



Hospital Indemnity Insurance

Product capabilities

Expand your supplemental insurance options with Hospital Indemnity Insurance coverage. It helps employees manage health care costs by paying a fixed daily benefit for a covered stay in a hospital*.

Features



Competitive pricing



Flexible plan design



Admission benefit



Newborn coverage options

For broker and employer use only.
ReliaStar Life Insurance Company,
a member of the Voya® family of companies

PLAN | INVEST | PROTECT

VOYA
FINANCIAL

Product highlights

No health questions asked

There are no health questions with this guaranteed issue product—regardless of whether an employee elects coverage during the initial enrollment or any enrollment in the future.

Works on virtually any platform

Our products are adaptable to most enrollment systems, which means you won't be tied to one carrier's system. Employees select their benefits as part of their annual or open enrollment process.

Less paperwork for you

Your client manages information on their participating employees and then sends us the information we need. We are committed to making it easy for you.

A simplified experience for your clients

Our supplemental insurance products integrate enrollment and administration to match an employer's core benefit offerings. Employers are provided with a single certificate that they can distribute or post on their intranet.

Portability options**

Employees who leave their employer or retire have the option of continuing their coverage(s) by paying premiums directly to the insurance company.

Flexible benefits

Benefits can be used for any purpose, including:

- Unreimbursed medical expenses – co-pays, deductibles, coinsurance
- Unplanned expenses – meals, transportation, parking
- Bills – mortgage/rent, utilities

This is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

* 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; a rehabilitative facility; 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.

2 ** Availability varies by state. Portability is referred to as "extension" in some states.

Three premium payment options

1 Employer-paid

Ideal for employers who are moving to a high-deductible health plan and want to provide a financial cushion for their employees. The employer can choose to pay for the employee only or all family members.

2 Employee-paid

Employees can purchase coverage for themselves and their spouse and children, which allows the employer to enhance their benefit offerings with little to no expense.

3 Combination of employer/employee-paid

This hybrid option allows the employer to pay for a portion of the benefit offering, with the employee able to purchase additional benefit amounts for themselves and their spouse and children.

Rates

Composite

There is a single rate for each coverage tier.

Example:

- Employee
- Employee + spouse
- Employee + children
- Family

Customizable coverage

The Hospital Indemnity Insurance product's built in flexibility allows you to design a customized plan.

The benefits are payable upon admission on an inpatient basis to a hospital, critical care unit (CCU), CCU step down facility or rehabilitation facility¹ for confinement as an inpatient due to treatment of an injury or sickness.

Offer a solution that can fill gaps in a high deductible health plan by using our Hospital Indemnity Insurance to help employees and their families cover out-of-pocket medical costs.

¹ CCU, CCU step down and rehabilitation facility are optional.

Design your coverage

Our Hospital Indemnity Insurance product has the flexibility to meet the needs of your customers. To see our full range of options, contact your Voya Employee Benefits sales representative for a proposal. State restrictions may apply.

Confinement daily benefits

Benefits are payable upon admission on an inpatient basis to a covered facility for confinement due to treatment of an injury or sickness.

Admission benefits

Hospital admission	\$1,000
Critical care unit admission	\$1,000
Rehabilitation facility admission	\$1,000
Health system benefit (Additional % of the covered admission benefit(s) payable)	Additional 25%

Each admission benefit is payable 1x per confinement, per insured and once per calendar year.

Facility confinement benefits

A facility confinement benefit for hospital confinement is required. All other benefits are optional.

Hospital confinement Begins on day 2 for confinement if an admission benefit applies	\$100 (1x the daily benefit amount)
Critical care unit confinement (intensive care) Begins on day 2 for confinement if an admission benefit applies	\$200 (2x the daily benefit amount)
CCU step down confinement	\$150 (1 ½x the daily benefit amount)
Rehabilitation facility confinement Begins on day 2 for confinement if an admission benefit applies	\$50 (½x the daily benefit amount)
Health system benefit (Additional % of the covered facility confinement benefit(s) payable)	Additional 25%

Each benefit is payable daily for up to 10 days per confinement (duration may vary by plan).

Observation unit daily benefit

This benefit is payable when an insured benefit is payable up to a maximum of 1 day per calendar year and is paid if you are admitted to a hospital observation unit for at least 4 consecutive hours other than as an inpatient.

