

# GROUP VOLUNTARY SHORT-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



Just over 1 in 4 of today's  
20 year-olds will become  
disabled before they retire  
(age 67).<sup>1</sup>

## Virginia Lutheran Homes, Inc.

A disability can happen to anyone. A back injury, pregnancy, or serious illness can lead to months without a regular paycheck. If you're unable to work for a short period of time due to a non-work-related condition, illness or injury, short-term disability insurance offers financial protection by paying you a portion of your earnings.



To learn more about Short-Term Disability insurance, visit  
[thehartford.com/employee-benefits/employees](http://thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

COVERAGE LEVEL	BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	SICKNESS BENEFIT STARTS	INJURY BENEFIT STARTS	BENEFIT DURATION
Option 1	60%	\$500	On the 15 <sup>th</sup> day	On the 15 <sup>th</sup> day	24 weeks
Option 2	60%	\$500	On the 30 <sup>th</sup> day	On the 30 <sup>th</sup> day	22 weeks

## PREMIUMS

See the Premium Worksheet.<sup>2</sup>

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active full time Exempt or Non-Exempt employee who works at least 37.5 hours per week on a regularly scheduled basis.

### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your health. If you are a late entrant, evidence of insurability is required for the full coverage amount.

This coverage is subject to a pre-existing condition limitation. Please refer to the Limitations & Exclusions sheet provided with this benefit highlights sheet for more information on limitations and exclusions, such as pre-existing conditions.

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

Premiums are provided on the Premium Worksheet. You have a choice of coverage amounts.

Premium 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 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.

### WHEN DOES THIS INSURANCE END?

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

### WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your pre-disability weekly earnings or you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning more than 20% but less than 80% (standard) of your pre-disability weekly earnings.

Pre-disability earnings are defined in your policy.

<sup>1</sup>U.S. Social Security Administration Fact Sheet. Web. 14 October 2020 <https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf>

<sup>2</sup>Rates and/or benefits may be changed on class basis. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

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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>. Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

5962e NS 05/21

# GROUP VOLUNTARY LONG-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS



More than 1 in 4 adults in the U.S. has some type of disability.<sup>1</sup>

## Virginia Lutheran Homes, Inc.

A disability can happen to anyone. Long-term disability insurance helps protect your paycheck if you're unable to work for a long period of time after a serious condition, injury or sickness.



To learn more about Long-Term Disability insurance, visit [thehartford.com/employee-benefits/employees](http://thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	MAXIMUM	MINIMUM (BASED ON MONTHLY INCOME LOSS BEFORE THE DEDUCTION OF OTHER INCOME BENEFITS)	BENEFIT STARTS (ELIMINATION PERIOD)	BENEFIT DURATION
60%	\$5,000	\$50	After 180 days disabled	Disabled before: Age 63 Benefit duration: As long as you are disabled Benefit duration maximum: The greater of your Social Security Normal Retirement Age or 4 years

## PREMIUMS

See the Premium Worksheet.<sup>2</sup>

### ASKED & ANSWERED

#### WHO IS ELIGIBLE?

You are eligible if you are an active full time non-exempt employee who works at least 37.5 hours per week on a regularly scheduled basis.

#### AM I GUARANTEED COVERAGE?

If you elect coverage during your scheduled enrollment period or if this is the first time you are eligible to elect coverage, evidence of insurability is not required.

Outside your scheduled enrollment period and during a family status change period, evidence of insurability is required to elect coverage for the first time or make a change to enhance your current coverage.

This coverage is subject to a pre-existing condition exclusion, which is detailed on the Limitations & Exclusions sheet. Please refer to the Limitations & Exclusions sheet provided with this benefit highlights sheet for more information on limitations and exclusions, such as pre-existing conditions.

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

Premium is provided on the Premium Worksheet.

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 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.

### WHEN DOES THIS INSURANCE END?

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

### WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer.

Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical condition covered by the insurance, and as a result, your current monthly earnings are less than 80% of your pre-disability earnings. Once you have been disabled for 2 years following the elimination period, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are less than or equal to 60% of your pre-disability earnings.

