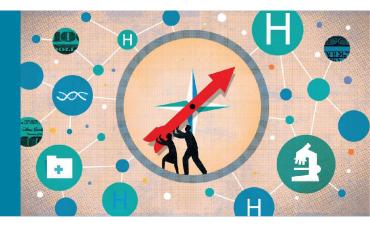


## Hospital Indemnity

Providing supplemental hospital benefits for you and your family



#### Cash benefits paid to you

Hospital Indemnity plans pay employees a lump-sum cash benefit when they're hospitalized. These cash benefits pay in addition to other coverage. Benefits can be used however they choose: to help pay medical bills and cover everyday expenses. It can help them get back on their feet and back to work.

#### Here are some more benefits to you

- · Receive a cash benefit regardless of any other insurance you have.
- Don't worry about a physical exam; it's not required.
- Pay your premiums through payroll deduction.

### Here's how it works

You'll be reimbursed a specified amount for covered hospital confinement. Benefits are paid directly to you, and you can use the cash however you want. It's that simple.



# Hospital Indemnity

Coverage type	Hospital Indemnity is a group policy form that includes coverage for inpatient confinement along with other benefits to pay expenses for hospital stays.				
Product	Policy Type:	Group			
	Policy Name:	Hospital Indemnity Insurance			
	Policy Form:	M-8019			
Eligibility	Issue Age:	Employee:	18-90		
		Spouse:	18-90		
		Child:	Under age 26		
	Criteria:	<ul> <li>Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and childrer not eligible if Employee is not issued coverage.</li> <li>Spouse includes domestic partner where allowed by state and Employer.</li> </ul>			
	Termination Age:	<ul> <li>EE: Age 91 unless actively at work, then on last day of active employment.</li> <li>SP: Age 91, or when Employee terminates, whichever is earlier.</li> </ul>			
		<ul> <li>Child: Age 26, or when Employee terminates, whichever is earlier.</li> </ul>			
		Coverage Tier	Guarantee Issue		
Underwriting Offer		Employee:	Guarantee Issue		
		Spouse:	Guarantee Issue		
		Child(ren):	Guarantee Issue		
Target Participation	Minimum to Issue:	5 Employee applications or 1% of eligible Employees, whichever is greater.			
	Guarantee Issue:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment			



## **Benefits and Features**

	Option One	
Hospital Indemnity	\$200	
Pre-existing Condition Limitation	12/12	
Maternity Waiting Period	None	
Portability	None	
Waiver of Premium	Included	
First Admission	\$1,500	
Intensive Care/Cardiac Care/ Burn Unit	\$200	

### **Definitions**

HOSPITAL INDEMNITY BENEFIT: If a covered person is confined as an inpatient in a hospital, pays a daily benefit. Hospital confinement must be for at least 18 hours. Max 30 days.

WAIVER OF PREMIUM: Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability. This waives an Employee's premium if he or she becomes totally disabled for at least 90 days after the effective date of coverage. There is no lifetime maximum. Issue age 18-55.

**PRE-EXISTING CONDITION LIMITATION:** If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations.

FIRST HOSPITAL ADMISSION BENEFIT: If a covered person is confined as an inpatient in a hospital for the first time during a calendar year, pays a one-time lump sum per year. Hospital confinement must be for at least 18 hours as an inpatient.

INTENSIVE CARE (ICU)/CARDIAC CARE (CCU)/BURN UNIT BENEFIT: Pays a daily benefit when confined to an intensive care unit. Max 30 days Hospital confinement must be for at least 18 hours as an inpatient.



## Hospital Indemnity

### Rate Assumption Information

Rate Structure:	Composite	
Tobacco Status:	Uni-tobacco	
Rate Guarantee Period:	One (1) Year	
Contributions:	100% Employee Paid	
Takeover:	Yes	
Benefits Included:	As shown above in the Benefits and Optional Benefits sections.	
Participation Expectation:	Waived, expectation of 15% of all eligible enrolled by end of the enrollment	

	Monthly (12) premium				
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family	
Option 1	\$31.63	\$60.64	\$48.08	\$77.07	