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 cost and benefit information for Hospital Indemnity Insurance. As you explore, keep in mind:

No medical questions or tests are required for coverage.

Employees get an annual Wellness Benefit of $50 for completing an eligible health screening test.

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 should a covered hospitalization occur.

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.
How much does Hospital Indemnity Insurance cost?

This table shows your rates for Hospital Indemnity Insurance.

<table>
<thead>
<tr>
<th>Monthly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
</tr>
<tr>
<td>$24.86</td>
</tr>
</tbody>
</table>

*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 that occurs on or after your coverage effective date. Benefit amounts are listed below and depend on the type of facility and number of days of confinement. Any combination of facility confinement and admission benefits payable includes a limit, please see your certificate for further confirmation. And for a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. 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 for the first day of confinement. This benefit is payable once per confinement, up to a maximum of 2 admission(s) per calendar year:

<table>
<thead>
<tr>
<th>Type of Admission</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Admission</td>
<td>$1,200</td>
</tr>
</tbody>
</table>

**As your stay continues**

Beginning on Day 2 of your confinement, for each day that you have a stay in a covered facility, you’ll be eligible for a fixed daily benefit payment. The benefit amount and maximum number of days per confinement varies by facility:

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Daily Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital (31 days maximum per confinement)</td>
<td>$200</td>
</tr>
<tr>
<td>Intensive Care Unit* (31 days maximum per confinement)</td>
<td>$400</td>
</tr>
<tr>
<td>Rehabilitation Facility (31 days maximum per confinement)</td>
<td>$100</td>
</tr>
</tbody>
</table>

*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 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

- A one-time benefit of $1000 is payable for the newborn child’s birth.

What else is included?

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

**Wellness Benefit**

- Complete an eligible health screening test (such as an annual physical) and receive a benefit payment.
- For employees, the annual benefit amount is $50.
- Your spouse’s annual benefit amount is $50.
- The annual benefit for child coverage is 50% of your benefit amount per child, with an annual maximum of $100 for all children.

A benefit is payable only once per year, even if the covered person receives multiple health screening tests.

**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.
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. Exception: This exclusion does not apply to a confinement in an eligible hospital or rehabilitation facility for the purpose of treatment for alcoholism or drug addiction.
▪ 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. “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.
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/WashingtonCountySchoolDistrict