Pre-disability earnings is your regular monthly rate of pay, not counting commissions, bonuses, overtime pay or any other fringe benefit or extra compensation.

<sup>1</sup>Center for Disease Control and Prevention "Disability Impacts All of Us," September 2020: <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>, as viewed on 10/14/2020

<sup>2</sup>Rates and/or benefits may be changed on class basis. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

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5962d NS 05/21

# BASIC and SUPPLEMENTAL GROUP TERM LIFE and ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE BENEFIT HIGHLIGHTS



More than half of Americans  
(53%) expressed a  
heightened need for life  
insurance because of  
COVID-19.<sup>1</sup>

## Virginia Lutheran Homes, Inc.

The group term Life and Accidental Death and Dismemberment (AD&D) insurance available through your employer gives extra protection that you and your family may need. Life and AD&D insurance offers financial protection by providing you coverage in case of an untimely death or an accident that destroys your income-earning ability. Life benefits are disbursed to your beneficiaries in a lump sum in the event of your death.



To learn more about Life and AD&D insurance, visit  
[thehartford.com/employee-benefits/employees](https://thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

APPLICANT	BASIC COVERAGE	SUPPLEMENTAL COVERAGE
<b>Employee</b>	Benefit <sup>2</sup> : 2x earnings Maximum: \$300,000 AD&D: Included	Benefit <sup>3</sup> : Increments of \$10,000 Maximum: the lesser of 5x earnings or \$250,000
<b>Spouse</b>	Not Included	Benefit <sup>3</sup> : Increments of \$5,000 Maximum: the lesser of 100% of your supplemental coverage or \$50,000
<b>Child(ren)</b>	Not Included	Benefit: \$10,000

## AD&D BENEFITS – PERCENT OF COVERAGE AMOUNT PER ACCIDENT

	BASIC COVERAGE
Length of time after accident that covered accidents or death can occur within	365 days
Percent of coverage amount that the total benefit for all losses due to the same accident will not exceed	100%
LOSS FROM ACCIDENT	BASIC COVERAGE
Life	100%
Both Hands or Both Feet or Sight of Both Eyes	100%
One Hand and One Foot	100%
Speech and Hearing in Both Ears	100%
Either Hand or Foot and Sight of One Eye	100%
Movement of Both Upper and Lower Limbs (Quadriplegia)	100%
Movement of Both Lower Limbs (Paraplegia)	75%
Movement of Three Limbs (Triplegia)	75%
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	50%
Either Hand or Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%

<sup>2</sup>35% @ 65, 55% of Original @ 70, 70% of Original @ 75, 80% of Original @ 80, 85% of Original @ 85, and 90% of Original @ 90

<sup>3</sup>35% @ 65, 55% of Original @ 70, 70% of Original @ 75, 80% of Original @ 80, 85% of Original @ 85, and 90% of Original @ 90

Movement of One Limb (Uniplegia)	25%
Thumb and Index Finger of Either Hand	25%

## PREMIUMS

Your employer pays 100% of the premium for your (employee) basic coverage. Your contribution for voluntary coverage is shown on the Premium Worksheet.<sup>4</sup>

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible if you are an active full time Exempt or Non-Exempt employee who works at least 37.5 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 25.

### AM I GUARANTEED COVERAGE?

Basic insurance is guaranteed issue coverage – it is available without having to provide information about your health.

If you enroll during your annual enrollment period or are newly eligible and elect an amount that exceeds the guaranteed issue amount of the lesser of 5 times your annual earnings or \$200,000, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you enroll after your annual or initial enrollment period, evidence of insurability will be required for all coverage amounts.

If you enroll during your annual enrollment period or are newly eligible and elect an amount that exceeds the guaranteed issue amount of \$25,000, your spouse will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you enroll after your annual or initial enrollment period, evidence of insurability will be required for all coverage amounts.

Supplemental insurance is guaranteed issue coverage – it is available without having to provide information about your child(ren)'s health.

AD&D is available without having to provide information about your health.

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

Your employer pays 100% of the premium for your (employee) basic coverage.

