

## 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

All eligible colleagues.

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

- Your legal spouse.
- Your dependent children from birth to age 26.
- A person may not have coverage as both an employee and dependent.

## Features

- Guaranteed issue; no medical questions
- No preexisting conditions exclusions
- Mental and nervous and substance abuse treated same as any other hospital admission
- No deductibles
- Portability

# Voluntary Group Hospital Indemnity Insurance





## Benefits

### Hospital Room & Board Benefits

Room & board benefit per day — \$100  
(60 daily benefits per coverage year)\*

### Hospital Critical Care Unit Benefits

Critical care unit benefits per day — \$200  
(15 daily benefits per coverage year)

### Hospital Admission Benefit

One daily benefit per coverage year — \$1,500

\*In no event will the Daily Benefits exceed 60 daily benefits per coverage year.

## Benefit (with Colleague Facility Benefit)

25% additional benefit if hospitalization is within the Nebraska Medicine

### Hospital Room & Board Benefits

Room & board benefit per day — \$125  
(60 daily benefits per coverage year)\*

### Hospital Critical Care Unit Benefits

Critical Care Unit Benefits per Day — \$250  
(15 daily benefits per coverage year)

### Hospital Admission Benefit

One daily benefit per coverage year — \$1,875

#### HERE TO HELP

Nebraska Medicine is excited to provide an enhanced benefit service for our colleagues. We have a full-time Benefit Communication Specialist (BCS) available to educate you on our benefit offerings and offer enrollment assistance through benefit education sessions.

#### QUESTIONS?

Contact **402-559-4339** for more information and to schedule your personalized benefit review.

#### Biweekly Premiums

Accident Tier	Premium
Colleague Only	\$14.06
Colleague + Spouse	\$22.09
Colleague + Child(ren)	\$17.64
Colleague + Family	\$25.68

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.