



AF Hospital Assist®

## Help pay for your stay.

If you experienced a medical emergency, would you be able to cover the out-of-pocket medical expenses? What about life's other expenses—like bills, groceries, and housing?

With rising deductibles and copays, major medical insurance may not be enough to keep you financially protected.

**AF™ Limited Benefit Hospital Indemnity Insurance, or AF Hospital Assist®, can help.**

Hospital indemnity insurance is designed to help pay for eligible out-of-pocket expenses, like a hospital stay.

## The unexpected can happen to anyone.

From major accidents to sudden diagnoses, hospital stays aren't uncommon. In fact, about 1 in 13 Americans visited a hospital emergency room due to an unintentional injury in 2019.<sup>1</sup>

### Did you know?

The average cost of a 3-day hospital stay is around \$30,000.<sup>2</sup>



## Plan Highlights

- No health questions required to apply
- Benefits paid directly to you
- You can take the policy with you even if you leave employment
- Coverage available for you, your spouse, and your children up to age 26

## Health Savings Account Qualified Plan

Help offset high deductibles and copays while protecting yourself from the unexpected. This plan is Health Savings Account (HSA) qualified, allowing you to get the tax benefit and potential savings from an HSA while helping pay for large, out-of-pocket expenses—like a hospital stay.



**AMERICAN FIDELITY**  
a different opinion



# Benefits

## Choose Your Coverage

BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
 <b>Hospital Admission</b> 1 day/Covered Person	\$500	\$1,000	\$1,500
<b>Hospital Confinement</b> Pays up to 30 days/ Covered Person	\$100	\$150	\$200
<b>ICU</b> 10 days/Covered Person	\$200	\$300	\$400
<b>Rehab</b> 10 days/Covered Person	\$50	\$75	\$100
 <b>Accident Treatment - ER</b> 3 days/Covered Person	\$200	\$300	\$400
<b>Accident Treatment - Physician's Office or Urgent Care</b> 6 days/Covered Person	\$50	\$75	\$100
<b>Accident Surgery - Hospital or Ambulatory Surgical Center</b> 3 days/Covered Person	\$1,000	\$1,500	\$2,000
<b>Accident Surgery - Physician's Office or Urgent Care</b> 6 days/Covered Person	\$125	\$125	\$250

Benefits are paid on a calendar year basis.



## Hospital Benefits

If hospitalized, you can get paid directly for the costs.

**Hypothetical Example with Enhanced Plan** After feeling ill, you are rushed to the ER and diagnosed with Pertussis (Whooping Cough). You're admitted and stay 3 days for treatment. Then, you complete 10 days of rehabilitation.

Cost of Care	Your Deductible <sup>8</sup>	Payable Plan Benefits
Confinement <sup>3</sup> \$11,728	\$2,800	Admission \$1,000
Rehab <sup>4</sup> \$1,620		Confinement \$450
		Rehab \$750
<b>Total Cost of Care</b> \$13,348	<b>Total Out-of-Pocket Cost<sup>7</sup></b> \$4,909	<b>Total benefit payment to you</b> \$2,200



## Accident Benefits

No matter your situation, accidents happen.

**Hypothetical Example with Enhanced Plan** You are traveling in your car and are hit by a driver running a red light. Your arm is broken and requires an ER visit, surgery, hospital admission, and two nights' stay.

Cost of Care	Your Deductible <sup>8</sup>	Payable Plan Benefits
ER Visit <sup>5</sup> \$2,200	\$2,800	ER Visit \$300
Surgery <sup>6</sup> \$16,000		Surgery \$1,500
		Hospital Admission \$1,000
		Hospital Confinement \$300
<b>Total Cost of Care</b> \$18,200	<b>Total Out-of-Pocket Cost<sup>7</sup></b> \$5,880	<b>Total benefit payment to you</b> \$3,100

## AF Hospital Assist® Premiums\*

MONTHLY PREMIUM	BASIC	ENHANCED	ENHANCED PLUS
Employee	\$14.54	\$24.54	\$34.60
Employee + Spouse	\$27.76	\$46.80	\$65.90
Employee + Child	\$29.94	\$49.66	\$69.62
Family	\$43.16	\$71.92	\$100.92

\* The premium and amount of benefits provided vary based upon the plan selected.

### Plan Benefit Highlights

**Hospital Admission Benefit:** We will not pay this benefit for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit.

**Hospital Confinement Benefit:** We will not pay this benefit for outpatient treatment or a hospital stay of less than 18 hours.

**Hospital** shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatric ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

**Rehabilitation Facility Confinement Benefit:** Confinement to the facility must be physician authorized for at least 18 continuous hours and begin immediately following a hospital confinement. Successive rehabilitation facility stays will be considered as one confinement if they are due to the same or related Accident or sickness and separated by less than 30 days.

