Group Name: Iowa State University
Group Number: 0075141-3
Class: All Eligible Employee

Hospital Indemnity Insurance

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



IOWA STATE UNIVERSITY

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.

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

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Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you an annual benefit when you and covered family members 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, $50 per child, per policy per calendar year

For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any 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, and you'll be billed at the same rates via direct billing

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 Rates (12 Pay period)
Employee	$150	$11.23
Employee + Spouse	$150	$22.47
Employee + Children	$150	$24.16
Employee + Family	$150	$35.40

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 30 days during a period of confinement.

First day of confinement (Admission Benefit)

Type of admission	Admission Benefit amount
Hospital admission	$1000
Critical Care Unit (CCU) admission	$1000
Rehabilitation facility admission	$1,000

This benefit is payable once per confinement for each type of facility confinement.

Starting day two (Daily Confinement Benefit)

Type of facility	Daily benefit amount is $150
Hospital confinement, up to 30 days per confinement	1 x the daily benefit amount
CCU confinement, up to 30 days per confinement	2 x the daily benefit amount
Rehabilitation facility confinement, up to 30 days per confinement	1 x the daily benefit amount
Observation Unit, payable once per year	
A daily benefit is payable if a covered person is admitted to a hospital or an observation unit for at least 4 consecutive hours other than as an inpatient.	$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 60 days of the birth:	If child coverage IS NOT effective before your child is born and IS NOT elected as a qualifying life event within 60 days of birth:
• All covered children will receive the same coverage as the employee.	**Newborn benefit** $300 one-time benefit payable upon birth of child

Critical Care Units (CCU) include Intensive Care Units (ICU), Pediatric Intensive Care Units (PICU) and Neonatal Intensive Care Units (NICU).

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.

Voya Travel Assistance offers you and your dependents services when traveling 100 miles or more from home, including: medical assistance services, emergency medical transport services, pre-trip and cultural information, security services and accessible technology.

Voya Travel Assistance services are provided by International Medical Group, Inc., Indianapolis, IN.

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.)

- 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.
- 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.
- Cosmetic 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.
- Work for pay, profit, or gain.

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

Scan the QR code to 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/Iowastateuniv

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-CERT2-24; Spouse Hospital Confinement Indemnity Rider form #RL-HI2-SPR2-24; Children's Hospital Confinement Indemnity Rider form #RL-HI2-CHR2-24; Wellness Benefit Rider form #RL-HI2-WELL2-24; Diagnostic Test Benefit Rider form #RL-HI2-DGR2-24; Accident Benefit Rider form #RL-HI2-ACD2-24; Critical Illness Rider form #RL-HI2-CIR2-24; Waiver of Premium Rider form #RL-HI2-WOP2-24. Continuation of Insurance Rider form: #RL-HI2-CNT2-24; Absence from Employment Premium Waiver form: #RL-HI2-AEPW-24. Form numbers, provisions and availability may vary by state and by your employer's plan.

HI 2.1 only

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