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

Group Name: Aristocrat Technologies, Inc.
Group Number: 713589

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

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.

* The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy.

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

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.
- Your coverage can go with you if you leave your employer or retire, and you'll be billed directly.

Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you and covered family members an annual benefit if you 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 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.

Low Plan Hospital Confinement Indemnity Rates		
Coverage Type	**Daily Benefit**	**Monthly Rate**
Employee	**$100**	**$9.14**
Employee + Spouse	**$100**	**$23.88**
Employee + Children	**$100**	**$17.25**
Employee + Family	**$100**	**$31.99**

High Plan Hospital Confinement Indemnity Rates		
Coverage Type	**Daily Benefit**	**Monthly Rate**
Employee	**$200**	**$18.27**
Employee + Spouse	**$200**	**$47.75**
Employee + Children	**$200**	**$34.49**
Employee + Family	**$200**	**$63.97**

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.

Only one type of facility confinement or admission benefit is payable per day. Any combination of confinement and admission benefits payable will not exceed a total of 78 days during a period of confinement.

You can elect coverage under Low Benefit or High Benefit.

First day of confinement (Admission Benefit)

Type of admission	Low Benefit Admission Benefit amount	High Benefit Admission Benefit amount
Hospital admission	$1,100	$2,200
Critical Care Unit (CCU) admission	$1,100	$2,200
Rehabilitation facility admission	$1,100	$2,200

This benefit is payable once per confinement, up to 4 admission(s) per year.

Starting day two (Daily Confinement Benefit)

Type of facility	Low Benefit Daily benefit amount is $100	High Benefit Daily benefit amount is $200
Hospital confinement, up to 30 days per confinement	1 x the daily benefit amount	1 x the daily benefit amount
CCU confinement, up to 15 days per confinement	2 x the daily benefit amount	2 x the daily benefit amount
Rehabilitation facility confinement, up to 30 days per confinement	½ of the daily benefit amount	½ of the daily benefit amount
Observation Unit, 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	$250 per day, up to a maximum of 1 day per calendar year	$250 per day, up to a maximum of 1 day per calendar year

If you add a child to your family

If child coverage is effective before your child is born OR child coverage is elected within 31 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:
$150 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. 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 freestanding surgical center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care for the aged. "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

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/Home/aristocrat

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; 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

For the employees of Aristocrat Technologies, Inc.

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