**Outpatient Accident Treatment Benefit:** Pays a benefit when any covered person incurs an expense and receives treatment by a physician in an emergency room, physician's office or urgent care facility due to a covered Accident. **Accident** means an event which results in bodily injury that is independent of disease or bodily infirmity or any other cause and occurs while coverage is in force.

**Accident Surgical Procedure Benefit:** Pays a benefit when any covered person incurs an expense and requires a surgical procedure due to a covered Accident. The procedure must be performed by a physician in a Hospital, ambulatory surgical center, urgent care facility, or physician's office. We will pay for only one accident surgical procedure performed on the same day even if caused by more than one Accident. We will not pay this benefit for colonoscopy or flexible sigmoidoscopy.

**Exclusions:** We will not pay benefits resulting from or caused by:

- (a) suicide or any attempt, while sane or insane;
- (b) any intentionally self-inflicted injury or sickness;
- (c) voluntary abortion except, with respect to you or your covered dependent spouse;
  - (1) where you or your dependent spouse's life would be endangered if the fetus were carried to term; or
  - (2) where medical complications have arisen from abortion;
- (d) pregnancy of a dependent child (except for complications of pregnancy);
- (e) participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;

- (f) commission of a felony;
- (g) participation in a contest of speed in power driven vehicles, parachuting, or hang gliding;
- (h) air travel, except:
  - (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
  - (2) as a passenger for transportation only and not as a pilot or crew member;
- (i) elective procedures or cosmetic surgery, including complications of elective procedures or cosmetic surgery;
- (j) experimental treatment, drugs, or surgery, except in connection with an approved cancer clinical trial;
- (k) performance of military, naval, or air force service of any country;
- (l) dental or routine vision services, unless:
  - (1) resulting from an Accident occurring while the covered person's coverage is in force and if performed within 12 months of the date of such Accident; or
  - (2) due to congenital disease or anomaly of a covered newborn child;
- (m) immunizations, sports and routine annual physicals;
- (n) artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation, or vasectomy, and reversal thereof;
- (o) participation in any sport for pay or profit;
- (p) alcoholism or drug use, unless such drugs were taken on the advice of a physician and taken as prescribed;
- (q) mental or emotional disorders without demonstrable organic disease;
- (r) air or ground ambulance;
- (s) Pre-Existing Conditions, unless the covered person has satisfied the Pre-Existing Condition Exclusion period of 12 months.

**Pre-Existing Condition:** means a disease or physical condition for which you: had treatment; or received medical advice from a physician, during the 12 month period immediately before your effective date of coverage.

**Pregnancy Limitation:** For the pregnancy limitation period, 10 months, the company will not pay benefits due to any covered person giving birth as a result of a normal pregnancy, including cesarean section. Complications of pregnancy will be covered to the same extent as any other covered benefit. Complications of pregnancy includes but is not limited to, conditions requiring confinement (when pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, ectopic pregnancy which is terminated, spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible, puerperal infection, eclampsia and toxemia.

Complications of pregnancy shall not include false labor, occasional spotting, physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a classifiable or distinct complication of pregnancy.

#### Portability

Upon becoming no longer eligible for coverage, you will have 30 days to request continuation of coverage. Providing you pay premiums when due, you may continue your coverage provided in this certificate upon leaving employment until: the date the policy is terminated or the date you fail to pay the required premium, whichever date is earlier. You must have been continuously covered for 12 consecutive months prior to the date your coverage under the policy ends.

## Plan Benefit Highlights (cont.)

### Termination of Insurance

Coverage for you and your covered dependent(s) may be continued during a layoff or leave of absence for up to a maximum period of 3 months. Coverage will continue as long as the group policy remains in force, the premiums are paid, and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice of the amount of the increase and the date on which the increase is to take effect.

This product may contain limitations, exclusions and waiting periods. This may not be HSA qualified if optional benefits or riders for this coverage are selected. **This product is inappropriate for people who are eligible for Medicaid coverage.**

<sup>1</sup>National Safety Council, Injury Facts, 2021 Web. <sup>2</sup>HealthCare.gov: Protection from High Medical Costs; Accessed April 9, 2021 from HealthCare.gov. <sup>3</sup>AHRQ Healthcare Cost and Utilization Project, National Inpatient Sample as of February 5, 2019. <sup>4</sup>MD Save: Procedures A to Z; accessed 6/3/2021 from MDsave.com. <sup>5</sup>TalktoMira: How Much an ER Visit Costs Without Insurance in 2021; July 7, 2021 from talktomira.com/post/how-much-does-an-er-visit-cost, accessed July 20, 2021. <sup>6</sup>CostHelper: How Much Does a Broken Arm Cost?; accessed 6/3/2021 from health.costhelper.com. CostHelper: How Much Does a Broken Arm Cost? <sup>7</sup>Total out of pocket costs assumes a 20% coinsurance amount. <sup>8</sup>Deductible amount based on an average High Deductible Health Plan.



American Fidelity Assurance Company  
800-662-1113 • [americanfidelity.com](http://americanfidelity.com)