Observation unit daily benefit	\$200
---------------------------------------	--------------

This benefit is not payable for any day that a facility confinement or admission, when applicable, benefit is payable.

Confinement-related daily benefits

Additional benefits may be payable based on a confinement-related event.

Child care Payable per child	\$50
Lodging Must be more than 50 miles away from primary residence	\$100
Pet boarding	\$20

Each benefit is payable daily during the period of confinement for up to 10 days (duration may vary by plan).

Transportation daily benefits

Only one type of transportation benefit is payable per day, and each type is payable only once per confinement. If more than one type of eligible transportation occurs on the same day, only the highest benefit is payable for that day.

Non-ambulance Transportation must be more than 50 miles one way	\$100
Ground ambulance	\$1,000
Air ambulance	\$5,000

Non-confinement daily benefits

These benefits may be payable per day to a maximum of once per calendar year for events where the insured is not confined to a hospital.

Follow-up doctor visits Option to be either per confinement or per calendar year	\$50
Outpatient surgery visit	\$200
Urgent care center visit	\$100
Emergency room visit	\$100
Health system benefit – (additional % of the non-confinement daily benefit(s) payable)	Additional 25%

Options available

Mental health disorders and alcoholism/ drug addiction

The employer has the option to include facilities that treat mental health disorders and substance abuse under the following facility confinement benefits:

- Hospital confinement
- Rehabilitation facility confinement

Health system benefits

If a covered employee, spouse or child receives services for a facility confinement, admission and/or non-confinement daily benefit(s) at a facility that is owned, operated or maintained by the employer/organization, the payable benefit(s) will be increased by an additional 25%. (The variability ranges from 25-100%.)

Spouse Hospital Indemnity Insurance

This benefit includes the same plan design as the employee. The coverage amount may be the same as or a percentage of the employee amount.

Children's Hospital Indemnity Insurance

This benefit includes the same plan design as the employee. The coverage amount may be the same as or a percentage of the employee amount.

Newborn Benefits

Choose the option that best meets the needs of your group. Our plan is flexible and offers a unique range of newborn coverage options, so you can create a fully customized plan. State restrictions may apply.

	Available coverage options:	Are confinement benefits payable?	What are the max # of days payable, if any?	Are admission benefits payable?
Base child coverage	When existing child coverage is effective	Same as any other child	Same as any other child	Yes
	When child coverage is not effective prior to birth	No benefits	Not applicable	No
Enhanced newborn coverage	When existing child coverage is effective	Same as any other child	Same as any other child	Yes or No based on employer choice
	When child coverage is not effective prior to birth			
	Benefit as a %	Paid as a %: 10-100% of the child confinement	3-30 days	Yes or No based on employer choice If yes: 10-100% of the child admission (must be same % as confinement)
	Flat Benefit	\$100-\$1,500 one-time benefit amount	One day	No
Full child coverage	When existing child coverage is effective	Same as any other child	Same as any other child	Yes
	When child coverage is not effective prior to birth	Same as any other child	90 days	Yes or No based on employer choice

Stillborn child benefit

The employer has the option to include a stillborn child benefit which provides a \$500 one-time benefit payment to the covered employee. A stillborn birth is defined as the unintended end of a pregnancy when the infant is not alive at birth. *This benefit is only available with an enhanced newborn or a full child coverage option.*

Wellness benefit*

The covered employee and spouse will each be covered for an annual benefit payment of \$100 when they complete a covered health screening test. The standard child benefit is 50% of the employee benefit amount, with an annual maximum of \$200 (standard) for all children.

Examples of eligible health screening tests include, but are not limited to: Routine eye exam, routine dental exam, colonoscopy, biometric screenings, breast ultrasound, mammography, well child/preventative exams age 1 through age 18, annual physical exam - adults.

Consecutive wellness benefit

This allows a one-time increase in the wellness benefit amount for completing a health screening test two calendar years in a row.

* Availability and tests vary by state. Referred to as "health screening benefit" in some states.

Diagnostic test benefit

Provides a once per calendar year benefit payment if the covered person completes one of a list of covered diagnostic tests. The benefit amount is determined by the specific test received (i.e. whether it is a type A or B test benefit.) A sample of covered diagnostic tests include: Type A: Bronchoscopy, colonoscopy, cystoscopy and Type B: CT scan, MRI, stress test.

