

Plan Highlights

Voluntary Hospital Indemnity Insurance



Sarah Bush Lincoln Health Center

COVERAGE

Voluntary hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

ELIGIBILITY

All Active Full-Time Employees working 40 hours or more bi-weekly, except for any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- the Insured's legal Spouse; and
- the Insured's children from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible employee to be considered a Dependent; and an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.
- A person may not have coverage as both an Employee and Dependent.

FEATURES

- 25% employer facility enhancement
- No pre-existing conditions exclusions
- No deductibles
- Portability
- Coverage Offered on a Voluntary Basis
- Nursery Confinement Benefits - \$50 (10 Daily Benefits per Coverage Year)

RELIANCE STANDARD
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

BENEFITS

Hospital Confinement Benefits

Hospital Confinement Benefit per Day (30 Daily Benefits per Coverage Year)*	\$100
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Intensive Care Unit Benefits

Critical Care Unit Benefits per Day (30 Daily Benefits per Coverage Year)	\$200
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Hospital Admission Benefit

One Daily Benefit per Coverage Year	\$1,000
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Wellness Care**

One Daily Benefit per Coverage Year	\$50
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Non-Insurance Services

On-Call Travel Assistance	Included
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**In no event will the Daily Benefits exceed 30 daily benefits per Coverage Year.*

***Wellness Care means medical examinations and procedures that are preventive in nature and not for the treatment of Injury or Sickness.*

MONTHLY PREMIUM

Employee Only	\$18.95
Employee + Spouse	\$35.28
Employee + Children	\$29.55
Employee + Family	\$49.46

www.RelianceStandard.com

EXCLUSIONS

Benefits will not be paid for any loss caused by: suicide; war; assault/felony; dental care except hospitalizations for the care of sound, natural teeth and gums required on account of accidental injury that happens while covered, and that occur within 6 months of the accident; or care or treatment rendered in connection with cosmetic surgery, except hospitalizations for cosmetic surgery needed for breast reconstruction following a mastectomy or for an accident that happens while covered. The cosmetic surgery needed for an accidental injury must be performed within 90 days of the accident. For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits. This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage.