

RELIANCE STANDARD LIFE INSURANCE COMPANY
Home Office: 1900 East Golf Rd, Suite 500
Schaumburg IL, 60173

**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) 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 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.

Plan Highlights

Hospital Indemnity

Meyers Nave, A Professional Corporation

COVERAGE

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 Employee and their Dependents as defined by Meyers Nave, A Professional Corporation and reflected in your Certificate of Insurance. **Note: The definition of dependent may vary by state.** A person may not have coverage as both an Employee and Dependent.

BENEFITS AMOUNTS

See Full Schedule of Benefits on the following pages.

BENEFIT FEATURES

- Guaranteed issue; no medical questions
- No lifetime maximum
- Hospitalizations due to mental & nervous or Substance Abuse not excluded
- No maternity waiting period
- Observation status (23 hours) covered as Hospital Admission
- Hospital Daily Confinement benefit begins on day one
- Portability- you can take your coverage with you at the same rates
- Wellness Benefits- Any preventative health screening or test including but not limited to, annual physicals, immunizations, dental exams and mental health screenings

BENEFIT PROVISIONS

Nursery Care

Coverage for routine well baby care provided to your newborn baby while the baby is Confined from birth.

MONTHLY PREMIUM

Coverage	Standard
Employee Only	\$19.14
Employee and Spouse	\$36.89
Employee and Child(ren)	\$26.86
Family	\$44.15

INCLUDED BENEFITS

Benefits	Standard
Hospital Admission Amount	\$1,500
Hospital Admission Max Per Year	1
Hospital Admission ICU Amount	\$1,500
Hospital Admission ICU Max Per Year	1
Hospital Confinement Amount	\$100
Hospital Confinement Days Max Per Year	60
Hospital Confinement ICU Amount	\$200
Hospital Confinement ICU Days Max Per Year	30
Minimum Hours for Admission or Confinement	23
Maximum Benefit per Plan Year	Unlimited
Nursery Admission Amount	\$250
Nursery Admission Max Per Year	1
Nursery Confinement Amount	\$50
Nursery Confinement Days Max Per Year	10
Portability	Included
Benefit Waiting Period	None
Benefit Waiting Period for Late Applicants	None
Pregnancy Limitation Period	None
Pre-Existing Limitation	None
Pre-Existing Limitation for Late Applicants	This plan does not allow for Late Applicants.
Wellness Benefit	\$50

***Note** If more than one type of Hospital Admission occurs during the same Confinement, only the highest Hospital Admission Benefit is payable

****Note** If more than one type of Hospital Confinement occurs on the same day, only the highest Hospital Confinement Benefit is payable.

EXCLUSIONS and LIMITATIONS

A benefit will not be paid for a Covered Event if caused or contributed by an exclusion listed in the Certificate of Insurance.

NON-INSURANCE SERVICES

1. Travel Assistance Services

ADDITIONAL INFORMATION

This Plan Highlights document provides a brief description of the key features of the Reliance Standard Life Insurance Company insurance plan. The availability of the benefits and features described may vary by state. It is not a Certificate of Insurance or evidence of coverage. Insurance is provided under group policy form LRS-9572-0519, et al.