Premiums for supplemental coverage are provided on the Premium Worksheet. You have a choice of coverage amounts. You may elect supplemental insurance for you only, or for you and your dependent(s).

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?

Your employer will automatically enroll you for basic coverage. If you have not already done so, you must designate a beneficiary.

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

### WHEN DOES THIS INSURANCE BEGIN?

Basic insurance will become effective for you on the date you become eligible.

Supplemental 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).

### WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependent(s)) no longer satisfy the applicable eligibility conditions, premium is unpaid, 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 life coverage with you. Coverage may be continued for you and your dependent(s) under a group portability certificate or an individual conversion life certificate. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for conversion and portability are described in the certificate. Conversion and portability are not available for AD&D coverage.

<sup>1</sup>Source: LIMRA, Facts About Life 2020: <https://www.limra.com/globalassets/limra/newsroom/fact-tank/fact-sheets/liam-facts-2020-final.pdf>, as viewed on October 14, 2020.

<sup>4</sup>Rates and/or benefits may be changed on a class basis.. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

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# GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million  
emergency  
department visits  
every year are  
caused by youth  
sports.<sup>1</sup>

## Virginia Lutheran Homes, Inc.

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit  
[thehartford.com/employee-benefits/employees](http://thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		
Coverage Type		On and off-job (24 hour)
BENEFITS		
EMERGENCY, HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	\$30
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	\$25
Ambulance – Air	Once per accident	\$1,000
Ambulance – Ground	Once per accident	\$200
Blood/Plasma/Platelets	Once per accident	\$100
Child Care	Up to 30 days per accident while insured is confined	\$25
Daily Hospital Confinement	Up to 365 days per lifetime	\$200
Daily ICU Confinement	Up to 30 days per accident	\$400
Diagnostic Exam	Once per accident	\$200
Emergency Dental	Once per accident	Up to \$150
Emergency Room	Once per accident	\$200
Health Screening Benefit or Accident Prevention Benefit	Once per year for each covered person	\$50
Hospital Admission	Once per accident	\$1,000
Initial Physician Office Visit	Once per accident	\$125
Lodging	Up to 30 nights per lifetime	\$100
Medical Appliance	Once per accident	\$100
Rehabilitation Facility	Up to 15 days per lifetime	\$75
Transportation	Up to 3 trips per accident	\$300
Urgent Care	Once per accident	\$125
X-ray	Once per accident	\$125
SPECIFIED INJURY & SURGERY		
Abdominal/Thoracic Surgery	Once per accident	\$1,000
Arthroscopic Surgery	Once per accident	\$250
Burn	Once per accident	Up to \$20,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit
Concussion	Up to 3 per year	\$200
Dislocation	Once per joint per lifetime	Up to \$6,000
Eye Injury	Once per accident	Up to \$250

Fracture	Once per bone per accident	Up to \$8,000
Knee Cartilage	Once per accident	Up to \$400
Laceration	Once per accident	Up to \$400
Ruptured Disc	Once per accident	\$400
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$600
<b>CATASTROPHIC</b>		
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$50,000
Common Carrier Death	Within 90 days	2 times death benefit
Coma	Once per accident	Up to \$10,000
Dismemberment	Once per accident	Up to \$25,000
Home Health Care	Up to 30 days per accident	\$50
Paralysis	Once per accident	Up to \$10,000
Prosthesis	Once per accident	Up to \$1,000

## PREMIUMS

The amounts shown are bi-weekly amounts (26 payments/deductions per year):<sup>4</sup>

<b>COVERAGE TIER</b>	
Employee Only	<b>\$6.31</b> (\$0.45 per day)
Employee & Spouse	<b>\$9.96</b> (\$0.71 per day)
Employee & Child(ren)	<b>\$10.60</b> (\$0.75 per day)
Employee & Family	<b>\$16.64</b> (\$1.19 per day)

## ASKED & ANSWERED

### 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 25.

### 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 DO I PAY FOR THIS INSURANCE?

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.

### 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. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

<sup>1</sup>National Health Statistics Reports, November 2019. CDC/National Center for Health Statistics: <https://www.cdc.gov/nchs/data/nhsr/nhsr133-508.pdf>, as viewed as of 10/14/2020

<sup>4</sup>Rates and/or benefits may be changed on a class basis.



