

# Accident Insurance

## Enrollment at a glance

### For the employees of: Sierra View Medical Center

#### What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs while you are not at work, on or after your coverage effective date. The benefit amount depends on the type of injury and care received. Accident 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 Accident 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.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** If you leave your current employer, you can take your coverage with you.

#### How can Accident Insurance help?

Below are a few examples of how your Accident Insurance benefits could be used:

- Medical expenses, such as deductibles and copays
- Home healthcare costs
- Lost income due to lost time at work
- Everyday expenses like utilities and groceries

#### Who is eligible for Accident Insurance?

- **You**—All active employees working 30+ hours per week.
- **Your spouse\***—If you have coverage on yourself, you may enroll your spouse, as long as your spouse is under age 70 and is not covered under your employer's plan as an employee. Your spouse will be covered for the same Accident benefits as you are.
- **Your children\*\***—If you have coverage on yourself, your natural children, stepchildren, adopted children or children for whom you are a legal guardian are eligible to be covered under your employer's plan, up to the age of 26. Your children will be covered for the same Accident benefits as you are and one premium amount covers all of your eligible children. If both you and your spouse are covered under this policy as an employee; then only one, but not both, may cover the same children for Accident Insurance. If the parent who is covering the children stops being insured as an employee, then the other parent may apply for children's coverage.

\*The use of "spouse" in this document means a person insured as a spouse as described in the applicable rider. This may include domestic partners or civil union partners as defined by the employer's plan. 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?

##### 2021 Annual Enrollment

Your coverage becomes effective on January 1, 2021 following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage.

##### New Hires

- If you elect employee-paid coverage, that coverage becomes effective at 12:01 AM on the latest of the following:
  - The date you are eligible for coverage, if you apply on or before that date.
  - The first day of the month following 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 same date as your coverage.

## What accident benefits are available?

The following list is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. Note that there may be some variations by state. 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.

Event	Benefit
<b>Accident hospital care</b>	
<b>Surgery</b> open abdominal, thoracic	\$1,200
<b>Surgery</b> exploratory or without repair	\$175
<b>Blood, plasma, platelets</b>	\$600
<b>Hospital admission</b>	\$1,250
<b>Hospital confinement</b> per day, up to 365 days	\$375
<b>Critical care unit confinement</b> per day, up to 15 days	\$600
<b>Rehabilitation facility confinement</b> per day, up to 90 days	\$200
<b>Coma</b> duration of 14 or more days	\$17,000
<b>Transportation</b> per trip, up to three per accident	\$750
<b>Lodging</b> per day, up to 30 days	\$180
<b>Accident care</b>	
<b>Initial doctor visit</b>	\$90
<b>Urgent care facility treatment</b>	\$225
<b>Emergency room treatment</b>	\$225
<b>Ground ambulance</b>	\$360
<b>Air ambulance</b>	\$1,500
<b>Follow-up doctor treatment</b>	\$90
<b>Chiropractic treatment</b> up to six per accident	\$45
<b>Medical equipment</b>	\$120
<b>Physical or occupational therapy</b> up to six per accident	\$45
<b>Speech therapy</b> up to 6 per accident	\$45
<b>Prosthetic device</b> (one)	\$750
<b>Prosthetic device</b> (two or more)	\$1,200
<b>Outpatient surgery</b> (one per accident)	\$225
<b>X-ray</b>	\$45
<b>Common injuries</b>	
<b>Burns</b> second degree, at least 36% of the body	\$1,250
<b>Burns</b> third degree, at least nine but less than 35 square inches of the body	\$7,500
<b>Burns</b> third degree, 35 or more square inches of the body	\$15,000
<b>Skin grafts</b>	25% of the burn benefit
<b>Emergency dental work</b>	\$350 crown, \$90 extraction
<b>Eye injury</b> removal of foreign object	\$100
<b>Eye injury</b> surgery	\$350
<b>Torn knee cartilage</b> surgery with no repair or if cartilage is shaved	\$225
<b>Torn knee cartilage</b> surgical repair	\$800
<b>Laceration</b> <sup>1</sup> treated no sutures	\$30
<b>Laceration</b> <sup>1</sup> sutures up to 2"	\$60
<b>Laceration</b> <sup>1</sup> sutures 2" – 6"	\$240

