# **Hospital Indemnity Plan Description**

Prepared For Missouri Affiliated School Consortium Proposal Effective Date: 7/1/2021

#### Eligibility

| Employees:            | Each Active Full-Time Employee working 30 hours or more per week, except any person working on a temporary or seasonal basis.<br>Employee must be under age 70 to enroll.  |
|-----------------------|--|
| Spouse:               | <ul><li>An Eligible employee's legal spouse. Spouse must be under age 70 to enroll.</li><li>Coverage for domestic partners may be available upon request, unless prohibited by state law. Domestic and civil union partner coverage is automatically included on the plan where required by state law.</li></ul>   |
| Dependent<br>Children | Dependent Child means an Eligible employee's child(ren), from Birth to 26 years, including natural children, legally adopted children, children who are dependent on the Eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the Eligible employee's custody to be considered a Dependent. Also included are the Eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the Eligible employee for support and maintenance. |

Employee must be insured under the Policy for Dependent spouse and/or children to be insured. A person may not have coverage as both an employee and a Dependent.

Our standard eligibility includes employees who are US citizens working in the US; contact your sales office if you have employees who are not US citizens working in the US, and you would like us to consider them in the eligibility.

#### **Additional Information**

| Annual<br>Enrollment  | Because insurance needs may change from year to year, employers<br>often hold annual enrollment periods. We will review requests for annual<br>enrollment periods encouraging employees to take advantage of this<br>insurance. Approval of such enrollment periods must be obtained prior to<br>the enrollment period.   |
|-----------------------|---|
| Life Event<br>Changes | We recognize that insurance needs may change at a time that does not<br>coincide with an annual enrollment - like the employee's marriage or<br>divorce, or the birth or adoption of the first dependent child to be insured.<br>We call these "life event changes" and allow the employee to apply (or if<br>already insured, to increase or decrease his/her amount of insurance)<br>outside of the formal enrollment period. Requirements include that the<br>election be made within 31 days after life event change, and that the<br>application/increase be for an amount not to exceed your case<br>guaranteed issue amount. |

### **VHI Plan Description & Cost Summary**

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| All Employees | Eligible to elect only |
|---------------|------------------------|
| Coverage:     | 24 Hour                |

| Benefit   | Standard  | High      |
|---|-----------|-----------|
| Benefit Waiting Period                          | None      | None      |
| Maternity Waiting Period                        | None      | None      |
| Military Services Leave of Absence Continuation | No        | No        |
| Hospital Admission                              | \$500     | \$1,000   |
| Hospital Admission Max Per Year                 | 1         | 1         |
| Hospital Confinement                            | \$50      | \$100     |
| Hospital Confinement ICU Amt                    | \$50      | \$100     |
| Hospital Confinement ICU Days Max               | 30        | 30        |
| Maximum Benefit per Plan Year                   | Unlimited | Unlimited |
| Nursery Admission Amt                           | \$500     | \$1,000   |
| Nursery Admission Confinement Amt               | \$50      | \$100     |
| Nursery Admission Confinement Days Max          | 10        | 10        |
| Nursery Admission Max Per Year                  | 1         | 1         |
| Portability                                     | Unlimited | Unlimited |
| Pre-Ex Limitation                               | None      | None      |

Note: The state of California requires its residents to be enrolled in an overlying major medical plan in order to enroll for Voluntary Hospital Indemnity.

Monthly Cost Summary

# **VHI Plan Description & Cost Summary**

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|                         | Standard | High    |
|-------------------------|----------|---------|
| Employee Only           | \$12.49  | \$18.88 |
| Employee and Spouse     | \$22.44  | \$33.82 |
| Employee and Child(ren) | \$17.45  | \$26.33 |
| Family                  | \$27.05  | \$40.75 |

Note: Premium/benefit is payable in US currency.

### Participation Requirement and Rate Guarantee

### **Participation Requirement**

You must have the minimum participation of 5 insured employee lives.

#### **Rate Guarantee**

We guarantee the final premium rates for 24 months from the Policy effective date.

### Renewability

The Policy is optionally renewable.

