

Hospital Indemnity Insurance

Explore Your Benefits & Costs

Group Name: Heard County Board of Education
Group Number: 72244-8

Out-of-pocket costs from a stay in a hospital or other medical facility can be overwhelming. As expenses add up, **Hospital Indemnity Insurance can help.** This document includes expanded cost and benefit information for Hospital Indemnity Insurance. As you explore, keep in mind:



No medical questions or tests are required for coverage.



Simplified claims process has limited paperwork and can be submitted/tracked online.



Benefit payments go directly to you. Use them however you'd like!

Hospital Indemnity 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 for added protection if one of the following covered conditions comes your way.

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.

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How much does Hospital Indemnity Insurance cost?

This table shows your rates for Hospital Indemnity Insurance.

Hospital Confinement Indemnity Rates Low Plan			Hospital Confinement Indemnity Rates Medium Plan			Hospital Confinement Indemnity Rates High Plan		
Coverage Type	Daily Benefit	Monthly Rate	Coverage Type	Daily Benefit	Monthly Rate	Coverage Type	Daily Benefit	Monthly Rate
Employee	\$100	\$10.98	Employee	\$200	\$19.74	Employee	\$300	\$28.50
Employee + Spouse	\$100	\$19.50	Employee + Spouse	\$200	\$35.56	Employee + Spouse	\$300	\$51.64
Employee + Children	\$100	\$17.78	Employee + Children	\$200	\$32.17	Employee + Children	\$300	\$46.57
Employee + Family	\$100	\$26.30	Employee + Family	\$200	\$47.99	Employee + Family	\$300	\$69.71

*Child(ren) birth to age 26; no limit to the number of children per family.

How does it work?

With Hospital Indemnity Insurance, you'll receive a fixed daily benefit if you have a covered stay in a hospital, intensive care unit*, or rehabilitation facility that occurs on or after your coverage effective date. Benefit amounts are listed below and depend on the type of facility and number of days of confinement. Any combination of facility confinement and admission benefits payable includes a limit, please see your certificate for further confirmation. And for a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. For a list of standard exclusions and limitations, go to the end of this document.



When your stay begins

When you are admitted to a covered medical facility, you become eligible for an admission benefit. This benefit is payable once per confinement, up to a maximum of 1 admission(s) per calendar year:

Type of Admission	Benefit Amount Low	Benefit Amount Medium	Benefit Amount High
Hospital Admission	\$500	\$1,000	\$1,500
Intensive Care Unit* Admission	\$500	\$1,000	\$1,500

*An Intensive Care Unit may be referred to as a "Critical Care Unit" in your certificate of coverage. An ICU Transitional Care Unit may be referred to as a "CCU Step-Down Unit" in your policy documentation. Refer to your policy documentation for complete definitions and descriptions of each facility type.



As your stay continues

Beginning on Day 2 of your confinement, for each day that you stay in the facility, you'll be eligible for a fixed daily benefit payment. The benefit amount and maximum number of days per confinement varies by facility:

Type of Facility	Daily Benefit Low	Daily Benefit Medium	Daily Benefit High
Hospital (10 day maximum per confinement)	\$100	\$200	\$300
Intensive Care Unit* (10 day maximum per confinement)	\$200	\$400	\$600
Rehabilitation Facility (10 day maximum per confinement)	\$50	\$100	\$150

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If you add a child to your family

Hospital Indemnity Insurance benefits apply if you have employee or spouse coverage and are hospitalized for childbirth. In addition, your newborn child(ren) may be covered as well. See below for more details and for a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

If child coverage is effective before the child is born

- Benefits will apply just as they would for any other child.

If child coverage is NOT effective before the child is born

- A one-time benefit of \$200 is payable for the newborn child's birth.
- No admission benefit is payable

What else is included?

The Hospital Indemnity Insurance available through your employer includes the following additional benefits.



receive **\$50**
to use
however
you'd like

Wellness Benefit

Complete an eligible health screening test (such as an annual physical) or experience a covered hospital stay, and receive a benefit payment.

- For employees, the annual benefit amount is \$50.
- Your spouse's benefit amount is \$50.
- The annual benefit for child coverage is \$25 of your benefit amount per child, with an annual maximum of \$100 for all children.



keep coverage
during a leave
of absence

Continuation of Insurance

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



Ready to Enroll?

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 or go to <https://presents.voya.com/EBRC/HeardCountyBoardofEducation>

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 (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. Exception: This exclusion does not apply to a confinement in an eligible hospital or rehabilitation facility for the purpose of treatment for alcoholism or drug addiction.
- 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 free-standing 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" is also defined in the certificate.

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

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. Form numbers, provisions and availability may vary by state and by your employer's plan.

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HI2 Only

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