

# HOSPITAL INDEMNITY BENEFIT HIGHLIGHTS AND KEY FEATURES

**Underwriting** Guaranteed Issue

Premium Contribution Voluntary

**Annual Enrollment** Limited to one annual enrollment in a 12-month period.

Rate Guarantee 1 Year

### **PLAN SUMMARY**

### FOR SICKNESS AND ACCIDENT

Benefit availability will vary by state

#### **INPATIENT**

First Day Hospital \$200 per day, limit 1 day per year

**Hospital Inpatient** \$200 per day, limit 30 days per year

Hospital Intensive Care Unit (ICU) \$400 per day, limit 30 days per year

**Inpatient Mental Health Disorder** \$100 per day, limit 8 days per year

**Inpatient Substance Use Disorder** \$100 per day, limit 8 days per year

**Inpatient Skilled Nursing Facility** \$100 per day, limit 15 days per year

**Inpatient Surgical** \$1,000 per day, limit 1 day per year

**Inpatient Anesthesiology** \$200 per day, limit 1 day per year

Miscellaneous Inpatient Hospital Services \$100 per day, limit 5 days per year

Physician's Visit While Hospital Confined \$10 per day, limit 2 days per year

### **OUTPATIENT**

Emergency Room (Illness Only) \$100 per day, limit 1 day per year

### **SERVICES / SUPPLIES**

**Ground Ambulance** \$200 per day, limit 1 day per year

# PLAN SUMMARY (cont'd) FOR SICKNESS AND ACCIDENT

Benefit availability will vary by state

Air Ambulance

\$600 per day, limit 1 day per year

# HOSPITAL INDEMNITY

# **Biweekly Rates**

Employee	8.33
Employee + Spouse	16.65
Employee + Child	13.74
Family	22.49

# **Specific Details**

**Guaranteed Issue** – the amount of insurance that is available to insureds and dependents who apply for insurance within 31 days from the date they satisfy the eligibility requirements or become eligible during a Special Enrollment Period.

Open Enrollment - offered once annually, late enrollees may enroll for Guaranteed Issue insurance during this period.

**No Coordination of Benefits** – benefits paid under this Policy are not offset or coordinated with other health insurance or medical plan.

**Supplemental Only** – this is not comprehensive medical insurance. This policy is designed to help pay for expenses that are not fully paid by other health insurance.

### **LIMITATIONS & EXCLUSIONS**

Benefits are not payable if the loss is caused or contributed by: war or act of war, committing or attempting to commit a felony or being engaged in an illegal occupation, while on active duty in the military, being intoxicated or under the influence of any narcotic (unless administered on the advice of a Physician).

Additionally, benefits are not payable for: loss paid by Workers' Compensation or Occupational Disease Law, treatment that is not medically necessary, services where there is no charge incurred or requirement to pay, services or supplies supplied by the government or family member, weight control or treatment for obesity, tobacco cessation, missed appointments, voluntary abortion unless the life of the mother is in danger or complications of a voluntary abortion, fertility or sterilization, elective cosmetic procedures, breast augmentation unless due to sickness, weekend hospital admission for non-emergency procedures, loss insured outside the United States if traveling for longer than 90 days, and Custodial Care, Hospice and Home Health Care.