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Event	Benefit
<b>Common injuries</b>	
Laceration <sup>1</sup> sutures over 6"	\$480
Ruptured disk surgical repair	\$800
Tendon/ligament/rotator cuff exploratory arthroscopic surgery with no repair	\$425
Tendon/ligament/rotator cuff one, surgical repair	\$825
Tendon/ligament/rotator cuff two or more, surgical repair	\$1,225
Concussion	\$225
Paralysis - paraplegia	\$16,000
Paralysis - quadriplegia	\$24,000
<b>Dislocations</b>	
<b>Closed/open reduction<sup>2</sup></b>	
Hip joint	\$3,850/\$7,700
Knee	\$2,400/\$4,800
Ankle or foot bone(s) other than toes	\$1,500/\$3,000
Shoulder	\$1,600/\$3,200
Elbow	\$1,100/\$2,200
Wrist	\$1,100/\$2,200
Finger/toe	\$275/\$550
Hand bone(s) other than fingers	\$1,100/\$2,200
Lower jaw	\$1,100/\$2,200
Collarbone	\$1,100/\$2,200
Partial dislocations	25% of the closed reduction amount
<b>Fractures</b>	
<b>Closed/open reduction<sup>3</sup></b>	
Hip	\$3,000/\$6,000
Leg	\$2,500/\$5,000
Ankle	\$1,800/\$3,600
Kneecap	\$1,800/\$3,600
Foot excluding toes, heel	\$1,800/\$3,600
Upper arm	\$2,100/\$4,200
Forearm, hand, wrist except fingers	\$1,800/\$3,600
Finger, toe	\$240/\$480
Vertebral body	\$3,360/\$6,720
Vertebral processes	\$1,440/\$2,880
Pelvis except coccyx	\$3,200/\$6,400
Coccyx	\$400/\$800
Bones of face except nose	\$1,200/\$2,400
Nose	\$600/\$1,200
Upper jaw	\$1,500/\$3,000
Lower jaw	\$1,440/\$2,880
Collarbone	\$1,440/\$2,880
Rib or ribs	\$400/\$800
Skull – simple except bones of face	\$1,400/\$2,800
Skull – depressed except bones of face	\$3,000/\$6,000
Sternum	\$360/\$720

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Event	Benefit
Fractures	Closed/open reduction <sup>3</sup>
Shoulder blade	\$1,800/\$3,600
Chip fractures	25% of the closed reduction amount

<sup>1</sup> Laceration benefits are a total of all lacerations per accident.

<sup>2</sup> Closed reduction of dislocation = Non-surgical reduction of a completely separated joint. Open reduction of dislocation = Surgical reduction of a completely separated joint.

<sup>3</sup> Closed reduction of fracture = Non-surgical. Open reduction of fracture = Surgical.

### What does my Accident Insurance include?

The benefits listed below are included with your Accident 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.

- **Sports Accident Benefit:** If your accident occurs while participating in an organized sporting activity as defined in the certificate; the accident hospital care, accident care or common injuries benefit will be increased by 25%; to a maximum additional benefit of \$1000.
- **Accidental Death and Dismemberment (AD&D) coverage:** If you are severely injured or die as a result of a covered accident, an AD&D benefit may be payable to you or your beneficiary.
  - **Common carrier:** If the death occurs as a result of a covered accident on a common carrier, a higher benefit will be payable. Common carrier means any commercial transportation that operates on a regularly scheduled basis between predetermined points or cities.

Accidental Death Benefits	Benefit
<b>Common carrier</b>	
Employee	\$100,000
Spouse	\$50,000
Children	\$25,000
<b>Other accident</b>	
Employee	\$50,000
Spouse	\$20,000
Children	\$10,000
<b>Accidental Dismemberment Benefits</b>	
Loss of both hand or both feet or sight in both eyes	\$28,000
Loss of one hand or one foot AND the sight of one eye	\$22,000
Loss of one hand AND one foot	\$22,000
Loss of one hand OR one foot	\$12,500
Loss of two or more fingers or toes	\$1,800
Loss of one finger or one toe	\$1,250

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- Catastrophic Accident coverage:** If you are severely injured in a covered accident, Catastrophic Accident coverage may provide an additional benefit payment. Note that you will be eligible to receive this benefit payment 365 days after the covered accident. Loss is limited to total and permanent loss of any of the following: both hands or both feet, the use of both arms or both legs, one hand and one foot, one arm and one leg, the sight of both eyes, hearing in both ears, or the ability to speak.

