## 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 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) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



www.reliancematrix.com

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form «FormNumber», 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.

Reliance Matrix is a branding name. 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.

### **Plan Highlight**s

### Voluntary Group Hospital Indemnity Insurance



### **Michaels Stores, Inc**

#### COVERAGE

Voluntary group 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, except for any person working on a temporary or seasonal

basis.

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

- > Your legal spouse or domestic partner.
- > Your dependent children from birth to 26 years.
- A person may not have coverage as both an Employee and Dependent.

#### 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
- HIPAA privacy compliant
- Overlying Major Medical Plan NOT Required\*
- Coverage Offered on a Voluntary Basis

#### **CONTRIBUTION REQUIREMENTS**

Coverage is 100% Employee Paid.

#### BENEFITS

Hospital Room & Board Benefits	
Room & Board Benefit per Day (30 Daily Benefits per Coverage Year)*	\$200
Hospital Critical Care Unit Benefits	
Critical Care Unit Benefits per Day (15 Daily Benefits per Coverage Year)	\$400
Hospital Admission & Observation Benefit	
Two Daily Benefit per Coverage Year	\$2,000
Hospital Critical Care Admission Benefit	
One Daily Benefit per Coverage Year	\$4,000
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 30 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.

#### **MONTHLY PREMIUM**

Coverage	Premium	High
Employee		\$ 24.79
Employee & Spouse		\$ 49.12
Employee & Child(ren)		\$ 41.83
Employee & Family		\$ 68.25



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This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-9537, 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.

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