

Hospital Indemnity Insurance

Explore Your Benefits & Costs

THRASHER GROUP

Supportworks

Group Name: Thrasher, Inc.
Group Number: 740462

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:

- Group pricing helps to make coverage cost-effective
- 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.** Enroll in hospital indemnity insurance to receive a fixed daily benefit payment when you have a covered stay in a hospital and that you can use as you determine.

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 | INVEST | PROTECT

VOYA® FINANCIAL

How much does Hospital Indemnity Insurance cost?

This table shows your rates for Hospital Indemnity Insurance.

Coverage Type	Daily Benefit	Semi-Monthly Rates (24 Pay period)
Employee	$100	$4.51
Employee + Spouse	$100	$9.42
Employee + Children	$100	$7.78
Employee + Family	$100	$12.69

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

How does it work?

Hospital Indemnity Insurance pays a benefit for an eligible confinement or other covered loss that occurs on or after your coverage effective date and subject to any exclusions in your Certificate. The following is a summary of the benefits provided by Hospital Indemnity Insurance. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. The coverage amounts are listed below.

Each available admission benefit is payable up to a maximum of 3 per calendar year.

The admission and daily confinement benefit amounts depend on the type of facility and the number of days of confinement. Only one type of confinement or admission benefit is payable per day. Any combination of confinement and admission benefits payable will not exceed a total of 30 days during a period of confinement.

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 3 admission (s) per calendar year:

Type of Admission	Benefit Amount Benefit
Hospital Admission	$1,000

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:

Type of Facility	Daily Benefit Benefit
Hospital confinement (1 x the daily benefit amount, up to 30 days maximum per confinement)	$100
Critical Care Unit (CCU) confinement (2 x the daily benefit amount, up to 15 days maximum per confinement)	$200
Rehabilitation Facility confinement (1/2 of the daily benefit amount, up to 30 days maximum per confinement)	$50

Observation Unit	
At least 4 consecutive hours but less than 20 consecutive hours, other than as an inpatient. Not payable for any day that a facility confinement or admission benefit is payable.	$100

If you add a child to your family

Hospital Indemnity Insurance benefits are available if you have employee or spouse coverage and the insured employee or spouse is hospitalized for childbirth. In addition, your newborn children may be covered as well. See below for more details and for a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

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 $100 is payable for the newborn child's birth
- No admission benefit is payable.

What else is included?

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

receive $50 to use however you'd like

Wellness Benefit
This provides an annual benefit payment if you complete an eligible health screening test (such as an annual physical) or experience a covered hospital stay, 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 100%.

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

Take your coverage with you

Portability
If you are in a situation where you will lose eligibility for benefits, such as reduced hours, termination or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

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; 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.

Questions?

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/ThrasherInc

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.

1577663

HI2 Only

Date Prepared: 10/23/2023

©2023 Voya Services Company. All rights reserved. CN2698212_0225

212311_021523