Waiver of Premium Rider form #RL-CI4-WOP-16; Infectious Condition Additional Benefit Rider form #RL-CI4-ICBR-22; Specified Condition Benefit Rider form #RL-CI4-SCR-23; Benefit Enhancement Rider form #RL-CI4-BER-23; and Additional Services Rider form #RL-CI4-VAS-20. Form numbers, provisions and availability may vary by state and employer's plan.

CI 2.1 Only

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Hospital Indemnity Insurance

Help minimize the financial impact that can come with a stay in a hospital or medical facility



Mr. CooperGroup®

What is it?

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

Who can be covered?

You have the option to enroll yourself as well as your spouse* and children* in Hospital Indemnity Insurance coverage to meet your needs.

* Employees must be enrolled in order to elect coverage for eligible spouse and eligible dependent children as defined in the Certificate of Coverage and Riders.

Why should I consider it?



Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.



Coverage is always guaranteed issue.



You can choose to take this coverage with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing.



Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you an annual benefit when you and covered family members complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

\$75 for employees, \$75 for spouses, and \$75 per child.

For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders

How much does it cost?

This table shows how much you'll pay for Hospital Indemnity Insurance. The premium is deducted from your paycheck.

Coverage Type	Daily Benefit	Monthly Rate
Employee	\$200	\$17.65
Employee + Spouse	\$200	\$35.36
Employee + Children	\$200	\$25.75
Employee + Family	\$200	\$43.46

What does it cover?

Your Hospital Indemnity Insurance coverage provides a benefit payable upon a stay in a covered medical facility or other covered loss. The following is a summary of the benefits provided by this insurance. 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 riders. The coverage amounts are listed below.

First day of confinement (Admission Benefit)

Type of admission	Admission Benefit amount
Hospital admission	\$1500
Critical Care Unit (CCU) admission	\$1500
Rehabilitation facility admission	\$1500

This benefit is payable once per confinement.

Starting day two (Daily Confinement Benefit)

Type of facility	Daily benefit amount is \$200
Hospital confinement, up to 90 days per confinement	1 x the daily benefit amount
CCU confinement, up to 90 days per confinement	2 x the daily benefit amount
Rehabilitation facility confinement, up to 90 days per confinement	1 x of the daily benefit amount
Observation Unit, payable once per year	
At least 4 consecutive hours but less than 20 consecutive hours, other than as an inpatient. Not payable for any day that a facility confinement or admission benefit is payable.	\$500

Your coverage includes mental health and substance use inpatient and outpatient care. See your Certificate of Insurance for complete provisions, limitations and exclusions.

If you add a child to your family

If child coverage is effective before your child is born OR child coverage is elected as a qualifying life event within 30 days of the birth:
Your newborn may receive benefits just as any other covered child.
If child coverage IS NOT effective before your child is born and IS NOT elected as a qualifying life event within 30 days of birth:
\$300 one-time benefit payable for your newborn's confinement due to birth, no admission benefit is payable.

What else is included?

The benefits below are also included with your coverage. 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.

Continuation of Insurance allows you to maintain your coverage for yourself, your spouse and children during an employer-approved leave of absence.

Portability If you are in a situation where your eligibility for benefits is changing, such as reduced hours, termination from employment, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

Exclusions and limitations

The standard exclusions and limitations are listed below. For a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders. (These may vary by state and/or your employer's plan.) 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. 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, undeclared (excluding acts of terrorism).
- Loss that occurs 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.
- Misuse of alcohol or taking of drugs, other than under the direction of a doctor. • Elective surgery, except when required for appropriate care as determined by a doctor 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, sailgliding, parasailing, parakiting, kitesurfing 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.

The definition of "hospital" does not include an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a freestanding surgical center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care for the aged; or care or treatment for persons suffering from mental diseases or disorders or drug or alcohol addiction. "Critical care unit" and "rehabilitation facility" are also defined in the certificate.