# **VHI Plan Exclusions and Limitations**

### Prepared For Missouri Affiliated School Consortium

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| Termination of<br>Individual Insurance | An Insured's coverage will terminate on the first of the following to occur:  |
|--|---|
|  | <ul> <li>the date the Policy terminates</li> <li>the date the Insured ceases to be in a class eligible for this insurance</li> <li>the end of the period for which premium has been paid</li> <li>the date the Insured enters military service on active duty (not including Reserves or National Guard)</li> </ul>                                     |
| Policy Termination                     | You may cancel the policy at any time. We may cancel:   |
|  | 1) If the premium is not paid at the end of the grace period  |
|  | <ol> <li>if the number of Insureds (excluding Dependents) is less<br/>than the Minimum Participation requirement (10), if<br/>applicable</li> </ol>   |
|  | <ol> <li>If Optionally Renewable, then on any Policy anniversary<br/>after coverage has been in force for twelve (12) months</li> </ol>   |
| Pre-Existing                           | Pre-Existing Condition means any medical condition, whether<br>specifically diagnosed or not, for which an Insured received<br>medical treatment, consultation, care or services, including<br>diagnostic procedures, or took prescribed drugs or medicines,<br>during the 12 months immediately prior to the Insured's<br>effective date of insurance. |
| Exclusions                             | We will not pay benefits for any loss:  |
|  | <ul> <li>caused by committing self-inflicted injury</li> </ul>  |
|  | <ul> <li>caused by or resulting from war or any act of war,<br/>declared or undeclared</li> </ul>   |
|  | <ul> <li>caused by or resulting from riding in, getting into or out<br/>of any aircraft unless:</li> </ul>  |
|  | <ul> <li>an Insured is a passenger (not a pilot or crew<br/>member) in a tested and approved civilian aircraft<br/>being operated as passenger transport in<br/>compliance with the then current rules of the<br/>authority having jurisdiction over its operation</li> </ul>   |
|  | <ul> <li>the aircraft is not owned, leased or operated by or<br/>on behalf of the policyholder, an Insured, or any<br/>other employer of the Insured, unless a specific<br/>written agreement has been obtained from us</li> </ul>  |
|  | <ul> <li>sustained during an Insured's commission or attempted<br/>commission of an assault or felony</li> </ul>  |
|  | <ul> <li>sustained during an Insured's incarceration</li> </ul>   |
|  | <ul> <li>to which the Insured's acute alcoholic intoxication is a<br/>contributing factor</li> </ul>  |
|  | <ul> <li>to which an Insured's voluntary consumption of an<br/>illegal substance, a controlled substance not</li> </ul>   |

# **VHI Plan Exclusions and Limitations**

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administered by a Physician or a non-prescribed narcotic or drug is a contributing factor

 caused by elective surgery, except when required for appropriate care as determined by a Physician as a result of an Insured's Injury or Sickness

# **Non-Insurance Services**

### **OnCall Travel Assistance**

While your employees are traveling, the unexpected happens: they get sick or injured. What can they do? Who can they call for help?

Travel assistance services provide medical assistance services for employees of our Policyholders.

Whenever your covered employees are on a trip in a foreign country or 100 miles or more from home, they are eligible for a wide array of medical and travel assistance services.

Whether the travel is for business or pleasure your covered employees as well as their spouse and unmarried children under the age of 20 (under age 26 for full time students) are covered.

All travel assistance services are available 24 hours a day through a multilingual staff who are prepared to act quickly and efficiently to serve your employees. Some of the services provided are:

- Emergency Evacuation •
- Emergency Payment/Cash • Assistance
- Emergency Translator and Interpreter •
- Locating Legal Services/Bail Bond •
- Medical Insurance Assistance
- Missing Baggage Assistance •
- Repatriation of Remains •
- Transportation for a Family Member or Friend
- Passport and Visa Information •
- Emergency Card Replacement •
- Consulate and Embassy Information •
- Health Hazards Advisory and •

- **Emergency Message Service**
- **Emergency Ticket Replacement** •
- Hotel Convalescence Arrangements
- Locating Medical Care •
- Medically Necessary Repatriation
- Prescription Drug Assistance •
- Return of Dependent Children •
- Vehicle Return •
- **Travel Locator Services**
- Weather Information
- Case Communications
- Currency Exchange Information
- **Inoculation Requirements**

The total of all services in connection with emergency evacuation, medically necessary repatriation, transportation of a family member or friend, return of dependent children, and repatriation of remains are subject to a limit of \$100,000 per person per event.

Travel assistance services are provided through On Call International, LLC (On Call) and are not part of the insurance policy being proposed by Reliance Standard Life. On Call is not affiliated with us. We are not responsible for the content of the program or services provided or not provided by On Call. RSL has the right to discontinue offering these services at any time. We compensate On Call to underwrite the cost of the travel assistance program.

For full details about the travel assistance program including all services, limitations and exclusions, please contact your Regional Group Sales Representative.