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# GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS



In the US, an estimated 40 out of 100 men and 39 out of 100 women will develop cancer during their lifetime.<sup>1</sup>

## Virginia Lutheran Homes, Inc.

Facing a serious illness can be challenging both emotionally and financially. Major medical insurance may pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly. Critical Illness insurance can provide a lump-sum benefit upon diagnosis of a covered illness that can be used however you choose - from expenses related to treatment, to deductibles or day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Critical Illness insurance, visit [thehartford.com/employee-benefits/employees](https://thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis.

COVERAGE AMOUNT	
Employee Coverage Amount	\$5,000; \$10,000; \$15,000 or \$20,000
Spouse Coverage Amount	50% (standard)
Child(ren) Coverage Amount	50% of your coverage amount
COVERED ILLNESSES	BENEFIT AMOUNTS
CANCER CONDITIONS	
Benign Brain Tumor*; Invasive Cancer*	100% of coverage amount
Non-invasive Cancer	25% of coverage amount
Non-melanoma Skin Cancer	\$250 once per lifetime for each covered person
VASCULAR CONDITIONS	
Heart Attack (Myocardial Infarction)*; Heart Failure/Transplant*; Stroke*	100% of coverage amount
Coronary Artery Bypass Graft	25% of coverage amount
OTHER SPECIFIED CONDITIONS	
End Stage Renal Failure; Major Organ Failure Transplant*	100% of coverage amount
Other Dread Diseases†	25% of coverage amount
NEUROLOGICAL CONDITIONS	
Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's); Advanced Alzheimer's Disease	100% of coverage amount
ADDITIONAL BENEFITS	
Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	100% of original benefit amount
Health Screening Benefit	\$50 once per year per covered person

\*Other Dread Disease means a covered severe disease that results in a covered person being confined to a Hospital for five (5) or more consecutive days. Covered severe diseases are: Addison's disease (primary adrenal insufficiency/hypocortisolism); bacterial cerebrospinal meningitis; COVID-19, formally SARS-CoV-2/2019-nCoV; diphtheria; encephalitis; Huntington's chorea; Legionnaire's disease; malaria; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis. Please refer to the policy for complete definitions of each covered illness.

## PREMIUMS

See the Premium Worksheet.<sup>5</sup>

## ASKED & ANSWERED

### 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 25.

### 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 on the Premium Worksheet. You have a choice of coverage amounts. 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 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. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

<sup>1</sup>Cancer Facts and Figures, 2020. American Cancer Society: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2020/cancer-facts-and-figures-2020.pdf>, as viewed on October 14, 2020.

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# GROUP VOLUNTARY HOSPITAL INDEMNITY INSURANCE BENEFIT HIGHLIGHTS



The average cost for a hospital stay is \$2,607 per day<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/employee-benefits/employees](http://thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

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

## PREMIUMS

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

COVERAGE TIER	LOW PLAN
Employee Only	\$6.27 (\$0.45 per day)
Employee & Spouse	\$11.58 (\$0.82 per day)
Employee & Child(ren)	\$11.26 (\$0.80 per day)
Employee & Family	\$17.40 (\$1.24 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 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.

### **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>Kaiser 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.

<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 on a class basis.

### **The Buck's Got Your Back®**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. 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. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

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.  
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# LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

## GROUP LIFE INSURANCE

### GENERAL LIMITATIONS AND EXCLUSIONS

- 35% @ 65, 55% of Original @ 70, 70% of Original @ 75, 80% of Original @ 80, 85% of Original @ 85, and 90% of Original @ 90
- 35% @ 65, 55% of Original @ 70, 70% of Original @ 75, 80% of Original @ 80, 85% of Original @ 85, and 90% of Original @ 90
- A supplemental or voluntary life benefit will not be paid if death occurs by suicide within two years (or as allowed by state law) of purchasing this coverage.
- You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

### DEPENDENT LIMITATIONS AND EXCLUSIONS

- Coverage may only be elected for dependents when you elect and are approved for coverage for yourself.
- Coverage may not be elected for a dependent who has employee coverage under this certificate.
- Coverage may not be elected for a dependent who is in active full-time military service.
- Child(ren) may only be covered as a dependent of one employee.
- Infants may receive a reduced benefit prior to the age of six months.

