HOSPITAL INDEMNITY INSURANCE

offered by Voya Employee Benefits





What is Hospital Indemnity Insurance?

Hospital Indemnity Insurance provides a fixed daily benefit payment if you have a covered stay in a hospital, critical care unit or rehabilitation facility beginning on or after your coverage effective date. You have the option to elect Hospital Indemnity Insurance to meet your needs.

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.

Features of Hospital Indemnity Insurance include:

- **Guaranteed issue:** Pre-existing condition exclusion may apply.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Portable:** If you leave your current employer or retire, you can take your coverage with you and select from a variety of payment plans. *(Portability provisions vary by state.)*

How can Hospital Indemnity Insurance help?

Below are a few examples of how your Hospital Indemnity Insurance benefit payment could be used (coverage amounts may vary):

- Medical expenses, such as deductibles and co-pays
- Travel, food and lodging expenses for family members
- Child care
- Everyday expenses like utilities and groceries

Who is eligible for Hospital Indemnity Insurance?

- **You** - All active employees working 30+ hours per week.
- **Your spouse*** - If you have coverage on yourself, you may enroll your spouse. The coverage amounts for your spouse are the same as your coverage amounts.
- **Your children**** - If you have coverage on yourself, you may enroll your eligible children up to age 26. One premium amount covers all of your eligible children. If both you and your spouse are covered under the policy as employees, 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 enroll for children's coverage. The coverage amounts for your children are the same as your coverage amounts.
- **Your newborn children:**
  When existing child coverage is effective prior to birth:
  - Benefits for newborns are the same as for any other child.
  - No admission benefit is payable for confinement due to birth.

  When child coverage is not effective prior to birth:
  - A one-time benefit of $100 is payable for the newborn child's confinement due to birth. No admission benefit is payable.

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider at presents.voya.com/EBRC/grahampackaging (available after the plan effective date). This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.
**The definition of "child" may vary by state. Please contact your employer for more information.

Graham Packaging

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What does my Hospital Indemnity Insurance include?

The following list 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 at presents.voya.com/EBRC/grahampackaging (available after the plan effective date). The coverage amounts are listed below.

Each available admission benefit is payable up to a maximum of once per calendar year. The admission and daily confinement benefit amounts depend on the type of facility and the number of days of confinement. Any combination of confinement and admission benefits payable will not exceed a total of 31 days during a period of confinement.

Covered Benefits	Daily Benefit amount $100
Hospital	
Hospital admission: An admission benefit is payable for the first day of hospital confinement, once per confinement.	$1,100
Hospital confinement: A daily confinement benefit is payable for up to 31 days per confinement, beginning on day 2 of confinement.	$100
Critical Care Unit	
Critical care unit (CCU) confinement: A daily confinement benefit is payable for up to 31 days per confinement, beginning on day 2 of confinement.	$200
Rehabilitation Facility	
Rehabilitation facility confinement: A daily confinement benefit is payable for up to 31 days per confinement, beginning on day 2 of confinement.	$100

What else does my Hospital Indemnity Insurance include?

The benefits listed below are also included with your Hospital Indemnity Insurance coverage. For a list of standard exclusions and limitations, please refer 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 at presents.voya.com/EBRC/grahampackaging (available after the plan effective date).

- **Wellness Benefit:** This provides an annual benefit payment if you receive a health screening test.
  - o Your annual benefit amount is $50 for receiving a health screening test.
  - o Your spouse's annual benefit amount is $50 for receiving a health screening test.
  - o The annual benefit amount for each child is $50.
  - o Ready to file a claim? Click Here to file a claim or visit your EBRC to learn more. Be sure to have ready the Group Name: Graham Packaging and Group #:712426.

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When is my coverage effective?

Annual enrollment

- Your coverage becomes effective on January 1.
- Coverage for your spouse and/or children becomes effective on the same date as your coverage.

New hires

- Your coverage becomes effective on the date you are eligible for coverage.
- Coverage for your spouse and/or children becomes effective on the latest of the following:
    - o Your coverage effective date.
    - o The date you acquire a spouse and/or child by marriage, birth or adoption.
    - o The date you elect spouse and/or children's coverage.

Qualifying life events

You can also elect or change coverage if you have a qualifying life event, such as getting married or having a child. Coverage due to a qualifying life event becomes effective the day of the qualifying event.

How to use the benefit

Once enrolled, you will receive a coverage summary notice from Voya in the mail that will contain helpful information about the products you enrolled in, as well as information on how to file a claim at www.voya.com/claims.

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Exclusions and limitations*

The standard exclusions and limitations are listed below. (These may vary by state and/or 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.
- Operation of a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- 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.
- Misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- 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.
- 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; or care or treatment for persons suffering from mental diseases or disorders or drug or alcohol addiction. "Critical care unit" and "rehabilitation facility" is are also defined in the certificate.

*See the certificate and any riders for a complete description of benefits, exclusions and limitation at presents.voya.com/EBRC/grahampackaging (available after the plan effective date).

For more information, contact the Graham Benefits Center at 877-345-2232 or go online to gpcbenefits.com to view the Advantage Benefits Plans page.

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; Certificate form RL-HI2-CERT-20; Spouse Hospital Confinement Indemnity Rider form RL-HI2-SPR-18; Children's Hospital Confinement Indemnity Rider form RL-HI2-CHR-18; Wellness Benefit Rider form RL-HI2-WELL-18;. Form numbers, provisions and availability may vary by state and employer's plan. 1343689

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Program Offered and Administered by Mercer Health & Benefits Administration LLC
AR Insurance License #100102691 CA Insurance License #0G39709 In CA d/b/a Mercer Health & Benefits Insurance Services LLC