

Hospital Indemnity Insurance

Explore Your Benefits & Costs

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Out-of-pocket costs from a stay in a hospital or other medical facility can be overwhelming. As expenses add up, **Hospital Indemnity Insurance can help.** This document includes expanded cost and benefit information for Hospital Indemnity Insurance. As you explore, keep in mind:

- No medical questions or tests are required for coverage.
- Simplified claims process has limited paperwork and can be submitted/tracked online.
- Benefit payments go directly to you. Use them however you'd like!

Hospital Indemnity Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't *go out* to pay for medical bills or treatments you may need, instead they *come in*—directly to you—to be used however you'd like.** Choose this supplemental health insurance product for added protection if one of the following covered conditions comes your way.

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.

ReliaStar Life Insurance Company.
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How much does Hospital Indemnity Insurance cost?

This table shows your rates for Hospital Indemnity Insurance.

Hospital Confinement Indemnity Rates		
Coverage Type	**Daily Benefit**	**Monthly Rate**
Employee	**$100**	**$7.85**
Employee + Spouse	**$100**	**$22.28**
Employee + Children	**$100**	**$15.44**
Employee + Family	**$100**	**$29.87**

*Child(ren) birth to age 26; no limit to the number of children per family.

How does it work?

With Hospital Indemnity Insurance, you'll receive a fixed daily benefit if you have a covered stay in a hospital, intensive care unit*, or rehabilitation facility after your coverage effective date. Benefit amounts are listed below. For a list of standard exclusions and limitations, go to the end of this document.

When your stay begins

When you are admitted to a covered medical facility, you become eligible for an admission benefit. This benefit is payable once per confinement, up to a maximum of 1 admission(s) per calendar year:

Type of Admission	Benefit Amount
Hospital Admission	$1000

As your stay continues

For each day that you stay in the facility, you'll be eligible for a fixed daily benefit payment. The benefit amount and maximum number of days per confinement varies by facility:

Type of Facility	Daily Benefit
Hospital (10 day maximum per confinement)	$100
Intensive Care Unit* (10 day maximum per confinement)	$200
Rehabilitation Facility (10 day maximum per confinement)	$50

*An Intensive Care Unit may be referred to as a "Critical Care Unit" in your certificate of coverage. An ICU Transitional Care Unit may be referred to as a "CCU Step-Down Unit" in your policy documentation. Refer to your policy documentation for complete definitions and descriptions of each facility type.

If you add a child to your family

The previously-mentioned Hospital Indemnity Insurance benefits apply to mothers who are hospitalized for childbirth. In addition, their newborn children may be covered as well. See below for more details:

If child coverage is effective before the child is born

- Benefits will apply just as they would for any other child.

If child coverage is NOT effective before the child is born

- No benefits are payable.

What else is included?

The Hospital Indemnity Insurance available through your employer includes the following additional benefits.

keep coverage during a leave of absence

Continuation of Insurance
Continuation allows you to maintain your current Hospital Indemnity Insurance coverage for yourself, your spouse and children during an employer-approved leave of absence.

Ready to Enroll?

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 or go to:
https://presents.voya.com/EBRC/mwh

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 (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.
- 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 free-standing surgical center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care for the aged; or care or treatment for persons suffering from mental diseases or disorders or drug or alcohol addiction. “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.

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; Diagnostic Test Benefit Rider form RL-HI2-DGR-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; and Waiver of Premium Rider form RL-HI2-WOP-18. Form numbers, provisions and availability may vary by state and by your employer’s plan.

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