Catastrophic Accident Benefits	Benefit
Employee	\$120,000
Spouse	\$60,000
Children	\$30,000
Home Modification Benefit	\$5,000
Vehicle Modification Benefit	\$5,000

### Are there additional non-insurance services available?

- Voya Travel Assistance:** When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.

*Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.*

### How much does Accident Insurance cost?

All employees pay the same rate, no matter their age. See the chart below for the monthly premium amounts. Rates shown are guaranteed until January 1, 2022.

Monthly Rates			
Employee	Employee and Spouse	Employee and Children	Family
\$11.84	\$19.35	\$23.07	\$30.58

### Exclusions and Limitations\*

Exclusions for the Certificate, Spouse Accident Insurance, Children’s Accident Insurance and AD&D are listed below. (These may vary by state.)

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.
- An accident while the covered person is operating 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, other than acts of terrorism.
- Loss sustained 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.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- 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.

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- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing 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.
- Any sickness or declining process caused by a sickness.
- Work for pay, profit or gain.

Exclusions and limitations for Catastrophic Accident coverage (may vary by state) are the same as the exclusions in the Certificate, plus:

- The catastrophic accident benefit is not payable if the covered person is in a coma at the end of the 365 day period following a covered accident.
- The catastrophic accident benefit reduces to 50% at age 65 and to 25% of the initial benefit amount at age 70.

\*Definition and limitations/exclusions may vary by state.



### How do I enroll?

You can enroll in benefits via your benefits portal

### For more information, please contact:

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

To learn more, go to <https://presents.voya.com/EBRC/sierraviewmedical>

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. Accident Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-ACC3-POL-16; Certificate Form #RL-ACC3-CERT-16; and Rider Forms: Spouse Accident Rider Form #RL-ACC3-SPR-16, Children's Accident Rider Form #RL-ACC3-CHR-16, Accidental Death & Dismemberment (AD&D) Rider Form #RL-ACC3-ADR-16, Catastrophic Accident Rider Form #RL-ACC3-CAR-16. Form numbers, provisions and availability may vary by state.

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# Critical Illness Insurance

## Enrollment at a glance

### For the employees of: Sierra View Medical Center

#### What is Critical Illness Insurance?

Pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness Insurance is a limited benefit policy. You have the option to elect Critical Illness coverage. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Features of Critical Illness 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.
- **Payroll deductions:** Premiums paid through convenient payroll deductions.
- **Portable:** If you leave your current employer or retire, you can take your coverage with you.

#### What benefits are available?

Critical Illness Insurance provides a benefit payment for the following illnesses and conditions. Covered illnesses/conditions are broken out into groups called “modules”. Benefits are paid at 100% of the Maximum Critical Illness Benefit amount unless otherwise stated. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

#### Base Module

- Heart attack\*
- Stroke
- Coronary artery bypass (25%)
- Coma
- Major organ failure
- Permanent paralysis
- End stage renal (kidney) failure

\*Cardiac arrest is not a heart attack.

#### Cancer Module

- Cancer
- Skin cancer (10%)
- Carcinoma in situ (25%)

#### Who is eligible for Critical Illness Insurance and what is the Maximum Critical Illness Benefit?

- **You**—all active employees working 30+ hours per week.
  - You may purchase a \$10,000 or \$20,000 Maximum Critical Illness Benefit.
- **Your spouse\***— under age 70. Coverage is available only if employee coverage is elected.
  - You may purchase a \$5,000 or \$10,000 Maximum Critical Illness Benefit.
- **Your children\*\***— to age 26. Coverage is available only if employee coverage is elected.\*
  - You may purchase a \$5,000 or \$10,000 Maximum Critical Illness Benefit for each covered child.
  - If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same children for Critical Illness Insurance. If the parent who is covering the children stops being insured as an employee then the other parent may apply for children's coverage.

\*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.

## How many times can I receive a benefit?

Usually you are only able to receive the Maximum Specified Disease Benefit once for each covered condition, but:

- Your plan includes the Recurrence Benefit, which allows you to receive a benefit for the same condition a second time.
- In order for the second occurrence of the illness to be covered, it must occur after 12 consecutive months without the occurrence of any covered critical illness named in your certificate, including the illness from the first benefit payment.

If you have reached the benefit limit by receiving the maximum benefit for each covered condition, you may choose to end your coverage; however, if you have coverage for your spouse and/or children, you must continue your coverage in order to keep their coverage active. Please see your certificate of coverage for details.

