# Hospital Indemnity Insurance

**Explore Your Benefits & Costs** 

UnityPoint Health

Group Name: UnityPoint Health Group Number: 688941

#### 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:



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 a member of the Voya® family of companies



PLAN I INVEST I PROTECT

## How much does Hospital Indemnity Insurance cost?

This table shows your rates for Hospital Indemnity Insurance.

Hospital Confinement Indemnity Rates by Level			
Coverage Type	Daily Benefit	Bi-weekly Rate	
Employee	\$100	\$9.39	
Employee + Spouse	\$100	\$18.20	
Employee + Children	\$100	\$13.79	
Employee + Family	\$100	\$22.60	

\*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	
Intensive Care Unit* Admission	\$2000	
Health System Benefit		
If you are admitted to a hospital, intensive care unit*, or rehabilitation facility owned by your employer,		

the benefit amounts listed above will increase by 25%.



#### As your stay continues

 Beginning on Day 2 of your confinement, 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 (30 day maximum per confinement)	\$100	
Intensive Care Unit* (15 day maximum per confinement)	\$200	
Rehabilitation Facility (30 day maximum per confinement)	\$50	
Health System Benefit		

If services are provided at a facility owned by your employer, these benefit amounts will increase by 25%.

\*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.

#### $\cdot$ ) 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 <u>is effective</u> 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.



## □ □ C 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/UnityPointHealth

# **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" is 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. Form numbers, provisions and availability may vary by state and by your employer's plan.

1222307 HI2 Only

Date Prepared 01/26/2021 212311-08152020



PLAN I INVEST I PROTECT