Critical illness benefit

Provides a one-time benefit payment if a covered person is diagnosed on or after the effective date of coverage with one of the following conditions:

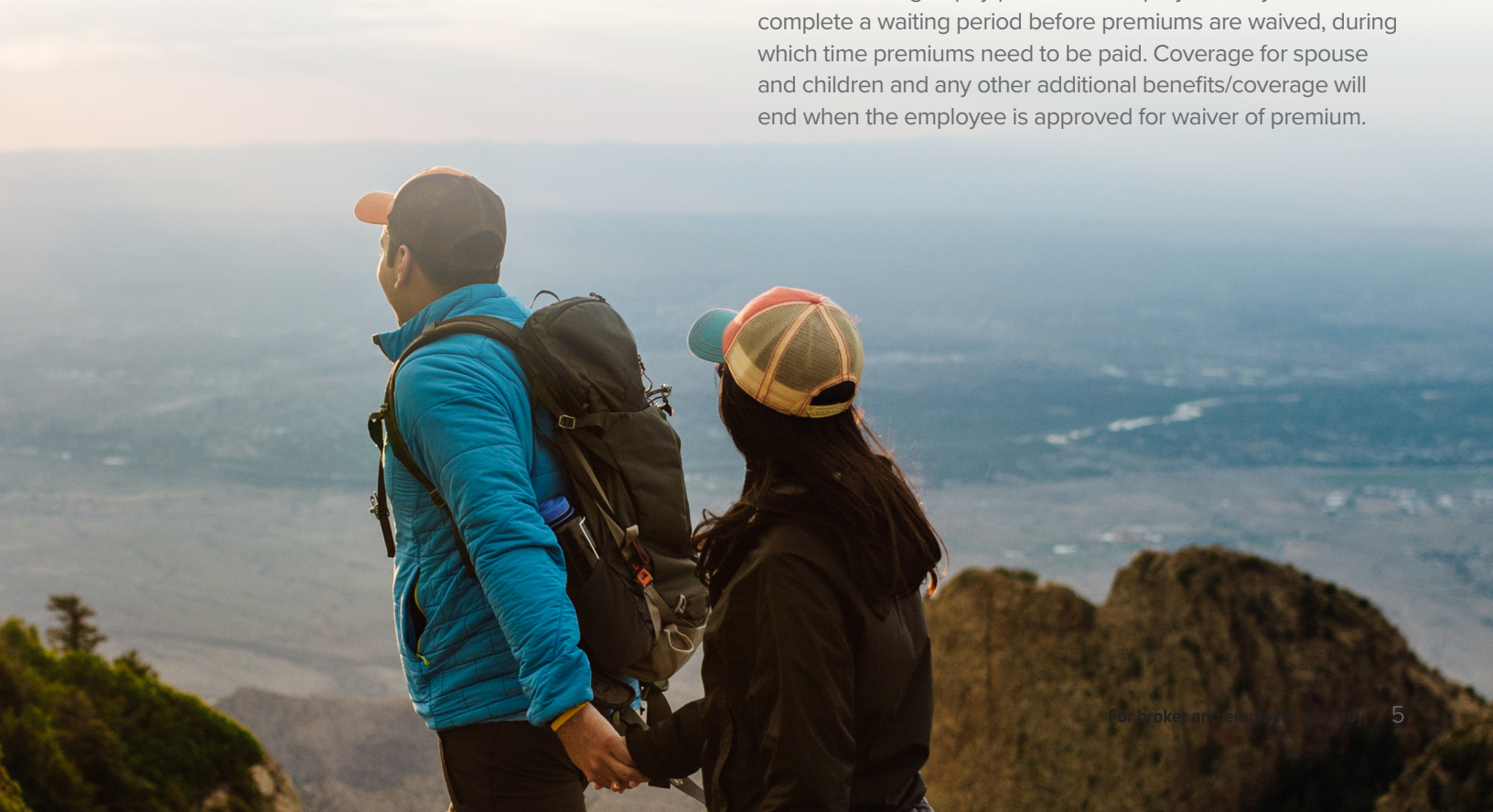
- Heart attack
- Coronary artery bypass (25% of the benefit amount)
- Stroke
- End stage renal (kidney) failure
- Coma
- Major organ failure
- Permanent paralysis
- Cancer
- Carcinoma in situ (25% of the benefit amount)

Accident benefit

Provides a benefit payment for specific injuries and events resulting from a covered accident. The amount paid depends on the type of injury and event. A sample of events includes: Concussion, fractures and dislocations.