## What additional benefits does my Critical Illness Insurance include?

The benefits listed below are included with your Critical Illness coverage. There may be some variation by state. 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 complete a health screening test.
  - Your annual benefit amount is \$75 for completing a health screening test.
  - Your spouse's annual benefit amount is \$75.
  - The benefit for child coverage is 50% of your benefit amount per child with an annual maximum of \$150 for all children.

## When is my coverage effective?

### 2021 Annual Enrollment

- Your coverage becomes effective on January 1, 2021, following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage, if elected.

### New Hires

- If you elect employee-paid Coverage, that coverage becomes effective at 12:01 AM on the latest of the following:
  - The date you are eligible for coverage, if you apply on or before that date.
  - The first day of the month following 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 same date as your coverage, if elected.

## How much does Critical Illness Insurance cost?

See the chart on the following page for the monthly premium amounts. Rates shown are guaranteed until January 1, 2022.



**Employee Coverage  
Monthly Rates  
Includes Wellness Benefit Rider**

Non-Tobacco User			Tobacco User		
Attained Age	\$10,000	\$20,000	Attained Age	\$10,000	\$20,000
Under 25	\$4.55	\$7.15	Under 25	\$5.65	\$9.35
25-29	\$4.85	\$7.75	25-29	\$6.15	\$10.35
30-34	\$5.05	\$8.15	30-34	\$6.85	\$11.75
35-39	\$5.95	\$9.95	35-39	\$8.35	\$14.75
40-44	\$8.15	\$14.35	40-44	\$11.95	\$21.95
45-49	\$11.35	\$20.75	45-49	\$17.35	\$32.75
50-54	\$15.55	\$29.15	50-54	\$24.55	\$47.15
55-59	\$21.85	\$41.75	55-59	\$34.95	\$67.95
60-64	\$25.25	\$48.55	60-64	\$41.55	\$81.15
65-69	\$33.45	\$64.95	65-69	\$50.75	\$99.55
70+	\$59.05	\$116.15	70+	\$90.45	\$178.95

**Spouse Coverage\*  
Monthly Rates - Includes Wellness Benefit Rider**

Non-Tobacco User			Tobacco User		
Attained Age	\$5,000	\$10,000	Attained Age	\$5,000	\$10,000
Under 25	\$3.85	\$5.75	Under 25	\$4.70	\$7.45
25-29	\$3.90	\$5.85	25-29	\$4.80	\$7.65
30-34	\$3.95	\$5.95	30-34	\$5.05	\$8.15
35-39	\$4.40	\$6.85	35-39	\$5.80	\$9.65
40-44	\$5.70	\$9.45	40-44	\$7.80	\$13.65
45-49	\$7.50	\$13.05	45-49	\$10.85	\$19.75
50-54	\$10.75	\$19.55	50-54	\$16.35	\$30.75
55-59	\$14.75	\$27.55	55-59	\$23.20	\$44.45
60-64	\$18.30	\$34.65	60-64	\$29.95	\$57.95
65-69	\$22.65	\$43.35	65-69	\$34.45	\$66.95
70+	\$26.70	\$51.45	70+	\$39.80	\$77.65

\*Spouse rates are based on the age of the employee.

**Children Coverage  
Monthly Rates - Includes Wellness  
Benefit Rider**

Coverage Amount	Rate
\$5,000	\$1.75
\$10,000	\$3.50

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## Exclusions and Limitations

Benefits are not payable for any critical illness caused in whole or directly by any of the following\*:

- Participation or attempt to participate in a felony or illegal activity.
- 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.

Benefits reduce 50% for the employee and/or covered spouse on the policy anniversary following the 70<sup>th</sup> birthday, however, premiums do not reduce as a result of this benefit change.

\*See the certificate of insurance and any riders for a complete list of available benefits, along with applicable provisions, exclusions and limitations.



### How do I enroll?

You can enroll in benefits via your benefits portal

### For more information, please contact:

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

To learn more, go to <https://presents.voya.com/EBRC/sierraviewmedical>

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. Critical Illness Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy Form #RL-CI3-POL-12; Certificate Form #RL-CI3-CERT-12; and Rider Forms: Spouse Critical Illness Rider Form #RL-CI3-SPR-12, Children's Critical Illness Rider Form #RL- CI3-CHR-12, Wellness Benefit Rider Form #RL- CI3-WELL-12 and Recurrence Rider Form #RL- CI3-REC-12 Form numbers, provisions and availability may vary by state.