5962a NS 05/21 Life Form Series includes GBD-1000, GBD-1100, or state equivalent.

## GROUP ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

### GENERAL LIMITATIONS AND EXCLUSIONS

- 35% @ 65, 55% of Original @ 70, 70% of Original @ 75, 80% of Original @ 80, 85% of Original @ 85, and 90% of Original @ 90
- 35% @ 65, 55% of Original @ 70, 70% of Original @ 75, 80% of Original @ 80, 85% of Original @ 85, and 90% of Original @ 90
- Exclusions: (Applicable to all benefits except the Life Insurance Benefit and the Accelerated Benefit) What is not covered under The Policy?
- The Policy does not cover any loss caused or contributed to by:
  - anaphylactic shock;
  - any form of auto-erotic asphyxiation;
  - failure to wear a Seat Belt while driving or riding as a passenger in a Motor Vehicle;
  - intentionally self-inflicted Injury;
  - stroke or cerebrovascular accident or event, cardiovascular accident or event, myocardial infarction or heart attack, coronary thrombosis or aneurysm;
  - suicide or attempted suicide, whether sane or insane;
  - war or act of war, whether declared or not;
  - injury sustained while on full-time active duty as a member of the armed forces (land, water, air) of any country or international authority except Reserve or National Guard Service;
  - injury sustained while On any aircraft except a Civil or Public Aircraft, or Military Transport Aircraft;
  - injury sustained while On any aircraft:
    - as a pilot, crewmember or student pilot;
    - as a flight instructor or examiner;
    - if it is owned, operated or leased by or on behalf of the Policyholder, or any Employer or organization whose eligible persons are covered under The Policy; or
    - being used for tests, experimental purposes, stunt flying, racing or endurance tests;
  - injury sustained while taking drugs, including but not limited to sedatives, narcotics, barbiturates, amphetamines, or hallucinogens, unless as prescribed by or administered by a Physician
  - injury sustained while riding or driving in a scheduled race or testing any Motor Vehicle on tracks, speedways or proving grounds;
  - injury sustained while committing or attempting to commit a felony;
  - injury sustained while Intoxicated;
  - injury sustained while driving while Intoxicated;
  - injury sustained by illegal fireworks or the use of any legal fireworks when not following the manufacturer's lighting instructions;
  - driving and violating any applicable cellular device use or distracted driving laws; or
  - failure to wear a helmet while On or riding as a passenger On a motorcycle, bicycle, all-terrain vehicle (ATV) or any other type of motor bike.
- You must be a citizen or legal resident of the United States, its territories and protectorates.

### DEFINITIONS

- Loss means, with regard to hands and feet, actual severance through or above wrist or ankle joints; with regard to sight, speech or hearing, entire and irrecoverable loss thereof; with regard to thumb and index finger, actual severance through or above the metacarpophalangeal joints; with regard to movement, complete and irreversible paralysis of such limbs.
- Injury means bodily injury resulting directly from an accident, independent of all other causes, which occurs while you have coverage.

5962c NS 05/21 Accident Form Series includes GBD-1000, GBD-1300, or state equivalent.

## GROUP SHORT TERM DISABILITY INSURANCE

### LIMITATIONS AND EXCLUSIONS

#### GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
  - War or act of war (declared or not)
  - The commission of, or attempt to commit a felony
  - An intentionally self-inflicted injury
  - Your being engaged in an illegal occupation

- Sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
- Sickness or injury sustained as a result of doing any work for pay or profit for another employer, including self-employment
- You have already satisfied the pre-existing condition requirement of your previous insurer

#### PRE-EXISTING CONDITIONS

- Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your certificate, you will be covered for a disability due to that condition only if:
  - You have not received treatment for your condition for 6 months before the effective date of your insurance, or
  - You have not received treatment for your condition for 6 months after the effective date of your insurance, or
  - You have been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
- If you are unable to satisfy one of the requirements above, your coverage will be limited to a maximum of 4 weeks of benefits for that disability

#### OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
  - Social Security disability insurance (please see next section for exceptions)
  - Other employer-based insurance coverage you may have
  - Unemployment benefits
  - Settlements or judgments for income loss
  - Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Your benefit payments will not be reduced by certain kinds of other income, such as:
  - Retirement benefits if you were already receiving them before you became disabled
  - Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
  - Most personal disability policies
  - Social Security cost-of-living increases

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy:

Insured's weekly [Pre-Disability Earnings/Basic weekly Pay] \$1,000  
 Short term disability benefits percentage x 60%  
 Unreduced maximum benefit \$600  
 Less Social Security disability benefit per week - \$300  
 Less state disability income benefit per week - \$100  
 Total amount of short term disability benefit per week \$200

#### THIS POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This Disability policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

5962e NS 05/21 Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

#### GROUP LONG TERM DISABILITY INSURANCE

##### LIMITATIONS AND EXCLUSIONS

##### GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
  - War or act of war (declared or not)
  - The commission of, or attempt to commit a felony
  - An intentionally self-inflicted injury
  - Your being engaged in an illegal occupation

#### PRE-EXISTING CONDITIONS

- Your insurance excludes the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your certificate, you will be covered for a disability due to that condition only if:
  - You have not received treatment for your condition for 3 months before the effective date of your insurance, or
  - You have been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
  - You have already satisfied the pre-existing condition requirement of your previous insurer

#### LIMITATIONS

- **Mental Illness and Substance Abuse Limitation.** If you are disabled because of Mental Illness or because of alcoholism or the use of narcotics, sedatives, stimulants, hallucinogens or other similar substance, benefits will be payable for a maximum of 24 months in your lifetime, unless at the end of that 24 months, you are confined to a hospital or other place licensed to provide medical care for your disability.
- **Specified Condition Limitation.** If you are disabled because of any of the conditions or symptoms listed below, benefits will be payable for a maximum of 24 months in your lifetime:
  - Chemical and Environmental Illness
  - Chronic Fatigue Illness
  - Musculoskeletal and Connective Tissue Illness
  - Post concussive syndrome
  - Obstructive sleep apnea



- Narcolepsy, cataplexy and other sleep syndromes
- Fibromyalgia
- Migraines, tension headaches, and cluster headaches
- Irritable bowel disease, Crohn's disease, celiac disease, or ulcerative colitis
- Chronic Lyme disease and other chronic illnesses due to tick borne infections
- Any self-reported symptoms that have not been attributed to a specific diagnosis with objective and verifiable findings including but not limited to dizziness, fatigue, headache, loss of energy, numbness, pain, ringing in the ear or other perceived ear tones, stiffness, or cognitive dysfunction not supported by objective diagnostic testing

#### OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
  - Social Security disability insurance (please see next section for exceptions)
  - Workers' compensation
  - Other employer-based insurance coverage you may have
  - Unemployment benefits
  - Settlements or judgments for income loss
  - Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Your benefit payments will not be reduced by certain kinds of other income, such as:
  - Retirement benefits if you were already receiving them before you became disabled
  - Retirement benefits that are funded by your after-tax contributions your personal savings, investments, IRAs or Keoghs profit-sharing
  - Most personal disability policies
  - Social Security cost-of-living increases

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy:

Insured's monthly [Pre-Disability Earnings/Basic Monthly Pay] \$3,000  
 Long term disability benefits percentage x 60%  
 Unreduced maximum benefit \$1,800  
 Less Social Security disability benefit per month - \$900  
 Less state disability income benefit per month - \$300  
 Total amount of long term disability benefit per month \$600

#### THIS POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This Disability policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

5962d NS 05/21 Disability Form Series includes GBD-1000, GBD-1200, or state equivalent.

