

# GROUP VOLUNTARY HOSPITAL INDEMNITY INSURANCE BENEFIT HIGHLIGHTS



A 4-day stay in the hospital could cost around \$10,000.<sup>1</sup>

## Virginia Lutheran Homes, Inc.

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. 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 [thehartford.com/employeebenefits](http://thehartford.com/employeebenefits)

## 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		LOW PLAN	HIGH PLAN
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
Covered Events		Illness and injury	Illness and injury
HSA Compatible		Yes	Yes
BENEFITS			
HOSPITAL CARE <sup>2</sup>		LOW PLAN	HIGH PLAN
First Day Hospital Confinement	Up to 1 day per year	\$500	\$1,000
Daily Hospital Confinement (Day 2+)	Up to 30 days per year	\$100	\$150
Daily ICU Confinement (Day 2+)	Up to 10 days per year	\$200	\$300

## PREMIUMS

The amounts shown are bi-weekly amounts (26 payments/deductions per year).<sup>5</sup>

COVERAGE TIER	LOW PLAN	HIGH PLAN
Employee Only	\$6.27 (\$0.45 per day)	\$11.22 (\$0.80 per day)
Employee & Spouse	\$11.58 (\$0.82 per day)	\$20.69 (\$1.47 per day)
Employee & Child(ren)	\$11.26 (\$0.80 per day)	\$20.05 (\$1.43 per day)
Employee & Family	\$17.40 (\$1.24 per day)	\$30.97 (\$2.21 per day)

## 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 was designed to be compatible with Health Savings Accounts (HSAs). However, 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 37.5 hours per week on a regularly scheduled basis, and are less than age 80.

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

### **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.

### **HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?**

Premiums are provided above. You have a choice of plan options. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

### **WHEN CAN I ENROLL?**

You may enroll during any scheduled enrollment period, or or within 31 days of the date you have a change in family status. .

### **WHEN DOES THIS INSURANCE BEGIN?**

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

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, or when you reach the age of 80, 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.

<sup>1</sup>"Hospital Adjusted Expenses per Inpatient Day," Kaiser Family Foundation, 2015, Web, 2 Mar, 2017.

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

<sup>3</sup>Rates and/or benefits may be changed.

### **Prepare. Protect. Prevail. With The Hartford.®**

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. 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 Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.