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# Hospital Confinement Indemnity Insurance

## Enrollment at a glance

### For the employees of: Sierra View Medical Center

#### What is Hospital Confinement Indemnity Insurance?

Hospital Confinement Indemnity Insurance pays a daily benefit if you have a covered stay in a hospital\*, critical care unit or rehabilitation facility. The benefit amount is determined by the type of facility and the number of days you stay. Hospital Confinement 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 Confinement 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.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** If you leave your current employer or retire, you can take the policy with you and select from a variety of payment plans.

\*A hospital does not include an institution or part of an institution used as: a hospice care unit; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction. "Critical care unit" and "rehabilitative facility" are specifically defined in this policy. See the certificate for details.

#### How can Hospital Confinement Indemnity Insurance help?

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

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

#### Who is eligible for Hospital Confinement Indemnity Insurance?

- **You**—all active employees working 30+ hours per week.
- **Your spouse\***— under age 70. Coverage is available only if employee coverage is elected. Your spouse will have the same Hospital Confinement Indemnity benefits as you do.
- **Your children\*\***— to age 26. Coverage is available only if employee coverage is elected. Your children are covered for the same Hospital Confinement Indemnity benefits as you are. One premium amount covers all of your eligible children. If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same children for Hospital Confinement Indemnity Insurance. If the parent who is covering the children stops being insured as an employee then the other parent may apply for children's coverage.

\*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.

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## What Hospital Confinement Indemnity Insurance benefits are available?

The following list is a summary of the benefits provided by Hospital Confinement 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.

- You may purchase a daily benefit amount of \$100.
- The benefit amounts paid 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(s).
  - **Hospital**—The benefit payment is 1x the daily benefit amount, up to 30 days per confinement.
  - **Critical care unit (CCU)**—The benefit payment is 2x the daily benefit amount, up to 15 days per confinement.
  - **Rehabilitation facility**—The benefit payment is one-half of the daily benefit amount, up to 30 days per confinement.
  - **Initial Confinement Benefit**: This provides an additional payment of 10x the daily benefit amount after confinement in a hospital, critical care unit and or rehabilitation facility. This benefit is limited to a maximum of four Initial Confinement Benefits per calendar year for all covered persons, but no more than one for each covered person.

## How much does Hospital Confinement Indemnity Insurance cost?

All employees within the same class pay the same rate, no matter their age. See the chart below for the monthly premium amounts. Rates shown are guaranteed until January 1, 2022.

Hospital Confinement Indemnity Rates		
Coverage Type	Daily Benefit	Monthly Rate
Employee	\$100	\$12.72
Employee + Spouse	\$100	\$24.79
Employee + Children	\$100	\$18.79
Employee + Family	\$100	\$30.86

## When is my coverage effective?

The effective date of coverage is the date you are eligible to begin filing claims. The confinement must start on or after the coverage effective date.

### 2021 Annual Enrollment

- Your coverage becomes effective on January 1, 2021, following the election of coverage. Coverage for your spouse and/or children becomes effective on the same date as your coverage.

### New Hires

- If you elect employee-paid coverage, that coverage becomes effective at 12:01 AM on the latest of the following:
  - The date you are eligible for coverage, if you apply on or before that date.
  - The first day of the month following 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 same date as your coverage.

## Exclusions and limitations

Exclusions for the certificate, Initial Confinement Benefit, Spouse Hospital Confinement Indemnity Insurance and Children's Hospital Confinement Indemnity Insurance are listed below. (These may vary by state.) 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 list of available benefits, along with applicable provisions, exclusions and limitations.



### How do I enroll?

You can enroll in benefits via your benefits portal

### For more information, please contact:

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

To learn more, go to <https://presents.voya.com/EBRC/sierraviewmedical>

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; and Rider Forms: 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. Form numbers, provisions and availability may vary by state.

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Sierra View Medical Center, Group #70789-9, Acct #001 Date Prepared: 10-4-2020

177570-08/15/2018

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## Group Term Life Insurance at a Glance For the employees of: Sierra View Medical Center



### What is Group Term Life Insurance?

Group Term Life Insurance is offered through your employer and pays a benefit to your beneficiary if you pass away during a specific period of time (known as a “term”). The term of this coverage is generally one year, renewing on an annual basis with your other employer-offered benefits. Your employer offers Basic Life Insurance and Accidental Death and Dismemberment Insurance, which is the amount they provide at no cost to you. You also have the option to elect additional coverage called Supplemental Life Insurance.

