

Plan Highlights

Voluntary Group Hospital Indemnity Insurance



Westwood ISD

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

Each Active Full-Time Employee working 20 hours or more per week, except for any person working on a temporary or seasonal basis. Employee must be under age 70 to enroll. This plan does not allow for Late Applicants.

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

- ▶ No pre-existing conditions exclusions
- ▶ No deductibles
- ▶ Eligible for continuation of coverage
- ▶ Coverage Offered on a Voluntary Basis
- ▶ Portability
- ▶ FMLA / MSLA Continuation

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

BENEFITS

Standard Plan High Plan

Hospital Room & Board Benefits

| | | |
|---|-------|-------|
| Room & Board Benefit per Day (30 Daily Benefits per Coverage Year) | \$150 | \$150 |
|---|-------|-------|

Hospital Critical Care Unit Benefits

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|--|-------|-------|
| Critical Care Unit Benefits per Day (30 Daily Benefits per Coverage Year) | \$300 | \$300 |
|--|-------|-------|

Hospital Admission Benefit

| | | |
|-------------------------------------|---------|---------|
| One Daily Benefit per Coverage Year | \$1,500 | \$3,000 |
|-------------------------------------|---------|---------|

Hospital Critical Care Admission Benefit

| | | |
|-------------------------------------|---------|---------|
| One Daily Benefit per Coverage Year | \$1,500 | \$3,000 |
|-------------------------------------|---------|---------|

Non-Insurance Services

| | | |
|---------------------------|----------|----------|
| On-Call Travel Assistance | Included | Included |
|---------------------------|----------|----------|

SEMI-MONTHLY PREMIUM

| Coverage | Standard Premium | High Premium |
|-----------------------|------------------|--------------|
| Employee | \$ 11.47 | \$ 20.00 |
| Employee & Spouse | \$ 21.36 | \$ 36.68 |
| Employee & Child(ren) | \$ 16.35 | \$ 27.56 |
| Employee & Family | \$ 27.34 | \$ 47.34 |



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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.