Group Name: Air Line Pilots Association, International Pilot Welfare Benefit Plan Trust
Group Number: 689203
Class: All Eligible Members

*Hospital Indemnity Insurance*

# 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.

* Members must be enrolled in order to elect coverage for eligible spouse and eligible dependent children as defined in the Certificate of Coverage and Riders.

## 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.
- You can choose to take this coverage with you if you leave your employer or retire. You'll be billed at the same rates via direct billing by the insurance company.

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.

| Coverage Type | Daily Benefit | Monthly Rate |
|---|---|---|
| Member | $100 | $7.30 |
| Member + Spouse | $100 | $16.06 |
| Member + Children | $100 | $14.60 |
| Member + Family | $100 | $23.36 |

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# 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 108 days during a period of confinement.

### First day of confinement (Admission Benefit)

| Type of admission | Admission Benefit amount |
|---|---|
| **Hospital admission** | $1,000 |
| **Critical Care Unit (CCU) admission** | $1,000 |
| **Rehabilitation facility admission** | $500 |

This benefit is payable once per confinement, up to 8 admission(s) per year.

### Starting day two (Daily Confinement Benefit)

| Type of facility | Daily benefit amount is $100 |
|---|---|
| **Hospital confinement, up to 30 days per confinement** | 1x the daily benefit amount |
| **CCU confinement, up to 30 days per confinement** | 2x the daily benefit amount |
| **Step-down confinement, up to 15 days per confinement** | 1.5x the daily benefit amount |
| **Rehabilitation facility confinement, up to 30 days per confinement** | ½ of the daily benefit amount |
| **Observation Unit, payable once per year** | |
| 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 |

Your coverage includes mental health and substance use inpatient care. See your Certificate of Insurance for complete provisions, limitations, and exclusions.

### If you add a child to your family

| If child coverage is effective before your child is born OR child coverage is elected as a qualifying life event within 31 days of the birth: |
|---|
| Your newborn may receive benefits just as any other covered child. No admission benefit is payable for confinement due to birth. |
| **If child coverage IS NOT effective before your child is born and IS NOT elected as a qualifying life event within 31 days of birth:** |
| $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.

**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 group'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. Performing these acts as part of the covered person's employment with their employer is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, 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 ALPA. If you have additional questions before you enroll, please call:

- ALPA's Member Insurance Team at (888) 359-2572, Option 3, Option 4 or email Insurance@alpa.org.
- Visit your Member Benefits Resource Center to learn more about this benefit and review instructions on how to file after your effective date. https://presents.voya.com/EBRC/ALPA

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

**HI2 only**

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