



Hospital Indemnity Insurance

Explore Your Benefits & Costs

Group Name: Bella Care Hospice
Group Number: 740934

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



Guaranteed Issue Coverage



Simplified claims process has limited paperwork and can be submitted/tracked online.



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.

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How much does Hospital Indemnity Insurance cost?

This table shows your rates for Hospital Indemnity Insurance.

Composite Rate	Daily Benefit	Bi-Weekly Rate
Employee	\$100	6.55
Employee + Spouse	\$100	12.62
Employee + Children	\$100	9.82
Employee + Family	\$100	15.88

*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 hospital, critical care unit*, or rehabilitation facility on or after your coverage effective date. Only one type of confinement benefit is payable for each day of eligible confinement. Benefit amounts are listed below. 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.

When your stay begins

Initial Confinement Benefit: This provides an additional payment of 10x the daily benefit amount after confinement in a hospital, critical care unit and or rehabilitation facility. This benefit is limited to a maximum of four Initial Confinement Benefits per calendar year for all covered persons, but no more than one for each covered person.

	Benefit Amount
Initial Confinement Benefit	\$1,000

As your stay continues

When you have a covered confinement, you'll be eligible for a fixed daily benefit payment up to the maximum per confinement. The benefit amount and maximum number of days per confinement varies by facility. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Type of Facility	Daily Benefit
Hospital - 1x the daily benefit amount, up to 30 days maximum per confinement*	\$100
Critical care unit (CCU) - 2x the daily benefit amount, up to 15 days maximum per confinement	\$200
Rehabilitation Facility – one-half the daily benefit amount, up to 30 days maximum per confinement	\$50

*Following any applicable pre-existing conditions, a hospital confinement is defined as being confined in a hospital or an observation unit for at least 20 consecutive hours on an inpatient basis.

Exclusions and limitations

The standard exclusions are listed below. (These may vary by state and/or your employer's plan.)

Initial Confinement, Spouse Hospital Indemnity Insurance and Children's Hospital Indemnity Insurance 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.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time 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.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Elective surgery, except when required for appropriate care 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, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semiprofessional 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 a swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative facility; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. "Critical care unit" and "rehabilitation facility" is also defined in the certificate.

*See the certificate and any riders for a complete description of benefits, exclusions and limitations.

**Not applicable to Accident Benefit

This offer is contingent upon participation requirements being met.



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/BCCRIHoldings>

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-HI-POL-12; Certificate form #RL-HI-CERT-12; Spouse Hospital Confinement Indemnity Rider form #RL-HI-SPR-12; Children's Hospital Confinement Indemnity Rider form #RL-HI-CHR-12; Initial Confinement Benefit Rider form #RL-HI-ICN-12; Diagnostic Test Benefit Rider form #RL-HI-DGR-12; Wellness Benefit Rider form #RL-HI-WELL-12; Accident Benefit Rider form #RL-HI-ACD-12; and Critical Illness Benefit Rider form #RL-HI-CIR-12. Form numbers, provisions and availability may vary by state and by your employer's plan.

129334 7H1 Only BCC RI Holdings Inc., Group #740934 Date Prepared: 10/12/2023

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