*See the certificate and any riders for a complete description of benefits, exclusions, and limitations.



Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

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



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. Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form #RL-HI2-POL-18; Certificate form #RL-HI2-CERT-20; Spouse Hospital Confinement Indemnity Rider form #RL-HI2-SPR-18; Children's Hospital Confinement Indemnity Rider form #RL-HI2-CHR-18; Continuation of Insurance Rider form #RL-HI2-CNT-18; Diagnostic Test Benefit Rider form #RL-HI2-DGR-18; Wellness Benefit Rider form #RL-HI2-WELL-18; Accident Benefit Rider form #RL-HI2-ACD-18; Critical Illness Rider form #RL-HI2-CIR-18; Waiver of Premium Rider form #RL-HI2-WOP-18; and Absence from Employment Premium Waiver form: #RL-HI2-AEPW-2. Form numbers, provisions and availability may vary by state and by your employer's plan.

HI2 only

Date Prepared: 08/05/2025

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Accident Insurance

Group Name: Nationstar Mortgage LLC DBA Mr. Cooper
Group Number: 0071201-9
Effective Date: 01/01/2026

Help minimize the financial impact that can come with an accidental injury



Mr. CooperGroup®

What is it?




Accident Insurance pays you benefits for specific injuries and events resulting from a 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.

Who can be covered?

You have the option to enroll yourself as well as your spouse* and children* in Accident Insurance coverage to meet your needs.

*Employees must be enrolled in order to elect coverage for eligible spouse and eligible dependent children as defined in the Certificate of Coverage and Riders.

Why should I consider it?

-  Benefits will be paid directly to you to use for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.
-  Coverage is always guaranteed issue.
-  You can choose to take this coverage with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing.



Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if they complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

\$75 for employees, \$75 for spouses, and \$75 per child

How much does it cost?

This table shows your rates for Accident Insurance.

The cost provided below includes Accident Insurance premium and a fee for Voya Travel Assistance.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$7.93	\$13.55	\$15.62	\$21.24

What kinds of injuries and treatments does it cover?

Your Accident Insurance coverage is always guaranteed issue, and it provides a benefit payment after a covered accident that results in specific injuries and treatments. You may be required to seek care for your injury within a set amount of time. The following list presents the benefits provided by Accident Insurance. State variations may apply. For a complete description of your available benefits, see your certificate of insurance and any riders.

Accident Hospital Care	Benefit
Surgery (open abdominal, thoracic)	\$1,200
Surgery (exploratory or without repair)	\$175
Blood, Plasma, Platelets	\$600
Hospital Admission	\$1,500
Hospital Confinement (per day, up to 365 days)	\$325
Critical Care Unit (CCU) Admission	\$1,500
Critical Care Unit Confinement (per day up to 30 days)	\$500
Rehabilitation Facility Confinement (per day up to 90 days)	\$200
Observation Unit Stay	\$300
Induced Coma (up to 14 days)	\$150
Non-Induced Coma (duration of 14 or more days)	\$17,000
Transportation (per trip up to 3 per accident)	\$750
Lodging (per day up to 30 days)	\$180
Pet Boarding	\$20
Family care (per child/adult up to 45 days)	\$30

Accident Care	Benefit
Initial Doctor Visit	\$100
Urgent Care Facility Treatment	\$225
Emergency Room Treatment	\$300
Ground Ambulance	\$500
Air ambulance	\$2,000
Follow-up Doctor Treatment	\$100
Home Health Care	\$75
Chiropractic Treatment (up to 6 per accident)	\$50
Prescription Medicine	\$15
Medical Equipment	\$200
Physical or Occupational Therapy (per treatment up to 10)	\$50
Speech Therapy (per treatment up to 10)	\$50
Mental Health Therapy (per treatment up to 10)	\$50
Prosthetic Device (one)	\$750
Prosthetic Device (two or more)	\$1,200
Major Diagnostic Exams	\$275
CT (computerized tomography) or CAT scan (computerized axial tomography)	
MRI (magnetic resonance imaging)	
EEG (electroencephalogram)	
PET (positron emission tomography) scan	
Ultrasound	
Outpatient Surgery	\$225
Outpatient IV Infusion Therapy	\$40
X-ray	\$75
Lab Services	\$75

