

GROUP VOLUNTARY HOSPITAL INDEMNITY INSURANCE BENEFIT HIGHLIGHTS



The average cost for a hospital stay is \$2,607 per day¹

WESTERN RESERVE CARE SOLUTIONS

Hospital Indemnity (HI) insurance pays a cash benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. It also provides additional daily benefits for related services. Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up.

The benefits are paid in lump sum amounts to you, and can help offset expenses that primary health insurance doesn't cover (like deductibles, co-insurance amounts or co-pays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.).



To learn more about Hospital Indemnity insurance, visit www.thehartford.com/employee-benefits/employees

COVERAGE INFORMATION

You have a choice of two hospital indemnity plans, which allows you the flexibility to enroll for the coverage that best meets your needs. Benefit amounts are based on the plan in effect for you or an insured dependent at the time the covered event occurs. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		PLAN 1	PLAN 2
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
Covered Events		Illness and injury	Illness and injury
HSA Compatible		No	No
BENEFITS			
HOSPITAL CARE ²		PLAN 1	PLAN 2
First Day Hospital Confinement	Up to 3 days per year	\$500	\$1,000
Daily Hospital Confinement (Day 2+)	Up to 30 days per year	\$100	\$200
First Day ICU Confinement	Up to 1 day per year	\$1,000	\$2,000
Daily ICU Confinement (Day 2+)	Up to 30 days per year	\$200	\$400
FAMILY CARE		PLAN 1	PLAN 2
Health Screening	Up to 1 day per year	\$50	\$100
OTHER MEDICAL CARE FACILITY		PLAN 1	PLAN 2
Continuous Care	Up to 30 days per year	\$100	\$200
FEATURES		PLAN 1	PLAN 2
Ability Assist® EAP ³ – 24/7/365 access to help for financial, legal or emotional issues		Included	Included
HealthChampion ^{SM4} – Administrative & clinical support following serious illness or injury		Included	Included

ASKED & ANSWERED

IS THIS COVERAGE HSA COMPATIBLE?

If you (or any dependent(s)) currently participate in a Health Saving Account (HSA) or if you plan to do so in the future, you should be aware that the IRS limits the types of supplemental insurance you may have in addition to a HSA, while still maintaining the tax-exempt status of the HSA.

This plan design is not compatible with Health Savings Accounts (HSAs). If you have or plan to open an HSA, please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

Both HSA compatible and non-HSA compatible plans are available to you, as indicated in the Plan Information section. If you have or plan to open an HSA, please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

WHEN CAN I ENROLL?

You may enroll from 10/16/2023 to 10/30/2023.

WHEN DOES THIS INSURANCE BEGIN?

The effective date of this coverage is 1/1/2024.

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Your spouse/partner may also continue insurance in certain circumstances.

¹Kaiser Family Foundation, November 2019. Adjusted expenses per inpatient day include expenses incurred for both inpatient and outpatient care; inpatient days are adjusted higher to reflect an estimate of the volume of outpatient services: <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day>, viewed as of 4/16/2021.

²For Hospital Care benefits, when an insured is eligible for more than one benefit in a single day, only the highest benefit will be paid.

³AbilityAssist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

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The Buck's Got Your Back®

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Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours. Required hours may vary by state. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent. 5962h NS 08/21