### What is Accidental Death and Dismemberment (AD&D) Insurance?

AD&D Insurance pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. This coverage is part of the Group Term Life Insurance offered through your employer.

### How can life insurance help?

Below are a few examples of how your life insurance benefit could be used (coverage amounts may vary):

- Pay off any remaining medical bills, funeral costs and debts
- Provide ongoing financial support to your family
- Keep your family in your home by paying off the mortgage
- Fund your children’s education

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## Who is eligible for life insurance?

- You—all active employees working 30+ hours per week.
- Your spouse\*—under age 70. If your spouse is covered under the policy as an employee, then your spouse is not eligible for coverage under the spouse rider/benefit. Coverage is available only if Employee Supplemental Life Insurance is elected.
- Your children—to age 26. Coverage is available only if Employee Supplemental Life Insurance is elected.

*\*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.*

## What amount of coverage am I eligible for?

- Provided by Sierra View Medical Center
  - All employees participating in both the Retirement Plan and the Health Plan
    - 2x Basic Yearly Earnings rounded to a maximum of \$510,000 Rounded up to the next highest \$1,000 plus an additional \$10,000 Minimum benefit of \$1,000
  - All employees participating in the Retirement Plan, but not the Health Plan
    - 2x Basic Yearly Earnings rounded to a maximum of \$500,000 Rounded up to the next highest \$1,000
  - All employees participating in the Health Plan, but not the Retirement Plan
    - A Flat \$10,000
- Buy Up Option
  - Eligible employees may elect Supplemental Life and AD&D Insurance from \$10,000 to \$500,000 in \$10,000 increments not to exceed 5 times your annual salary. Coverage amounts are rounded to the nearest \$1,000.
- For your spouse\*
  - Eligible employees may elect Spouse Supplemental Life and AD&D Insurance from \$5,000 to \$500,000 in \$5,000 increments not to exceed 100% of your approved employee Supplemental Life Insurance amount.
- For your children
  - Eligible employees may elect Children Supplemental Life and AD&D Insurance of from \$2,000 to \$10,000 in \$2,000 increments

## What does my life insurance include?

The benefits listed below are included with your life insurance coverage.

- **Accelerated Death Benefit:** If you have a medical condition that requires permanent continuous confinement in an institution or are diagnosed with a terminal illness with a limited life expectancy, you may receive a portion of your death benefit while still living.
- **Accidental Death and Dismemberment (AD&D) Insurance:** Pays a benefit to you or your beneficiary, separate from the life insurance benefit, if you are severely injured or die as the result of a covered accident. The proceeds can be used however you or your beneficiary would like. Coverage on your spouse and children is available if they are enrolled for life insurance.
- **Continuation:** If on an approved absence from work, you may continue your life insurance coverage under the employer's group policy for a set amount of time. Premiums must be paid during this time.
- **Conversion:** You, your spouse and/or your children may convert life insurance coverage to an individual whole life insurance policy when you leave your employer or due to loss of eligibility under the employer's group policy.
- **Portability:** You may apply to continue your Basic and Supplemental coverage when you leave your current employer, and pay premiums to the insurance company directly.
- **Waiver of Premium:** If you become unable to work due to total disability, your Basic and Supplemental Life Insurance can be continued without premium payment.
- **Convenient Payroll Deductions:** Premium deductions for Supplemental coverages are taken directly from your paycheck, so you never have to worry about late payments or lapse notices.

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## How much does my life insurance cost?

Basic Life and AD&D Insurance are provided by your employer at no cost to you.

The cost for Supplemental Life is calculated based on the age of the employee at the start of the plan's current policy year.

Rates shown are guaranteed until January 1, 2022.

### Employee and Spouse Supplemental Life Insurance Rates

Employee Age	Monthly Rate per \$1,000 of Coverage
Under 25	\$0.06
25-29	\$0.06
30-34	\$0.08
35-39	\$0.09
40-44	\$0.10
45-49	\$0.15
50-54	\$0.27
55-59	\$0.43
60-64	\$0.67
65-69	\$1.28
70 +	\$2.08

The rates are per individual.

### Supplemental Accidental Death and Dismemberment (AD&D) Insurance Rates

Coverage Type	Monthly Rate per \$1,000 of Coverage
Employee Supplemental AD&D	\$0.02
Spouse Supplemental AD&D	\$0.02
Children Supplemental AD&D	\$0.03

### Children Life Insurance Rates

#### Monthly Rate per \$1,000 of Coverage

\$0.25

Monthly cost for all eligible children.

