IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit **HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Hospital Indemnity Insurance

Group Name: Beth Israel Lahey Health, Inc.
Group Number: 715379

Help minimize the financial impact that can come with a stay in a hospital or medical facility

Beth Israel Lahey Health

What is it?

Hospital Indemnity Insurance pays a fixed daily benefit if you have a covered stay in a hospital or critical care unit. 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.

Who can be covered?

You have the option to enroll yourself as well as your spouse* and children** in Hospital Indemnity Insurance coverage to meet your needs.

* The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider.

** The definition of "child" may vary by state. Please contact your employer for more information.

Why should I consider it?

- Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.
- Coverage is always guaranteed issue.
- Your coverage can go with you if you leave your employer or retire, and you'll be billed directly.

For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders

How much does it cost?

This table shows how much you'll pay for Hospital Indemnity Insurance. The premium is deducted from your paycheck.

Hospital Indemnity Monthly Rates			
Employee	**Employee and Spouse**	**Employee and Children**	**Family**
$12.10	$20.69	$19.37	$27.96

Who is eligible for Hospital Indemnity Insurance?

•**You:** All active employees working 20+ hours per week.

•**Your spouse:*** If you have coverage on yourself, you may enroll your spouse. The coverage amounts for your spouse are the same as your coverage amounts.

•**Your children:**** If you have coverage on yourself, you may enroll your eligible children up to age 26. One premium amount covers all of your eligible children. If both you and your spouse are covered under the policy as employees, then only one, but not both, may cover the same children for Hospital Indemnity Insurance. If the parent who is covering the children stops being insured as an employee, then the other parent may enroll for children's coverage. The coverage amounts for your children are the same as your coverage amounts.

•**Your newborn children:**

When existing child coverage is effective prior to birth:
- Benefits for newborns are the same as for any other child.

When child coverage **is not** effective prior to birth:
- $100 one-time benefit payable for your newborn's confinement due to birth, no admission benefit is payable.

When is my coverage effective?

January 1 following date of enrollment

The effective date of coverage is the date you are eligible to begin filing claims. A confinement must start on or after the coverage effective date.

Your coverage becomes effective on January 1 following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage.

For new hires, after the initial enrollment period, please refer to the certificate of insurance to learn when your coverage will become effective.

What does it cover?

Your Hospital Indemnity Insurance coverage provides a benefit payable upon a stay in a covered medical facility or other covered loss. The following is a summary of the benefits provided by this 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.

Only one type of facility 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.

First day of confinement (Admission Benefit)

Type of admission	Admission Benefit amount	Health System Benefit Admission*
Hospital admission	**$550**	An additional $550 of the Hospital Admission benefit is payable, if services are received at a BILH facility.
Critical Care Unit (CCU) admission	**$1050**	An additional $1,050 Critical care unit admission benefit is payable if services are received at a BILH facility.

This benefit is payable once per confinement, up to 8 admission(s) per year.

Starting day two
(Daily Confinement Benefit)

Type of facility	Daily benefit amount is $50	Health System Benefit Confinement*
Hospital confinement, up to 10 days per confinement	1 x the daily benefit amount ($50)	An additional $50 of the hospital confinement benefit is payable, if services are received at BILH facility.
CCU confinement, up to 10 days per confinement	2 x the daily benefit amount ($100)	An additional $100 Critical care unit confinement benefit is payable if services are received at a BILH facility
Rehabilitation facility confinement, up to 10 days per confinement	½ of the daily benefit amount ($25)	An additional $25 Critical care unit confinement benefit is payable if services are received at a BILH facility

Your coverage includes mental health and substance care. See your Certificate of Insurance for complete provisions, limitations and exclusions.

Health System Benefit

An additional 100% of the covered Hospital System Benefit Admission, Confinement and Critical Care Admissions and Confinement benefits are payable, if services are provided in a facility that is owned, operated or maintained by the employer/organization (BILH facility).

If you add a child to your family

If child coverage is effective before your child is born OR child coverage is elected within 31 days of the birth:
Your newborn may receive benefits just as any other covered child.
If child coverage IS NOT effective before your child is born:
$100 one-time benefit payable for your newborn's confinement due to birth, no admission benefit is payable.

Other daily benefits	Benefit amount
Non-confinement daily benefits Only one type of non-confinement daily benefit is payable per day. **Observation Unit visit** (per day up to a maximum of 1 day per calendar year	$100

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, 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 freestanding 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" is 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

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

https://presents.voya.com/EBRC/BILH2

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; Wellness Benefit Rider form RL-HI2-WELL-18; Accident Benefit Rider form RL-HI2-ACD-18; Critical Illness Rider form RL-HI2-CIR-18; Waiver of Premium Rider form RL-HI2-WOP-18; and Absence from Employment Premium Waiver form: RL-HI2-AEPW-2. Form numbers, provisions and availability may vary by state and by your employer's plan.

HI2 only

For the employees of Beth Israel Lahey Health, Inc.

Group # 715379, Date Prepared: 09/08/2025

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