IMPORTANT: This is a fixed indemnity policy,
NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



Hospital Indemnity Insurance

Explore Your Benefits & Costs

GEON® Performance Solutions

Group Name: GEON Performance Solutions
Group Number: 724777

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.

ReliaStar Life Insurance Company.
a member of the Voya® family of companies

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How much does Hospital Indemnity Insurance cost?

This table shows your rates for Hospital Indemnity Insurance.

Low Plan - Hospital Confinement Indemnity Rates by Level		
Coverage Type	**Daily Benefit**	**Bi-weekly Rate**
Employee	**$100**	**$5.58**
Employee + Spouse	**$100**	**$12.92**
Employee + Children	**$100**	**$9.28**
Employee + Family	**$100**	**$16.63**

High Plan - Hospital Confinement Indemnity Rates by Level		
Coverage Type	**Daily Benefit**	**Bi-weekly Rate**
Employee	**$200**	**$9.71**
Employee + Spouse	**$200**	**$22.50**
Employee + Children	**$200**	**$16.16**
Employee + Family	**$200**	**$28.95**

*"Spouse" may include domestic partners as defined by your employer's plan. Please contact your employer for more information. 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 Low Plan	Benefit Amount High Plan
Initial Confinement Benefit	$1,000	$2,000

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 Low Plan	Daily Benefit High Plan
Hospital (30 day maximum per confinement)	$100	$200
Intensive Care Unit* (15 day maximum per confinement)	$200	$400
Rehabilitation Facility (30 day maximum per confinement)	$50	$100

*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.

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.

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. "Critical care unit" and "rehabilitation facility" is 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/GEON

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

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