Use the steps below to calculate your premium for you and your spouse based on the amount of insurance you elected:

**Step 1:** Enter the rate per \$1,000 based on age: \_\_\_\_\_

**Step 2:** Take the amount of insurance and divide it by 1,000:  
(Example: For \$150,000 of coverage, enter "150") \_\_\_\_\_

**Step 3:** Multiply lines 1 and 2 (this is your monthly cost): \_\_\_\_\_

**Monthly cost for your children:** (covers all eligible children)

Enter the monthly cost for the amount of coverage from the table above: \_\_\_\_\_

## Do I need to answer health questions to be covered?

### 2021 Annual Enrollment

- For You\*
  - If you are not currently enrolled for Supplemental Life Insurance and are now eligible for the first time, you may elect up to \$120,000 during the current enrollment period without providing evidence of insurability.
  - If you are a late entrant, you must provide evidence of insurability for any coverage elected.
  - You must provide evidence of insurability for any increase to coverage elected during the current enrollment period.
- For your spouse\*
  - If you are not currently enrolled for Spouse Supplemental Life Insurance and are now eligible for the first time, you may elect up to \$25,000 during the current enrollment period without providing evidence of insurability on your spouse.
  - If you are a late entrant, you must provide evidence of insurability on your spouse for any coverage elected.

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- You must provide evidence of insurability on your spouse for any increase to coverage elected during the current enrollment period.
- For your children\*
  - If you are not currently enrolled for Children Supplemental Life Insurance and are now eligible for the first time, you may elect up to \$10,000 during the current enrollment period without providing evidence of insurability on your children.

*\*When evidence of insurability is required, the insurance company will need to approve it before coverage becomes effective.*

### Will my benefits decrease as I get older?

- For you - Benefit amount(s) reduce to 65% of original coverage at age 65, to 50% of original coverage at age 70, 35% of original coverage at age 75 and after. and to 20% of original coverage at age 80 and after.
- For your spouse\* - Benefit amount(s) reduce to 65% of original coverage at age 65, to 50% of original coverage at age 70, 35% of original coverage at age 75 and after and to 20% of original coverage at age 80 and after.
- Your payroll deductions will be adjusted to pay premium based on the new benefit amount(s).

### Exclusions and Limitations

- There are no exclusions for Basic Life Insurance.
- Supplemental Life Insurance coverage has a two year suicide exclusion from the effective date of coverage or an increase in coverage
- AD&D Insurance has exclusions that are described in the certificate of insurance or rider.

### Are there additional non-insurance services available?

- Funeral Planning and Concierge Services: You have the support of a team of independent professionals ready to assist with funeral planning for you and eligible family members.  
*Funeral Planning and Concierge Services are provided by Everest Funeral Package, LLC, Houston, TX.*
- Travel Assistance: When traveling more than 100 miles from home, Voya Travel Assistance offers enhanced security for your leisure and business trips. You and your dependents can take advantage of four types of services: pre-trip information, emergency personal services, medical assistance services and emergency transportation services.  
*Voya Travel Assistance services are provided by Europ Assistance USA, Bethesda, MD.*

### How do I enroll?

You can enroll in benefits via your benefits portal.

## Who do I contact with questions?

For more information, please call the Voya Employee Benefits Customer Service Team at (800) 955-7736 or log on to <https://presents.voya.com/EBRC/sierraviewmedical>

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# Enhanced Voluntary Short Term Disability Income Insurance

## Enrollment at a glance

For the employees of: Sierra View Medical Center, 70789-9

### What is Enhanced Voluntary Short Term Disability Income Insurance?

Enhanced Voluntary Short Term Disability Income Insurance provides you with benefits to replace part of your paycheck when you can't work because of a sickness or injury. This coverage is intended to provide financial protection for a disability lasting just a few weeks. When you become disabled, you must complete a waiting period before benefits are payable. During the waiting period, you may use your available paid time off or sick time.

