

## Plan Highlights

# Voluntary Group Hospital Indemnity Insurance



KNAPP Inc.

### COVERAGE

Voluntary group hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

### ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

**Dependents:** You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or domestic partner. Spouse must be under age 70 at date of application.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Employee and Dependent.

### FEATURES

- ▶ Guaranteed issue; no medical questions
- ▶ No pre-existing conditions exclusions
- ▶ Mental & Nervous and Substance Abuse treated same as any other hospital admission
- ▶ No deductibles
- ▶ Portability
- ▶ HIPAA privacy compliant

### CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

### BENEFITS

#### Hospital Room & Board Benefits

Room & Board Benefit per Day (365 Daily Benefits per Coverage Year)*	\$100
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#### Hospital Critical Care Unit Benefits

Critical Care Unit Benefits per Day (30 Daily Benefits per Coverage Year)	\$200
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#### Hospital Admission Benefit

One Daily Benefit per Coverage Year	\$1,000
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#### Hospital Critical Care Admission Benefit

One Daily Benefit per Coverage Year	\$2,000
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#### Wellness Care\*\*

One Daily Benefit per Coverage Year	\$150
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#### Non-Insurance Services

On-Call Travel Assistance	Included
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\*In no event will the Daily Benefits exceed 365 daily benefits per Coverage Year.

\*\*Wellness Care means medical examinations and procedures that are preventive in nature and not for the treatment of Injury or Sickness.

### BI-WEEKLY WITH WELLNESS PREMIUMS

Coverage	Premium
Employee	\$ 7.96
Employee & Spouse	\$ 18.07
Employee & Child(ren)	\$ 10.38
Employee & Family	\$ 20.27



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This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9537, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate.

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.