

**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Hospital Indemnity Insurance - Washington

Explore Your Benefits & Costs



Group Name: Lakefield Veterinary Group, Inc.

Group Number: 747572

Class: All Active Full Time and Part Time Team Members working a minimum of 20 hours per week

Out-of-pocket costs from a stay in a hospital or other medical facility can be overwhelming. As expenses add up, **Hospital Indemnity Insurance can help.** This document includes cost and benefit information for Hospital Indemnity Insurance. As you explore, keep in mind:



Guaranteed issue coverage



Simplified claims process has limited paperwork and can be submitted/tracked online.



Benefit payments go directly to you. Use them however you'd like!

Hospital Indemnity Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like.** Enroll in hospital indemnity insurance to receive a fixed daily benefit payment when you have a covered stay in a hospital and that you can use as you determine.

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Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

How much does Hospital Indemnity Insurance cost?

This table shows your rates for Hospital Indemnity Insurance.

Coverage Type	High Plan Daily Benefit	Bi-Weekly Rates (26 Pay period)
Employee	\$200	\$19.89
Employee + Spouse	\$200	\$28.26
Employee + Children	\$200	\$32.69
Employee + Family	\$200	\$41.06

Coverage Type	Low Plan Daily Benefit	Bi-Weekly Rates (26 Pay period)
Employee	\$100	\$10.44
Employee + Spouse	\$100	\$14.75
Employee + Children	\$100	\$16.71
Employee + Family	\$100	\$21.02

If you have coverage on yourself, your spouse under age 65 can be covered. Your spouse will be covered for the same Hospital Indemnity benefits as you.

“Child” or “Children” means a child from live birth but less than 26* years of age who is your natural or adopted child, your stepchild, a child of your domestic partner who is recognized as equivalent to a spouse by Washington law as defined by your employer, your foster child or child or grandchild for whom you are a legal guardian and your grandchild if the child’s parent is insured as your child under this rider. One premium amount covers all of your eligible children. If both you and your spouse are covered under this policy as an employee; then only one, but not both, may cover the same children for Hospital Indemnity Insurance. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children’s coverage.

*Extended disabled dependent coverage is available in Washington for ages 26 years old and older if the dependent meets the criteria defined in the Certificate of Coverage. For details, see your Certificate of Coverage.

How does it work?

Hospital Indemnity Insurance pays a benefit for an eligible confinement or other covered loss that occurs on or after your coverage effective date and subject to any exclusions in your Certificate. The following is a summary of the benefits provided by Hospital Indemnity Insurance. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. The coverage amounts are listed below.

You can elect coverage under The High Plan or the Low Plan.

Each available admission benefit is payable up to a maximum of eight times per calendar year.



When your stay begins

When you are admitted to a covered medical facility, you become eligible for an admission benefit for the first day of confinement. This benefit is payable once per confinement, up to a maximum of 8 admission(s) per calendar year:

Type of Admission	Benefit Amount (High Plan)	Benefit Amount (Low Plan)
Hospital Admission	\$2,200	\$1,100



As your stay continues

Beginning on Day 2 of your confinement, for each day that you have a stay in a covered facility, you'll be eligible for a fixed daily benefit payment. The benefit amount and maximum number of days per confinement varies by facility:

Type of Facility	Daily Benefit (High Plan)	Daily Benefit (Low Plan)
Hospital confinement (1 x the daily benefit amount, up to 30 days maximum per confinement)	\$200	\$100
Critical Care Unit (CCU) confinement (2 x the daily benefit amount, up to 30 days maximum per confinement)	\$400	\$200
Rehabilitation Facility confinement (1 x the daily benefit amount, up to 30 days maximum per confinement)	\$200	\$100
Observation Unit		
At least 4 consecutive hours but less than 20 consecutive hours, other than as an inpatient. Not payable for any day that a facility confinement or admission benefit is payable.	\$500	\$500



If you add a child to your family

Hospital Indemnity Insurance benefits are available if you have employee or spouse coverage, and the insured employee or spouse is hospitalized for childbirth. In addition, your newborn children may be covered as well. See below for more details and for a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders.

If child coverage is effective before the child is born

- Benefits will apply just as they would for any other child.

If child coverage is NOT effective before the child is born

- A one-time benefit of \$150 is payable for the newborn child's confinement due to birth. No admission benefit is payable.

What else is included?



Take your coverage with you

Portability

If you are in a situation where you will lose eligibility for benefits, such as reduced hours, termination, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

Exclusions and limitations

The standard exclusions and limitations are listed below. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. (These may vary by your employer's plan.)

Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss that occurs while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Elective surgery, except when required for appropriate care as determined by a doctor as a result of the covered person's injury or sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor driven. Flying as a fare-paying passenger is not excluded. Performing these acts as part of the covered person's employment with their employer is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

The definition of "hospital" does not include an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care for the aged. "Critical care unit" and "rehabilitation facility" are also defined in the certificate.

*See the certificate and any riders for a complete description of benefits, exclusions and limitations.

Ready to Enroll?

Enrollment instructions will be provided by your employer. If you have additional questions before you enroll, please call:

Voya Employee Benefits Customer Service at (877) 236-7564

or go to <https://presents.voya.com/EBRC/Lakefield>

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Hospital Confinement Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form RL-HI2-POL-18-WA; Certificate form RL-HI2-CERT-20-WA; Spouse Hospital Confinement Indemnity Rider form RL-HI2-SPR-18-WA; Children's Hospital Confinement Indemnity Rider form RL-HI2-CHR-18-WA; Continuation of Insurance Rider form RL-HI2-CNT-18-WA; Diagnostic Test Benefit Rider form RL-HI2-DGR-18-WA; Health Screening Benefit Rider form RL-HI2-WELL-18-WA; Accident Benefit Rider form RL-HI2-ACD-18-WA; and Waiver of Premium Rider form RL-HI2-WOP-18-WA. Form numbers, provisions and availability may vary by your employer's plan.

HI2 WA Only

Lakefield Veterinary Group, Inc. #747572 Date Prepared: 10/5/2024

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