

# Hospital Confinement Indemnity Insurance

## Enrollment at a glance

## For the employees of: Murray State University Group #70222-6



### What is Hospital Confinement Indemnity Insurance?

Hospital Confinement Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital\*, critical care unit or rehabilitation facility. The benefit amount is determined based on the type of facility and the number of days you stay. You have the option to elect to meet your needs. Hospital Confinement Indemnity Insurance is a limited benefit policy.

Features of Hospital Confinement Indemnity Insurance include:

- **Guaranteed Issue:** No medical questions or tests required for coverage.
- **Flexible:** You can use the benefit money for any purpose you like.
- **Payroll deductions:** Premiums paid through convenient payroll deductions.
- **Affordable coverage:** Rates are typically lower when you purchase coverage through your employer.
- **Portable:** Should you leave your current employer or retire, you can take the policy with you and select from a variety of payment plans.

\*A hospital does not include an institution or part of an institution used as: a hospice care unit; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative center; 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 "rehabilitative facility" are specifically defined in this policy. See the certificate for details.

### How can Hospital Confinement Indemnity Insurance help?

Below are a few examples of how your Hospital Confinement Indemnity Insurance benefit could be used (coverage amounts may vary):

- Medical expenses, such as deductibles and copays
- Travel, food and lodging expenses for family members
- Child care
- Everyday expenses like utilities and groceries

### Who is eligible for Hospital Confinement Indemnity Insurance?

- **You**<sup>±</sup>—all active employees working 37.5+ hours per week\*\*.
- **Your spouse**<sup>\*</sup>— under age 70. Coverage is available only if employee coverage is elected.
- **Your child(ren)**— to age 26. Coverage is available only if employee coverage is elected.
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\*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider.

### What Hospital Confinement Indemnity Insurance benefits are available?

The following list includes the benefits provided by Hospital Confinement Indemnity Insurance. The benefit amounts paid depend on the type of facility and number of days of confinement. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Your employer offers you the opportunity to purchase the following coverage:

- **Hospital**— \$100 per day, up to 30 days per confinement.
- **Critical care unit (CCU)**— \$200 per day, up to 15 days per confinement.
- **Rehabilitation facility**— \$50 per day, up to 30 days per confinement.

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## What does my Hospital Confinement Indemnity Insurance include?

The benefits listed below are included with your Hospital Confinement Indemnity Insurance. There may be some variation by state. For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, along with applicable provisions, exclusions and limitations, see your employer's certificate of insurance and any riders.

- **Spouse\* Hospital Confinement Indemnity Insurance:** If you have coverage for yourself, you may enroll your spouse, as long as your spouse is under age 70 and is not covered under the Policy as an employee.
  - Your spouse will have the same benefits that you have.
  - Guaranteed issue: No medical questions or tests required for coverage.

\*The use of "spouse" in this form means a person insured as a spouse as described in the certificate of insurance or benefit.

- **Children's Hospital Confinement Indemnity Insurance:** As long as you have coverage on yourself, your natural child(ren), stepchild(ren), adopted child(ren) or child(ren) for whom you are a legal guardian are eligible to be covered under your employer's plan, up to the age of 26.
  - Your child(ren) will receive the same coverage as you.
  - Guaranteed issue: No medical questions or tests required for coverage.
  - One premium amount covers all of your eligible children.
  - If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same child(ren) under this benefit. If the parent who is covering the children stops being insured as an employee then the other parent may apply for children's coverage.
- **Initial Confinement Benefit:** This pays you an additional benefit of 10x the daily benefit for the first day you spend in a hospital, critical care unit or rehabilitation center. This pays you an additional benefit of \$1,000 for the first day you spend in a hospital, critical care unit or rehabilitation center.
  - If your spouse and/or children are covered by Hospital Confinement Indemnity Insurance, they are also eligible for this benefit.
  - There are no health questions to answer.

## How much does Hospital Confinement Indemnity Insurance cost?

All employees pay the same rate, no matter their age. See the chart below for the premium amounts.

	Daily Benefit	Monthly Rate
Employee	\$100	\$18.19
Employee + Spouse	\$100	\$36.30
Employee + Children	\$100	\$27.10
Employee + Family	\$100	\$45.21

## Exclusions and Limitations

Exclusions in the Certificate, Initial Confinement Benefit, Spouse Hospital Confinement Indemnity Insurance and Child Hospital Confinement Indemnity Insurance are listed below. (These may vary by state.) 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.

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- 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.

\*See the certificate and any riders for a complete list of available benefits, along with applicable provisions, exclusions and limitations.

\*\*Not applicable to Accident Benefit Rider.

It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

## Who do I contact with questions?

For more information, contact your human resource department at 270-809-2146

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, a member of the Voya® family of companies. Policy Form #RL-HI-POL-12; Certificate Form #RL-HI-CERT-12; and Rider Forms: 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.

CN0322-23039-0317

Murray State University, Group #70222-6, Acct #001

172510-04/08/2016

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