

Plan Highlights

Hospital Indemnity Insurance



Neenah Joint School District

COVERAGE

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

All eligible Dependents as defined by Neenah Joint School District and reflected in your Certificate of Insurance. **Note: The definition of dependent may vary by state. *A person may not have coverage as both an Employee and Dependent.**

BENEFITS AMOUNTS

See Full Schedule of Benefits on the following pages.

BENEFIT FEATURES

- Guaranteed issue; no medical questions
- No lifetime maximum
- Mental & Nervous and Substance Abuse treated same as any other hospital admission

BENEFIT PROVISIONS

CONTINUATION OF COVERAGE FOR

- **Absence due to Family and Medical Leave Act of 1993 (FMLA)**

Your coverage and that of any of your Insured Dependents, if applicable, will continue if you are on an approved leave of absence under FMLA if the premium for such coverage continues to be paid during the leave. As long as this requirement is satisfied, we will continue coverage until the end of the leave period required by FMLA.

- **Absence due to Uniform Services Employment and Reemployment Rights Act (USERRA)**

Your coverage and that of any of your Insured Dependents, if applicable, will continue if you are on an approved leave of absence for military service under USERRA, if the premium for such coverage continues to be paid during the leave. As long as this requirement is satisfied, we will continue coverage until the end of the period required by USERRA.

- **Portability**

If you cease to be eligible for coverage (other than by termination of your employer's group policy, or your retirement), you may elect to continue coverage in effect prior to ceasing to be eligible.

Nursery Care

Coverage for routine well baby care provided to your newborn baby while the baby is Confined from birth.

Standard Plan Premiums

Coverage	Monthly	Semi-Monthly
Employee Only	\$22.00	\$11.00
Employee and Spouse	\$36.50	\$18.25
Employee and Child(ren)	\$32.00	\$16.00
Family	\$46.00	\$23.00

Note for 20 Pay Employees: From January-June, 20 pay employees will have an extra deduction per paycheck to pre-pay for July and August coverage.



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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.

LIMITATIONS

Benefit Waiting Period

This is the period of time, shown on your Certificate of Insurance, that you (or your Dependents if applicable) must be covered under the Policy before benefits are payable. If a Confinement begins during the Benefit Waiting Period, benefits will be payable for services rendered after the Benefit Waiting Period has been fulfilled. The Benefit Waiting Period is not applicable for a Covered Event that results from an Injury.

Note: For a comprehensive list of specific limitations, please refer to the Certificate of Insurance.

EXCLUSIONS

A benefit will not be paid for a Covered Event if caused or contributed by an exclusion listed in the Certificate of Insurance.

NON-INSURANCE SERVICES

- Travel Assistance Services

ADDITIONAL INFORMATION

This Plan Highlights document provides a brief description of the key features of the Reliance Standard Life Insurance Company insurance plan. The availability of the benefits and features described may vary by state. It is not a Certificate of Insurance or evidence of coverage. Insurance is provided under group policy form LRS-9572-0519, et al.

INCLUDED BENEFITS

Benefits	Standard
Hospital Admission Amount	\$1,500
Hospital Admission Max Per Year	1
Hospital Admission ICU Amount	\$1,000
Hospital Admission ICU Max Per Year	1
Hospital Confinement Amount	\$200
Hospital Confinement Days Max Per Year	30
Hospital Confinement ICU Amount	\$200
Hospital Confinement ICU Days Max Per Year	30
Minimum Hours for Admission or Confinement	23
Maximum Benefit per Plan Year	Unlimited
Nursery Admission Amount	\$1,000
Nursery Admission Max Per Year	1
Wellness Benefit	\$50
Portability	Unlimited or when employee retires
Benefit Waiting Period	None
Benefit Waiting Period for Late Applicants	None
Pregnancy Limitation Period	None
Pre-Existing Limitation	None



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