Waiver of premium

If a covered employee isn't working because they are totally disabled, this benefit allows the employee to continue their Hospital Indemnity Insurance coverage for a specified duration without needing to pay premiums. Employees may need to complete a waiting period before premiums are waived, during which time premiums need to be paid. Coverage for spouse and children and any other additional benefits/coverage will end when the employee is approved for waiver of premium.



Exclusions and limitations*

The definition of a hospital does not include an institution or 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. (If the employer's plan includes confinement in facilities that treat mental disorders and substance abuse, then the last part of this definition will not apply.)

The definition of a rehabilitation facility 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; 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. (If the employer's plan includes confinement in facilities that treat mental disorders and substance abuse, then the last part of this definition will not apply.)

Age reductions may be included for the employee's and spouse's coverage to reduce to 50% at age 70.

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 sustained 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. If the employer's plan includes confinements for substance abuse treatment, then this exclusion will 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. If the employer's plan has employees who are pilots or operate a plane as part of their job, then performing these acts as part of the covered person's employment with the employer 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.

Exclusions also apply to the accident benefit and diagnostic test benefit.

Pre-Existing Condition Exclusion

Choose whether you'd like to include or waive the pre-existing condition exclusion.

Waived

No pre-existing condition exclusion applies

Included

Benefits are not payable for any confinement or other covered loss resulting from a pre-existing condition. If the confinement or other covered loss occurs during the first 12 months** following the covered person's coverage effective date (including the effective dates of any increases to coverage). Pre-existing condition means a sickness, injury or physical condition which, within the 12 month** period prior to the covered person's coverage effective date, resulted in the covered person receiving medical treatment, consultation, care or services (including diagnostic measures).

Optional flexibility to include pregnancy:

This exclusion does not apply to a pregnancy that begins before the covered person's coverage effective date.

The Critical Illness Rider may include a pre-existing condition exclusion: Benefits are not payable for a critical illness resulting from a pre-existing condition if the date of diagnosis for the critical illness occurs during the first 12 months** following the covered person's coverage effective date (including increases). Pre-existing condition means a sickness, injury or physical condition which, within the 12 month** period prior to the Critical Illness Rider's effective date for each covered person, resulted in the covered person receiving medical treatment, consultation, care or services (including diagnostic measures).

* Exclusions and limitations may vary by state. The certificate and riders provided will include all exclusions and limitations that apply to the employer's plan. Contact your Voya Employee Benefits sales representative for more details.

** The pre-ex options and time periods may vary by state and/or the employer's plan.



You're committed to offering your clients the best in benefits. We're here to help you live up to that promise. Partnering with **Voya Employee Benefits** to offer supplemental insurance coverage means:

- **Confidence.** The solid ratings we receive from leading independent financial rating organizations show that we can meet our customer claims and guarantees.
- **Flexibility.** Our diverse product portfolio complements many benefit plans, and can be built on an array of enrollment platforms or benefits administration systems.
- **Simplicity.** With **Voya Employee Benefits**, you'll experience prompt underwriting, efficient claims processing, premium payments via payroll deduction and more.
- **Support.** You'll be able to reach out to your dedicated, local **Voya Employee Benefits** team for support, anytime you need it.

 For more information, please contact your local **Voya Employee Benefits** sales representative. Visit [Voya.com](https://www.voya.com) to learn more.

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 issued and 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; Wellness Benefit Rider form RL-HI2-WELL-18; Diagnostic Test Benefit Rider form RL-HI2-DGR-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. Form numbers, provisions and availability may vary by state.

For broker and employer use only. HI 2 only.

©2020 Voya Services Company. All rights reserved. WLT250002109. 1044899

207126-01152020

PLAN | INVEST | PROTECT

Voya.com

VOYA[®]
FINANCIAL