Plan Highlights

Voluntary Group Hospital Indemnity Insurance



Kelly & Associates Insurance Group, 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

As Defined by the Employer

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

- Your legal spouse
- 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
- Eligible for continuation of coverage
- HIPAA privacy compliant
- Overlying Major Medical Plan NOT Required
- Coverage Offered on a Voluntary Basis

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

BENEFITS

Hospital Room & Board Benefits	
Room & Board Benefit per Day (90 Daily Benefits per Coverage Year)*	$200
Hospital Critical Care Unit Benefits	
Critical Care Unit Benefits per Day (30 Daily Benefits per Coverage Year)	$400
Hospital Admission Benefit	
Two Daily Benefit per Coverage Year	$1,000
Hospital Critical Care Admission Benefit	
Two Daily Benefit per Coverage Year	$1,500
Nursery Admission Benefit	
One Daily Benefit per Coverage Year (Second Opinion)	$250 ($25 per confinement)
Wellness Care**	
One Daily Benefit per Coverage Year	$50
Non-Insurance Services	
On-Call Travel Assistance	Included

**In no event will the Daily Benefits exceed 90 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 PREMIUM

Coverage	Premium
Employee	$ 7.24
Employee & Spouse	$ 13.22
Employee & Child(ren)	$ 10.78
Employee & Family	$ 16.76

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www.reliancematrix.com

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.