

Medical Enrollees

Cancer Benefit – Free

Wayne Township provides a \$5,000 Cancer Benefit at no cost to you for any family members you enroll in a medical plan. The Cancer Benefit pays a lump-sum if you are diagnosed with a covered disease or condition on or after your coverage effective date. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.

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

Wellness Benefit Included!

This benefit provides an annual payment if you complete a health screening test. You may only receive a benefit payment once per year, even if you complete multiple health screening tests.

- The annual benefit amount is \$150 for completing a health screening test.
- Your spouse and/or children are covered if they are covered on your medical plan. Your spouse's benefit amount is also \$150. The benefit for child coverage is \$75 per child with an annual maximum of \$300 for all children.
- Examples of health screening tests include but are not limited to: Pap test, mammography, colonoscopy, well child exams, hearing tests, and routine eye exams.

Hospital Indemnity Option – elect to buy Hospital Indemnity coverage

What Hospital Indemnity Insurance benefits are available?

The benefit amount is determined by the type of facility in which you are confined:

- **Hospital— \$100 per day**, up to 30 days per confinement.
- **Critical care unit (CCU)— \$200 per day**, up to 15 days per confinement.
- **Rehabilitation facility—\$50 per day**, up to 30 days per confinement.
- **Initial Confinement Benefit:** This provides an additional payment of 5x the daily benefit amount after confinement in a hospital, critical care unit, or rehabilitation center. 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.

What does my Hospital Indemnity Insurance include?

The benefits listed below are included with your Hospital Indemnity Insurance coverage.

- **Critical Illness coverage:** This coverage provides a one-time benefit payment of \$5,000 if you are diagnosed with a covered condition. Covered conditions include: heart attack, stroke, coma and major organ failure.
- **Accident Benefit:** This provides a benefit payment of \$200 or \$400 for specific injuries and events resulting from a covered accident. The amount paid depends on the type of injury and event (i.e., whether it is type A or type B).

Examples of items you may receive benefits for include, but are not limited to:

Type A Benefit - \$200	Type B Benefit - \$400
Concussion	Acute fractures femur, humerus, tibia, radius, pelvis and bones of the spine
Emergency dental work	Dislocation of hip, knee, ankle, foot, shoulder, elbow, wrist and lower jaw
Laceration with sutures	Prosthetic device

*Benefits are payable once per person per accident

HOSPITAL INDEMNITY BI-WEEKLY RATES

Employee Only	\$8.67
Employee + Spouse	\$17.00
Employee + Children	\$13.75
Employee + Family	\$22.08



Questions?

For more information, please contact: Voya Employee Benefits Customer Service at (877) 236-7564