

# Hospital Indemnity Insurance

## Enrollment at a glance

For the employees of: Memorial Hospital of Laramie County dba  
Cheyenne Regional Medical Center, #65813-8



Cheyenne Regional  
Medical Center

### What is Hospital Indemnity Insurance?

Hospital Indemnity Insurance provides a fixed daily benefit payment if you have a covered stay in a hospital, critical care unit or rehabilitation facility beginning on or after your coverage effective date. You have the option to elect Hospital Indemnity Insurance.

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.

Features of Hospital Indemnity Insurance include:

- **Guaranteed issue:** Pre-existing condition exclusion may apply.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Portable:** If you leave your current employer, you can take your coverage with you and select from a variety of payment plans.

### How can Hospital Indemnity Insurance help?

Below are a few examples of how your Hospital Indemnity Insurance benefit payment could be used (coverage amounts may vary):

- Medical expenses, such as deductibles and co-pays
- Travel, food and lodging expenses for family members
- Child care
- Everyday expenses like utilities and groceries

### Who is eligible for Hospital Indemnity Insurance?

- **You:** All active employees working part-time at 16+ hours per week, or full-time at 30+ 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:
    - No benefits are payable.

\*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the employer's plan. Please contact your employer for more information.

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## What does my Hospital Indemnity Insurance include?

The following list 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 eight times per calendar year.

The admission and daily confinement benefit amounts depend on the type of facility and the number of days of confinement. Any combination of confinement and admission benefits payable will not exceed a total of 10 days during a period of confinement.

Covered Benefits	Benefit amount Daily benefit amount \$100
<b>Hospital admission:</b> An admission benefit is payable for the first day of hospital confinement, once per confinement.	\$1,000
<b>Hospital confinement:</b> A daily confinement benefit is payable for up to 10 days per confinement, beginning on day 2 of confinement.	\$100 (1 times the daily benefit amount)
<b>Critical care unit (CCU) confinement:</b> A daily confinement benefit is payable for up to 10 days per confinement, beginning on day 2 of confinement.	\$200 (2 times the daily benefit amount)
<b>Rehabilitation facility confinement:</b> A daily confinement benefit is payable for up to 10 days per confinement, beginning on day 2 of confinement.	\$50 (one-half of the daily benefit amount)
<b>Health system benefit</b> Certain benefit payments may be increased if services are received at a facility that is owned, operated or maintained by the employer/organization.	
<b>Admission:</b> Additional % of the covered admission benefit(s) payable	Additional 25%

## What else does my Hospital Indemnity Insurance include?

The benefits listed below are also included with your Hospital Indemnity Insurance coverage. For a list of standard exclusions and limitations, please refer 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.

- **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.

## How much does Hospital Indemnity Insurance cost?

All employees pay the same rate, no matter their age. See the chart below for the premium amounts. The cost for Hospital Indemnity Insurance is calculated based on the start of the plan's current policy year.

Coverage Type	Daily Benefit	Monthly Rate	Bi-weekly Rate (26 pay periods)
Employee	\$100	\$15.12	\$6.98
Employee + Spouse	\$100	\$29.12	\$13.44
Employee + Children	\$100	\$25.61	\$11.82
Employee + Family	\$100	\$39.61	\$18.28

Cheyenne Regional Medical Center's policy rates shown are guaranteed until January 1, 2024.

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## When is my coverage effective?

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.

### Annual Enrollment

- Your elected coverage becomes effective on January 1<sup>st</sup>.
- Coverage elected for your spouse and/or children becomes effective on the same date as your coverage.

### New hires

- Your elected coverage becomes effective on the latest of the following:
  - The date you are eligible for coverage.
  - The first day of the month that follows the date you elect coverage.
  - The first day of the month that follows the date you return to active employment, if you are not in active employment when your coverage would otherwise become effective.
- Coverage elected for your spouse and/or children becomes effective on the latest of the following:
  - Your coverage effective date.
  - The first day of the month that follows the date you acquire a spouse and/or child by marriage, birth or adoption.
  - The first day of the month that follows the date you elect spouse and/or children's coverage.
  - The first day of the month that follows the date you return to active employment, if you are not in active employment when your spouse and/or children's coverage would otherwise become effective.

### Exclusions and limitations\*

The standard exclusions and limitations are listed below. (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.
- 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.



Where do I get more information?

For more information, please call the Voya Employee Benefits Customer Service Team at (877) 236-7564 or go to: <https://presents.voya.com/EBRC/CRMC>

This offer is contingent upon participation requirements being met.

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. Form numbers, provisions and availability may vary by state and by your employer's plan.

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