#### GROUP ACCIDENT INSURANCE

##### LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

#### NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

### **THIS POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY.**

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. **IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

5962g NS 05/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

### **GROUP CRITICAL ILLNESS INSURANCE** **LIMITATIONS AND EXCLUSIONS**

The benefits payable are based on the insurance in effect on the date of the diagnosis of a covered illness, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

**Benefit Separation Periods.** If a covered person is diagnosed with a covered illness, and is subsequently diagnosed with another covered illness, the following separation periods apply between benefit payments. If the subsequent diagnosis is for: 1) A different, non-related covered illness than the first diagnosis (e.g. a cancer illness then a vascular illness), then a 3 month separation period applies; 2) A covered illness that is related to the first (e.g. two vascular illnesses, like heart attack and stroke), then a 3 month separation period applies; 3) The same covered illness as the first (e.g. two heart attacks) as allowed by the Recurrence Benefit, then a 6 month separation period applies.

**Exclusions.** This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
- A covered person's engaging in any illegal occupation
- A covered person's service in the armed forces or units auxiliary to them

**General Limitations.** Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- Diagnosed during an applicable benefit separation period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a recurrence provision
- For which a covered person has already received a benefit payment under the recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in your certificate.

### **NOTICES**

#### **THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.**

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. In addition, NY residents covered by another Critical Illness or specified disease plan are not eligible for coverage. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

5962f NS 05/21 Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.

### **GROUP HOSPITAL INDEMNITY INSURANCE** **LIMITATIONS AND EXCLUSIONS**

The benefits payable are based on the insurance in effect on the date of the covered event, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

**Other Hospital Indemnity Policy Limitation (Over-insurance Limitation):** If an employee is insured under any other hospital indemnity policy underwritten by The Hartford, any claim for benefit is only payable under the one policy elected by the employee (or beneficiary or estate, in the event of death). We will return the amount of premium paid for any other policy that is declined by the employee retroactive to the later of:

- the last date any benefit was paid for any covered person under the other policy
- the effective date of insurance for the employee under the other policy

**Exclusions.** This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentional self-infliction
- Voluntary intoxication (as defined by the law of the jurisdiction in which the illness or injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instruction of a physician or medical professional
- Voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption
- Voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), voluntary participation in a riot, or voluntary engagement in an illegal occupation
- Incarceration or imprisonment following conviction for a crime

- Travel in or descent from any vehicle or device for aviation or aerial navigation, except as a fare-paying passenger in a commercial aircraft (other than a charter airline) on a regularly scheduled passenger flight or while traveling on business of the policyholder
- Ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing
- Participation in any organized sport in a professional or semi-professional capacity
- Participation in abseiling, base jumping, Bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, freerunning, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, luging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities
- Travel or activity outside the United States or Canada
- Active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of the certificate
- Involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer

This insurance also does not provide benefits, unless required by law, for:

- Elective abortion or complications thereof
- Artificial insemination, in vitro fertilization, test tube fertilization
- Sterilization, tubal ligation or vasectomy, and reversal thereof
- Aroma therapeutic, herbal therapeutic, or homeopathic services
- Any mental and nervous disorder, unless specifically allowed by a provision of the certificate
- Substance abuse, unless specifically allowed by a provision of the certificate
- Medical mishap or negligence on the part of any physician, medical professional, or therapist, including malpractice;
- Treatment, supplies or services provided by, through or, behalf of any government agency or program; unless payment is required by a covered person
- Custodial care, unless specifically allowed by a benefit provision in the certificate or any rider attached to the policy (if applicable)
- Elective or cosmetic surgery or procedures, except for reconstructive surgery:
  - Incidental to or following surgery for disease, infection or trauma of the involved body part
  - Due to congenital anomaly or disease of a dependent child which has resulted in a functional defect
- Dental care or treatment, except for:
  - Treatment due to an injury to sound natural teeth within 12 months of an accident
  - Treatment necessary due to congenital disease or anomaly

Exclusions will vary by the jurisdiction/state in which the policy is issued.

## NOTICES

THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

The Policy may provide payment of several benefits as a result of claims from a single hospitalization or covered incident. Payment of one benefit under the Policy does not constitute acceptance of liability for all claims made under the Policy nor does it prohibit Us from further investigation of subsequent claims.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

5962h NS 05/21. Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

## The Buck's Got Your Back®

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