

## Plan Highlights

# Voluntary Hospital Indemnity Insurance



## Shawnee Mission School District

### COVERAGE

Voluntary 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

Employees: Each Active Full-Time Employee working 30 or more hours per week, except any person working on a temporary or seasonal basis.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- the Insured's lawful spouse; and
- the Insured's children who are less than age 26

### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

### BENEFITS

#### Hospital Room & Board Benefits

Room & Board Benefit per Day (180 Daily Benefits per Coverage Year)*	\$100
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#### Hospital Critical Care Unit Benefits

(Paid in addition to Room & Board Benefit)

Critical Care Unit Benefit per Day (30 Daily Benefits per Coverage Year)*	\$100
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#### Hospital Admission Benefit

One Daily Benefit per Coverage Year	\$500
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\* In no event will the Daily Benefits exceed 180 daily benefits per Coverage Year.

### 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
- COBRA-eligible
- HIPAA privacy compliant
- Overlying Major Medical Plan NOT Required\*
- Coverage Offered on a Voluntary Basis

\* Overlying major medical plan is required for all California residents.

### EXCLUSIONS

Benefits will not be paid for any loss caused by: suicide; war; assault/felony; dental care except hospitalizations for the care of sound, natural teeth and gums required on account of accidental injury that happens while covered, and that occur within 6 months of the accident; hospitalizations that occur while outside the United States of America; or care or treatment rendered in connection with cosmetic surgery, except hospitalizations for cosmetic surgery needed for breast reconstruction following a mastectomy or for an accident that happens while covered. The cosmetic surgery needed for an accidental injury must be performed within 90 days of the accident.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits. This Plan Highlights is a brief description of the key features of the RSL 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.

### MONTHLY PREMIUM

Employee Only	\$11.46
Employee + Spouse	\$24.19
Employee + Children	\$17.19
Employee + Family	\$29.92

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This information is not an insurance policy and does not describe the entire plan. For more detailed information you must ask your employer's Human Resources benefit manager. There is a detailed description of the plan's provisions, limitations and exclusions in the Certificate of Insurance which is issued to you after your application is processed. The availability of the described products, benefits and features may vary by state. Hospital indemnity coverage is underwritten by Reliance Standard Life Insurance Company and provided through policy form series LRS-9497-0613, et al. 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.