

FLEX CARE - Plan Highlights

Voluntary Group Hospital Indemnity Insurance



RAILROAD MARKETING SPECIALIST

888-646-9951

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 Active Full-Time Employees working 30 hours or more per week.

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

- ▶ Your legal spouse or domestic partner. Spouse must be under age 70 at date of application.
- ▶ Your dependent children from birth to 26 years.

FEATURES

- ▶ Guaranteed issue; no medical questions
- ▶ No pre-existing conditions exclusions
- ▶ Mental & Nervous and Substance Abuse treated same as any other hospital admission
- ▶ No deductibles
- ▶ Eligible for continuation of coverage

BENEFITS

Hospital Room & Board Benefits

Room & Board Benefit per Day (365 Daily Benefits per Coverage Year)*	\$300
---	-------

Hospital Critical Care Unit Benefits

Critical Care Unit Benefits per Day (365 Daily Benefits per Coverage)	\$400
--	-------

Hospital Admission Benefit

Two Daily Benefits per Coverage Year	\$1,500
--------------------------------------	---------

Hospital Critical Care Admission Benefit

One Daily Benefit per Coverage Year	\$2,000
-------------------------------------	---------

Nursery Admission Benefit

One Daily Benefit per Coverage Year	\$200
-------------------------------------	-------

Nursery Unit Benefit

Ten Daily Benefits per Coverage Year	\$50
--------------------------------------	------

Wellness Care**

One Daily Benefit per Coverage Year	\$50
-------------------------------------	------

Non-Insurance Services

On-Call Travel Assistance	Included
---------------------------	----------

**In no event will the Daily Benefits exceed 365 daily benefits per Coverage Year.*

***Wellness Care means medical examinations and procedures that are preventive in nature and not for the treatment of Injury or Sickness.*

PREMIUM

Coverage	Monthly Premium	Twice Monthly
Employee	\$ 42.00	\$ 21.00
Employee & Family	\$ 128.00	\$ 64.00

RAILROAD MARKETING SPECIALISTS serving railroaders disability needs for 55 years.
Visit www.railroadmarketing.com or Call 888-646-9951 for more info

RELIANCE STANDARD
LIFE INSURANCE COMPANY

FLEX-10/23

This Plan Highlight is not a complete description of the insurance coverage. 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.