

# Hospital Indemnity Insurance

Explore Your Benefits & Costs

Group Name: Menasha Joint School District  
Group Number: 684503  
Class: All Eligible Employees

**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:



Group pricing helps to make coverage more cost-effective.



Employees get an annual Wellness Benefit of \$50 for completing an eligible health screening test.



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.

Monthly Rates (\$100 Daily Benefit Amount)*			
Employee	Employee and Spouse	Employee and Children	Employee and Family
\$20.13	\$39.30	\$31.16	\$50.33

\*Spouses up to age 70. 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 hospital, intensive care unit\*, or rehabilitation facility on or after your coverage effective date. Benefit amounts are listed below. For a list of standard exclusions and limitations, go to the end of this document.

### When your stay begins

When you are confined for at least 20 consecutive hours, you become eligible for an admission benefit. This benefit is payable once per year for each covered person, up to a maximum of 4 admissions per year for each family.

	Benefit Amount
Initial Confinement Benefit	\$1,000

### As your stay continues

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
Hospital (30 day maximum per confinement)	\$100
Intensive Care Unit* (15 day maximum per confinement)	\$200
Rehabilitation Facility (30 day maximum per confinement)	\$50

\*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.

## What else is included?

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



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

### Wellness Benefit

- Complete an eligible health screening test (such as an annual physical) and receive a benefit payment.
- Your annual benefit amount is \$50. Your spouse's benefit amount is \$50.
- The benefit for child coverage is 50% of your benefit amount per child, with an annual maximum of \$100 for all children.



**Continue  
coverage  
during a  
leave of  
absence**

### Leave of Absence

If you are on an employer-approved Leave of Absence after your coverage is effective, and if premiums are paid, your coverage may be continued based on the provisions in your certificate of coverage.

## Exclusions and limitations

The standard exclusions are listed below. (These may vary by state and/or your employer's plan.)

Hospital Indemnity and Initial Confinement 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.
- 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 that occurs while on full-time 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.
- Elective surgery, except when required for appropriate care 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, sail gliding, parasailing, parakiting, kite surfing 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.

### Pre-existing condition limitation\*

For the first 12 months following the covered person's effective date (including the effective dates of any increases to coverage), we will not pay benefits for any confinement resulting from a pre-existing condition. Pre-existing condition means a sickness, injury or physical condition which, within the 12 month period prior to the covered person's coverage effective date, resulted in the covered person receiving medical treatment, consultation, care or services (including diagnostic measures).

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 a swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility

primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, 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.



## 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/MJSD>

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-HI-POL-12; Certificate form #RL-HI-CERT-12; Spouse Hospital Confinement Indemnity Rider form #RL-HI-SPR-12; Children's Hospital Confinement Indemnity Rider form #RL-HI-CHR-12; Initial Confinement Benefit Rider form #RL-HI-ICN-12; Diagnostic Test Benefit Rider form #RL-HI-DGR-12; Wellness Benefit Rider form #RL-HI-WELL-12; Accident Benefit Rider form #RL-HI-ACD-12; and Critical Illness Benefit Rider form #RL-HI-CIR-12. Form numbers, provisions and availability may vary by state and by your employer's plan.

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### HI1 Only

Acct #0001

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