Common Injuries	Benefit
Burns (2 nd degree, at least 36% of body)	\$1,250
Burns (3 rd degree, at least 2% but less than 4% of the total body surface area)	\$7,500
Burns (3 rd degree, 4% or more of the total body surface area)	\$15,000
Skin Grafts (percentage of burn benefit)	50%
Emergency Dental Work (Crown)	\$350
Emergency Dental Work (Extraction)	\$90
Eye Injury (removal of foreign object)	\$100
Eye Injury (surgery)	\$350
Torn Hip, Knee or Shoulder Cartilage (surgery with no repair or if cartilage is shaved)	\$225
Torn Hip, Knee or Shoulder Cartilage (surgical repair)	\$800
Laceration ¹ (treated - no sutures)	\$30
Laceration ¹ (sutures up to 2")	\$60
Laceration ¹ (sutures 2" to 6")	\$240
Laceration ¹ (sutures over 6")	\$480
Puncture Wound ¹	\$50
Ruptured Disk (surgical repair)	\$800
Tendon, Ligament, Rotator Cuff (exploratory arthroscopic surgery with no repair)	\$425
Tendon, Ligament, Rotator Cuff (1, surgical repair)	\$825
Tendon, Ligament, Rotator Cuff (2 or more, surgical repair)	\$1,225
Concussion	\$300
Traumatic Brain Injury	\$1,750
Paralysis (monoplegia)	\$10,000
Paralysis (hemiplegia)	\$15,000
Paralysis (paraplegia)	\$16,000
Paralysis (quadriplegia)	\$24,000

Dislocations Complete ² /Complete Requiring Surgical Repair ³	Benefit
Hip Joint	\$3,850/\$7,700
Knee	\$2,400/\$4,800
Ankle or foot bone(s) (other than toes)	\$1,500/\$3,000
Shoulder	\$1,600/\$3,200
Elbow	\$1,100/\$2,200
Wrist	\$1,100/\$2,200
Finger/toe	\$275/\$550
Hand bone(s) (other than fingers)	\$1,100/\$2,200
Lower jaw	\$1,100/\$2,200
Collarbone	\$1,100/\$2,200
Incomplete dislocations: percentage of the complete amount	25%

Fractures	Benefit
Non-Surgical Repair Fracture ⁴ /Fracture Requiring Surgical Repair ⁵	
Hip	\$3,000/\$6,000
Leg	\$2,500/\$5,000
Ankle	\$1,800/\$3,600
Heel	\$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 the 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
Ribs or rib	\$400/\$800
Skull – Simple (except bones of the 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: percentage of the Non-Surgical Repair	25%

¹ Laceration benefits are a total of all lacerations per accident. Payable once per covered accident. If your injury qualifies as both a laceration and puncture wound, only one benefit in the higher amount will be payable.

² Complete separated joint that does not require a surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

³ Completely separated joint that requires surgical repair. If you receive more than one dislocation in the same covered accident, a benefit is payable for all dislocations. However, the benefit amount will be no more than two times the benefit amount for the joint involved which pays the highest benefit amount. Other limitations and maximums may apply.

⁴ Fracture that does not require a surgical repair. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

⁵ Fracture that does require surgical repair. If the doctor diagnoses the fracture as a chip fracture, the benefit will be reduced to a percentage of what would have been paid for a Non-Surgical Repair Fracture of the same bone. If you receive more than one fracture in a covered accident, a benefit is payable for all fractures. However, the benefit will be no more than two times the benefit amount listed for the bone which pays the highest benefit amount.

