

Hospital Indemnity Insurance

Enrollment at a glance

For the employees of: Spectrum Brands, Inc., Group #69396-1

What is Hospital Indemnity Insurance?

Hospital Indemnity Insurance provides a fixed daily benefit if you have a covered stay in a hospital, or 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:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Portable:** If you leave your current employer or retire, you can take the policy with you and select from a variety of payment plans.

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 child(ren) 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.

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. 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.

When is my coverage effective?

Annual Enrollment

- Your coverage becomes effective on the latest of the following:
 - January 1.
 - The date you return to active employment, if you are not in active employment when your coverage would otherwise become effective.
- Coverage elected for your spouse and/or children becomes effective on the same date as your coverage.

New Hires

- Your coverage becomes effective on the latest of the following:
 - The date you are eligible for coverage.

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- The date you elect coverage.
- The date you return to active employment, if you are not in active employment when your coverage would otherwise become effective.
- Coverage for your spouse and/or children becomes effective on the latest of the following:
 - Your coverage effective date.
 - The date you acquire a spouse and/or child by marriage, birth or adoption.
 - The date you elect spouse and/or children's coverage.
 - The date you return to active employment, if you are not in active employment when your spouse and/or children's coverage would otherwise become effective.

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. The coverage amounts are listed below.

The daily confinement benefit amounts depend on the type of facility and the number of days of confinement. Any combination of confinement benefits payable will not exceed a total of 30 days during a period of confinement.

The initial confinement benefit provides an additional benefit payment for the first day of confinement as long as you are confined for at least 20 consecutive hours. The benefit amount depends on the plan type selected below. A maximum of four initial confinement benefits are payable per calendar year for all covered persons, but no more than one for each covered person per calendar year.

Covered Benefits	Benefit amount Daily benefit amount \$200
Initial confinement: Only one initial confinement benefit is payable for each confinement up to the calendar year maximum	\$1,000
Hospital confinement: A daily confinement benefit is payable for up to 30 days per confinement	\$200 (1 times the daily benefit amount)
Critical care unit (CCU) confinement: A daily confinement benefit is payable for up to 15 days per confinement	\$400 (2 times the daily benefit amount)
Rehabilitation facility confinement: A daily confinement benefit is payable for up to 30 days per confinement	\$100 (one-half of the daily benefit amount)

What else does my Hospital Indemnity Insurance include?

The benefits listed below are 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.

- **Wellness Benefit:** This provides an annual benefit payment if you receive a health screening test.
 - Your annual benefit amount is \$50 for receiving a health screening test.
 - Your spouse's annual benefit amount is \$50 for receiving a health screening test.
 - The annual benefit amount for each child is %50 with an annual maximum of \$100 for all children.

How much does Hospital Indemnity Insurance cost?

See the chart below for the premium amounts. Rates shown are guaranteed until January 1, 2026. All employees pay the same rate, no matter their age.

Composite Rate	Daily Benefit	Monthly Rate
Employee	\$200	18.69
Employee + Spouse	\$200	39.14
Employee + Children	\$200	28.15
Employee + Family	\$200	48.60

Exclusions and limitations*

The standard exclusions are listed below. (These may vary by state and/or your employer's plan.)

Hospital Indemnity, Initial Confinement 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.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time 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.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Elective surgery, except when required for appropriate care 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, kite surfing or any similar activities.
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received.

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



Questions?

For more information, please contact:

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

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-HI-POL-12; Certificate form RL-HI-CERT-12; Spouse Hospital Confinement Indemnity Rider form RL-HI-SPR-12; Children's Hospital Confinement Indemnity Rider form RL-HI-CHR-12; Initial Confinement Benefit Rider form RL-HI-ICN-12; Wellness Benefit Rider form RL-HI-WELL-12. Form numbers, provisions and availability may vary by state and by your employer's plan.

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Spectrum Brands, Inc., Group #69396-1, Date Prepared: 9/5/2023
177570-04152020

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