Plan Highlights

Voluntary Hospital Indemnity Insurance



YSS

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

Employees: All eligible employees

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

Dependents are:

- the Insured's lawful spouse or domestic partner; 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

- Guaranteed issue; no medical questions
- No pre-existing conditions exclusions
- Mental & Nervous and Substance Abuse treated same as any other hospital admission
- Eligible for continuation of coverage
- Overlying Major Medical Plan NOT Required*
- Coverage Offered on a Voluntary Basis

*Overlying major medical plan is required for all California residents.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

BENEFITS

Hospital Room & Board Benefits	
Room & Board Benefit per Day (180 Daily Benefits per Coverage Year)*	$100
Nursery Admission Benefit	
One Daily Benefit per Coverage Year	$1,000
Nursery Benefit	
10 Daily Benefit per Coverage Year	$100
Hospital Admission Benefit	
One Daily Benefit per Coverage Year	$1,000
Non-Insurance Services	
On-Call Travel Assistance	Included

**In no event will the Daily Benefits exceed 180 daily benefits per Coverage Year.*

BI-WEEKLY PREMIUM

Employee Only	$9.60
Employee + Spouse	$16.59
Employee + Children	$13.36
Employee + Family	$20.15

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; hospitalizations that occur while outside the United States of America; 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.