

# Hospital Confinement Indemnity Insurance

## Enrollment at a glance

### For the employees of: The Claremont Colleges

#### 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 by the type of facility and the number of days you stay. You have the option to elect Hospital Confinement Indemnity Insurance to meet your needs. Hospital Confinement 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.

Features of Hospital Confinement Indemnity Insurance include:

- **Guaranteed issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Portable:** If 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**—all active employees working 20+ hours per week.
- **Your spouse\***— Coverage is available only if employee coverage is elected. Your spouse will have the same Hospital Confinement Indemnity benefits as you do.
- **Your children\*\***— to age 26. Coverage is available only if employee coverage is elected. Your children are covered for the same Hospital Confinement Indemnity benefits as you are. 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 children for Hospital Confinement Indemnity Insurance. If the parent who is covering the children stops being insured as an employee then the other parent may apply for children's coverage.

\*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. Please contact your employer for more information.

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

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

The following list is a summary of the benefits provided by Hospital Confinement Indemnity 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.

- You have the option to purchase a daily benefit amount of \$100 or \$200.
- The benefit amounts paid depend on the type of facility and the number of days of confinement. Any combination of confinement benefits payable will not exceed a total of 30 days during a period of confinement(s).

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- **Initial Confinement Benefit:** This provides an additional payment of 10x the daily benefit amount after confinement in a hospital, critical care unit, and/or rehabilitation facility. This benefit is limited to a maximum of four Initial Confinement Benefits per calendar year for all covered persons, but no more than one for each covered person.
- **Hospital—**The benefit payment is 1x the daily benefit amount, up to 30 days per confinement.
- **Critical care unit (CCU)—**The benefit payment is 2x the daily benefit amount, up to 15 days per confinement.
- **Rehabilitation facility—**The benefit payment is one-half of the daily benefit amount, up to 30 days per confinement.

### 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. Rates shown are guaranteed until January 1, 2023.

Low Plan Rates				
Coverage Type	Daily Benefit	Monthly Rate	Bi-weekly Rate	Semi-monthly Rate
Employee	\$100	\$18.91	\$8.73	\$9.46
Employee + Spouse	\$100	\$39.62	\$18.29	\$19.81
Employee + Children	\$100	\$28.56	\$13.18	\$14.28
Employee + Family	\$100	\$49.27	\$22.74	\$24.64

High Plan Rates				
Coverage Type	Daily Benefit	Monthly Rate	Bi-weekly Rate	Semi-monthly Rate
Employee	\$200	\$37.82	\$17.46	\$18.91
Employee + Spouse	\$200	\$79.24	\$36.57	\$39.62
Employee + Children	\$200	\$57.13	\$26.37	\$28.57
Employee + Family	\$200	\$98.55	\$45.48	\$49.28

### When is my coverage effective?

The effective date of coverage is the date you are eligible to begin filing claims. The confinement must start on or after the coverage effective date.

#### Annual Enrollment

Your coverage becomes effective on January 1<sup>st</sup>, following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage.

For new hires, after the initial enrollment period, please refer to the certificate of insurance to learn when your coverage will become effective.

## Exclusions and limitations

Exclusions for the certificate, Initial Confinement Benefit, Spouse Hospital Confinement Indemnity Insurance and Children's 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.
- 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.



Questions?

For more information, please contact:

Voya Employee Benefits Customer Service at (877) 236-7564.  
To learn more, go to: <https://presents.voya.com/EBRC/Claremont>

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; and Rider Forms: Spouse Hospital Confinement Indemnity Rider Form #RL-HI-SPR-12; Children's Hospital Confinement Indemnity Rider Form #RL-HI-CHR-12; and Initial Confinement Benefit Rider Form #RL-HI-ICN-12. Form numbers, provisions and availability may vary by state.

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