Group Name: GEON Performance Solutions
Group Number: 724777

Hospital Indemnity Insurance

Help minimize the financial impact that can come with a stay in a hospital or medical facility



GEON Performance Solutions | FOSTER A GEON COMPANY

What is it?

Hospital Indemnity Insurance pays a fixed daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. 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.

Who can be covered?

You have the option to enroll yourself as well as your spouse* and children** in Hospital Indemnity Insurance coverage to meet your needs.

* 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 group policy.

** The definition of "child" may vary by state. Please contact your employer for more information.

Why should I consider it?

- Use your paid benefit for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more – it's up to you.
- Coverage is always guaranteed issue.
- Your coverage can go with you if you leave your employer or retire, and you'll be billed directly.

For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders

How much does it cost?

This table shows how much you'll pay for Hospital Indemnity Insurance. The premium is deducted from your paycheck.

Low Hospital Confinement Indemnity Rates by Level

Coverage Type	Daily Benefit	Bi-weekly Rate
Employee	$100	$5.58
Employee + Spouse	$100	$12.92
Employee + Children	$100	$9.28
Employee + Family	$100	$16.63

High Hospital Confinement Indemnity Rates by Level

Coverage Type	Daily Benefit	Bi-weekly Rate
Employee	$200	$9.71
Employee + Spouse	$200	$22.50
Employee + Children	$200	$16.16
Employee + Family	$200	$28.95

What does it cover?

Your Hospital Indemnity Insurance coverage provides a benefit payable upon a stay in a hospital, critical care unit, or rehabilitation facility. The following is a summary of the benefits provided by this 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.

Only one type of confinement benefit is payable for each day of eligible confinement.

You can elect coverage under Plan 1 or Plan 2.

Starting day two (Daily Confinement Benefit)

Type of facility	Plan 1 Daily benefit amount is $100	Plan 2 Daily benefit amount is $200
Hospital confinement, up to 30 days per confinement*	1 x the daily benefit amount	1 x the daily benefit amount
CCU confinement, up to 15 days per confinement	2 x the daily benefit amount	2 x the daily benefit amount
Rehabilitation facility confinement, up to 30 days per confinement	½ of the daily benefit amount	1 ½ of the daily benefit amount

* A hospital confinement is defined as being confined in a hospital or an observation unit for at least 20 consecutive hours on an inpatient basis

Initial Confinement Benefit

provides you an additional payment of 10x the daily benefit amount after you are confined in a hospital, critical care unit, or rehabilitation facility.

Plan 1 Benefit amount	Plan 2 Benefit amount
$1000	$2000

Each person covered under this policy can receive this benefit up to four Initial Confinement Benefits per calendar year.

Exclusions and limitations

The standard exclusions and limitations are listed below. For a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders. (These may vary by state and/or your employer's plan.) Hospital Indemnity, Initial Confinement, Spouse Hospital Indemnity Insurance and Children's Hospital Indemnity Insurance 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.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time 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.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Elective surgery, except when required for appropriate care 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, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received.

* Not applicable to Accident Benefit

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 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. “Critical care unit” and “rehabilitation facility” are also defined in the certificate.

This offer is contingent upon participation requirements being met.

Questions?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

Voya Employee Benefits Customer Service at (877) 236-7564

Visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

https://presents.voya.com/EBRC/GEON

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-HI-POL-12; Certificate form #RL-HI-CERT-12; Spouse Hospital Confinement Indemnity Rider form #RL-HI-SPR-12; Children’s Hospital Confinement Indemnity Rider form# RL-HI-CHR-12; Initial Confinement Benefit Rider form #RL-HI-ICN-12; Diagnostic Test Benefit Rider form #RL-HI-DGR-12; Wellness Benefit Rider form #RL-HI-WELL-12; Accident Benefit Rider form #RL-HI-ACD-12; and Critical Illness Benefit Rider form #RL-HI-CIR-12. Form numbers, provisions and availability may vary by state and by your employer’s plan.

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For the employees of GEON Performance Solutions

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