WELLFLEET PROTECT ENHANCED HOSPITAL INDEMNITY INSURANCE FOR

Godley ISD

Presented by

WELLFLEET WORKPLACE

A personalized guide to understanding your Wellfleet Protect coverage

WELLFLEET PROTECT
COMBINED HOSPITAL INDEMNITY INSURANCE

Benefit Summary

HI

What is Hospital Indemnity Insurance?

This coverage pays you benefits for hospitalizations associated with covered accidents or sicknesses. Carrying this insurance helps protect you and your family from the financial challenges that can come from a hospitalization.

What is Wellfleet Protect?

With Wellfleet Protect, you receive additional benefits alongside your Hospital Indemnity coverage, including Critical Illness and Accident,. This means on top receiving benefits for a covered hospitalization, you will also receive benefits for a covered [sickness,] [and] [accident,] [and routine health screenings.

AI

What is Accident Insurance?

This coverage pays benefits for injuries, such as cuts, broken bones, concussions and related expenses. It can be used to help protect you and your family from the financial challenges that can come from an accident.

CI

What is Critical Illness Insurance?

This coverage pays a lump-sum benefit following the diagnosis of a critical illness, such as a heart attack or stroke. It can help protect you and your family from the financial challenges that can come from a critical illness.

Use your benefits any way you like.

Benefit proceeds can be used however you like, whether it's toward out-of-pocket medical expenses, your mortgage or student loans. It's up to you.

5.4 day
The average hospital stay[1]

$20,292
Average total cost of treatment for pneumonia with major complications & one or more additional conditions[2]

More than
$4,500
The average a new mother with insurance will pay for labor and delivery.[3]

What benefits are included in my coverage?

Your Hospital Indemnity Insurance includes a range of covered hospitalizations and additional benefits, as outlined below. For more information, see your certificate.

Core Hospitalization Benefits	Benefit
Hospital	
Admission Benefit	$500.00
Per year	1
Daily Confinement	$50.00
Days	1 to 60
Intensive Care Unit	
Admission Benefit,	$500.00
Per year	1
Daily Confinement	$50.00
Days	1 to 30
Critical Illness Rider	
Benefit Amount	$5,000.00
Employee	100%
Spouse	50%
Child(ren)	25%
Lifetime Maximum	Unlimited
Critical Illness Benefit Payable per Diagnosis	
Cancer	100%
Carcinoma in Situ	25%
Coronary Artery Disease	25%
End Stage Renal Disease	100%
Heart Attack	100%
Major Human Organ Failure	100%
Stroke	100%
Reocurrence Benefit	100%

Accident Benefit Rider	
Initial Accident Treatment	
Emergency Room, once per accident	$100.00
Urgent Care Facility, once per accident	$50.00
Physician Office, once per accident	$50.00
Follow-Up Care	
Inpatient Surgery, once per accident	$1,000.00
Outpatient Surgery, once per accident	
Tier 1 - Physician's Office	$250.00
Tier 2 - Hospital or Surgical Center	$500.00
Exploratory surgery (percent of Outpatient Surgery)	100%
General Anesthesia, once per accident	$200.00
Outpatient Therapy	$25.00
Maximum per accident	5 days
Durable Medical Equipment	
Tier 1	$50.00
Tier 2	$100.00
Tier 3	$200.00
Maximum per accident	4 days
Prosthetic Device	$500.00
Physician's Follow-Up	$50.00
Prescription Drugs	$10.00
Dislocations - closed reduction	
Minor	$250.00
Moderate	$500.00
Major	$1,500.00
Open Reduction	2X
Fractures - Closed Reduction	
Minor	$250.00
Moderate	$500.00
Major	$1,500.00
Open Reduction	2X
Chip Fracture	25%

Accidental Death, Dismemberment & Catastrophic Benefits**	
Accidental Death	$20,000.00
Accidental Death Common Carrier	$40,000.00
Accidental Dismemberment	
Loss of Both Hands, Loss of Both Feet, or Loss of One Hand and One Foot	$10,000.00
Loss of One Hand or Loss of One Foot	$5,000.00
Partial Dismemberment	
Loss of One or More Fingers or Toes	$400.00
Partial Amputation of Finger or Toe	$200.00
Catastrophic	
Loss of Sight in Both Eyes	$10,000.00
Loss of sight in One Eye	$5,000.00
Loss of hearing in Both Ears	$10,000.00
Loss of hearing in One Ear	$5,000.00
Loss of Speech	$10,000.00

Exclusions & limitations

This is not a complete disclosure of plan qualifications and limitations. Benefits and riders may vary and may not be available in all states. In addition to any benefit-specific exclusion, benefits will not be paid for any loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following, unless coverage is specifically provided for by name in the insurance certificate.

1. Intentionally self-inflicted injury, suicide, or any attempt or threat while sane or insane;
2. Participating in war or any act of war whether declared or undeclared;
3. Commission or attempt to commit a felony;
4. Commission of or active participation in a riot, insurrection, or terrorist activity;
5. Dental services or treatment except as a result of an injury;
6. Flight in, boarding, or alighting from an aircraft or any craft designed to fly above the earth's surface, including any travel beyond the earth's atmosphere except a fare-paying passenger on a regularly scheduled commercial or charter airline;
7. Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the covered person receives any compensation or remuneration;
8. Mental and nervous disorder treatment received on an outpatient basis regardless of treatment location;
9. Substance abuse treatment received on an outpatient basis regardless of treatment location;
10. Operating any type of vehicle while intoxicated (as defined by the law of the jurisdiction in which such intoxication occurred) by alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it;
11. Experimental or investigational procedures;
12. Care that is not recommended and approved by a physician;
13. Treatment associated with an elective or cosmetic surgery within the first 12 month(s) of the effective date;
14. Treatment associated with donating an organ within the first 12 month(s) of the effective date;
15. Treatment provided to a covered person either by themselves or by a medical professional that is an immediate family member, or has a business or financial affiliation with the covered person or an immediate family member;
16. Treatment that was scheduled prior to the coverage effective date.

* May vary by state. Policy, Certificate and Riders should be reviewed for complete benefits, exclusions and limitations.

Questions?
Contact your plan administrator with questions about the offered Hospital Indemnity coverage.