

IMPORTANT: This is 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)** online 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 our 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.

PLAN HIGHLIGHTS

Voluntary Group Hospital Indemnity Insurance

Virginia Commonwealth University Health System Authority



Coverage

Voluntary group hospital indemnity insurance provides benefits to help cover costs associated with a hospital admission and confinement. Benefits are paid directly to the insured following a hospitalization. The plan is Guarantee Issue for team member and dependents and no claim will be denied due to Pre-Existing Conditions. Maternity is fully covered provided the childbirth occurs on or after the effective date of coverage (example: mother is pregnant prior to 1/1/25 but delivers on or after 1/1/25 - claim is paid).

Contribution Requirements

Coverage is 100% Team Member Paid.

- No Pre-Existing (Pre-Ex) Condition exclusion on policy
- No Waiting Period or Pre-Ex for Maternity
- Observation status (23 hours) covered as Hospital Admission

Eligibility

Each active Regular Full-Time Team Member working at least 35 hours per week and Part-Time Team Member working at least 20 hours per week.

- ▶ **Dependents:** You must be insured for your Dependents to be covered. Dependents are:
 - Your legal spouse or your domestic partner.
 - Your dependent children from birth to 26 years.
 - A person may not have coverage as both an Team Member and Dependent.

- Hospital Confinement benefit begins on day one
- Portable - at the same rate

Bi-Weekly Premium

Coverage	Premium
Team Member Only	\$ 4.56
Team Member + Spouse/Domestic Partner*	\$ 8.62
Team Member + Children*	\$ 7.61
Team Member + Family*	\$ 10.81

Monthly Premium

Coverage	Premium
Team Member Only	\$ 9.87
Team Member + Spouse/Domestic Partner*	\$ 18.67
Team Member + Children*	\$ 16.48
Team Member + Family*	\$ 23.42

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9537, et al, 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. Product features and availability may vary by state.

Coverage is underwritten by Reliance Standard Life Insurance Company, which 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 offered by First Reliance Standard Life Insurance Company, Home Office, New York, NY. Where applicable, absence services are provided by Matrix Absence Management, Inc.

Benefits

Hospital Admission benefits	
Hospital Admission: (1 Admission paid per coverage year)	\$500
ICU Admission: (1 ICU Admission paid per coverage year)	\$500
Newborn Admission: Paid in Addition to Regular Admission (1x/yr)	\$250
Hospital Confinement Benefits	
Hospital Confinement: (up to 60 days per coverage year)	\$100
ICU Confinement: (up to 15 days per coverage year)	\$100
Newborn Confinement: (up to 10 days per coverage year)	\$50