Accidental Death and Dismemberment (AD&D) If you are severely injured or die as a result of a covered accident, an AD&D benefit may be payable to you or your beneficiary. If there is no beneficiary named, benefits will be paid according to the Benefit Payments provision in the Certificate. Note: No Accidental death benefit is payable if the Covered Person is eligible for the common carrier benefit

Accidental Dismemberment Benefits	Benefit
Loss of both hand or both feet or sight in both eyes	\$24,000
Loss of one hand or one foot AND sight of one eye	\$18,000
Loss of one hand AND one foot	\$18,000
Loss of one hand OR one foot	\$10,000
Loss of two or more fingers or toes	\$1,500
Loss of one finger or toe	\$1,000

Accidental Death Benefits	Benefit
Common Carrier*	
Employee	\$85,000
Spouse	\$40,000
Child	\$20,000
Accidental Death	
Employee	\$40,000
Spouse	\$20,000
Child	\$8,000

* A "common carrier" is commercial transportation that operates on a regular schedule, between predetermined points or cities (such as a bus or airline route).

Catastrophic Accident coverage may provide an additional benefit payment if you are severely injured in a covered accident. Note that you will be eligible to receive this benefit payment 365 days after the covered accident. Loss is limited to total and permanent loss of any of the following: both hands or both feet, the use of both arms or both legs, one hand and one foot, one arm and one leg, the sight of both eyes, hearing in both ears, or the ability to speak.

Catastrophic Accident Benefits	Benefit
Employee	\$100,000
Spouse	\$50,000
Children	\$25,000
Home Modification Benefit*	\$2,500
Vehicle Modification Benefit*	\$2,500

* This pays the amount shown above if the covered person requires modifications due to losses for which benefits are paid under this Rider. Modifications must be prescribed in writing by a doctor.

What else is included?

The benefits below are also included with your coverage. 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.

Sports Accident Benefit increases the benefit amounts listed in the accident hospital care, accident care or common injuries sections by 50% and to a maximum additional benefit amount of \$2,000 if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage).

Motor Vehicle Safety Benefit increases the benefit amounts listed in the accident hospital care, accident care or common injuries sections by 25% and to a maximum additional benefit amount of \$1,000 if your accident occurs while you are wearing a properly fastened safety belt or helmet at the time of the covered accident. A copy of the accident report or other accident records documenting the proper safety belt or helmet use must be submitted with any proof of claim. "Motor vehicle" does not include motorized scooters, e-bikes, minibikes or pocket bikes.

Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company when your eligibility for benefits changes such as due to termination or reduced hours.

Additional Non-Insurance Services

Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN. Provisions and availability may vary by state.

Exclusions and limitations

Standard exclusions for the Certificate, Spouse Accident Insurance, and Children's Accident Insurance and AD&D are listed below. (These may vary by state.) For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Your Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Any sickness or declining process caused by sickness.
- 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. • 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.

Exclusions and limitations for Catastrophic Accident coverage (may vary by state) are the same as the exclusions in the Certificate, plus the catastrophic accident benefit reduces to 50% at age 65 and to 25% of the initial benefit amount at age 70.



Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

- Voya Employee Benefits Customer Service at (877) 236-7564

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

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



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-2-23; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR2-23, Children's Accident Rider Form #RL-ACC3-CHR2-23, Wellness Benefit Rider Form #RL-ACC3-WELL2-23, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR2-23, Catastrophic Accident Rider Form #RL-ACC3-CAR2-23, Off Job Accident Disability Income Rider form #RL-ACC3-DIR-16, Sickness Hospital Confinement Rider Form #RL-ACC3-HCR-16, Waiver of Premium Rider form #RL-ACC3-WOP-16, Absence from Employment Premium Waiver Rider form #RL-ACC3-AEPW-23; Continuation of Insurance Rider form #RL-ACC3-CNT2-23. Form numbers, provisions and availability may vary by state and employer's plan.

Accident 2.3 only

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