### How can Disability benefits be used?

You may use this money however you would like. Below are a few examples of how your Enhanced Voluntary Short Term Disability benefits could be used, depending on how much coverage you have:

- Everyday expenses, such as groceries, utilities, house payments and car payments
- Medical bills and recovery expenses
- Support services during your recovery

### What are some common causes of a disability?

- Pregnancy/childbirth
- Accidental injury
- Back injuries
- Heart disease
- Cancer
- Tendonitis
- Rotator cuff surgery
- Arthritis
- Carpal tunnel syndrome

Eligibility & coverage	
<b>Who is eligible?</b>	All active employees working 30+ hours per week.
<b>What amount of coverage am I eligible for?</b>	You may elect coverage of up to 80% of weekly earnings.  Minimum Weekly Income Benefit = \$15 Maximum Weekly Income Benefit = \$2,000 Maximum Benefit Period = 26 weeks
<b>What is the waiting period?</b>	If you become disabled, you must complete a waiting period before Weekly Income Benefits are payable.  Benefit Waiting Period for Disability caused by accidental injury= 14 days Benefit Waiting Period for Disability caused by sickness = 14 days



\*This example only applies to CA employees.

## How much does Enhanced Voluntary Short Term Disability Income Insurance cost?

Rates shown are guaranteed until: 01/01/2021. Your premiums are deducted on a post-tax basis.

Note: The elected benefit level cannot exceed 80% of your basic weekly earnings. Basic weekly earnings mean the weekly salary or wage you receive from your employer. It does not include bonuses, commissions or overtime pay.

### Short Term Disability Income Rates

Age	Monthly rate per \$10 of weekly benefit
Under 40	\$.58
40-49	\$.51
50-59	\$.64
60 +	\$.77

Use the steps below to calculate your monthly cost.

1. Enter your basic annual earnings.	
2. Divide your basic annual earnings by 52. This is your basic weekly earnings.	
3. Enter the maximum benefit percentage.	
4. Multiply the figure from Step 2 by the percentage in Step 3.	
5. Enter your elected weekly benefit amount (\$100 to \$2,000 in \$100 increments). Note: This amount cannot be more than the amount in Step 4.	
6. Divide the weekly benefit amount in Step 5 by 10.	
7. Enter your Short Term Disability rate from the table above.	
8. Multiply the result in Step 6 by the rate in Step 7. This is your <b>monthly premium</b> .	

### Why should I enroll through my employer?

- You won't need to provide health information to enroll during your initial eligibility period or any scheduled annual enrollment period in the future.
- Insurance premiums are deducted from your paycheck.
- We will waive your premiums while you are receiving Disability benefits from us.
- The cost of group disability income coverage through your employer is usually much lower than an individual disability policy.

### Are there any exclusions or limitations?\*

Benefits are not payable if your disability results from any of the following:

- Sickness or injury which occurs in any armed conflict, whether declared as war or not, involving any country or government.
- Sickness or injury which occurs while you are on military service for any country or government.
- Intentionally self-inflicted injury or illness, whether you are sane or insane.
- Injury which occurs when you commit or attempt to commit a felony.
- Injury suffered in a fight in which you are the aggressor.

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- Sickness or injury due to cosmetic or reconstructive surgery, except for surgery necessary to correct a deformity caused by sickness or accidental injury.
- Sickness or accidental injury for which you have or had a right to payment under a workers' compensation or similar law. This includes payment you would have been entitled to receive if the Policyholder had not declined to provide workers' compensation insurance as allowed by the Policyholder's state of domicile.
- Sickness or accidental injury arising out of or in the course of work for pay, profit or gain.

Benefits are not payable for the portion of any period of Disability that you are confined in a penal or correctional institution as a result of conviction for a criminal or other public offense.

Benefits are not payable if your disability is due to a pre-existing condition and you became disabled during the first 12 months your insurance is in effect. A pre-existing condition is a sickness or accidental injury for which, during the 3 months immediately before the effective date of your insurance or increased amount of insurance, you did one or more of the following: received medical treatment, care, services or advice; or took prescribed drugs; or had medications prescribed.

Even though you may experience multiple reasons for your disability, only one Disability benefit is payable at any given time.

Your benefits will be reduced by other income you are eligible to receive while disabled. These include but aren't limited to:

- Income received from any form of employment
- Unemployment benefits and any type of income replacement provided by your employer
- Workers' Compensation benefits or benefits from similar programs
- Judgments or settlements you receive related to disability
- Disability or retirement payments under Social Security or other federal and state plans
- Disability income payments under automobile liability insurance benefits
- Disability income payments payable under any other group insurance policy and certain retirement payments provided under your employer's retirement plan

\*Limitations and exclusions will vary by state and by your employer's benefit plan.



How do I get more information?

For more information or to access the certificate of insurance, please call the Voya Employee Benefits Customer Service Team at (800) 955-7736 or log on to <https://presents.voya.com/EBRC/sierraviewmedical>

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