

# Hospital Indemnity

SUMMARY OF BENEFITS



Hospital Indemnity pays a cash benefit when you are hospitalized. You can use the cash benefits however you want – to help pay medical bills or everyday living expenses such as housing, car payments, utility bills, childcare, groceries, and credit card bills.

## Coverage Type

Provides expense reimbursement for hospital confinement up to the policy maximum. Optional enhanced coverage for intensive, cardiac, and burn unit hospital stays. Coverage is available to the employee, spouse, and the children.

## BENEFITS & FEATURES

### Hospital Indemnity

If a covered person is confined as an inpatient in a hospital, the selected benefit is paid for a maximum of 30 days per confinement. \$200.

### First Admission

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. \$1,500.

### Intensive Care Unit (ICU) Cardiac Care Unit (CCU) Burn Unit

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. \$200.

### Wellness Screening

Benefit pays for 21 covered tests including mammograms, colonoscopies, and stress tests. Indemnity based and payable once per calendar year per insured. Coverage is same for all insureds on the certificate. \$50

### Waiver of Premium

A covered person's premium is waived if he or she becomes totally disabled for at least 90 days and after the effective date of coverage. There is no lifetime maximum. The waiver of premium benefit is limited to a maximum of 12 consecutive months per disability.



## PLAN PROVISIONS

**Pre-existing conditions** Waived.

**Maternity Waiting Period** Waived.

### Eligibility

- Employee issue ages 18-90
- Full-time, benefit eligible employees, actively at work and working at least 20 hours per week
- Spouse issue ages 18-90; ineligible if employee is denied
- Child issue ages 0-25; ineligible if employee is denied

**Termination age** Age 91 unless actively at work, then on last day of active employment.

	Semi-Monthly (24) premium			
Benefit:	Employee	Employee/Spouse	Employee/Child(ren)	Family
<b>18+</b>	\$16.44	\$31.15	\$24.80	\$39.49

Note: Final implementation rate may vary slightly due to rounding

Benefits and riders may vary by state and may not be available in all states.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [www.manhattanlife.com](http://www.manhattanlife.com). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: M-8019

Well-Being Benefit: M-1775

Insured by ManhattanLife Assurance Company of America\*

\*FL and NJ Underwritten by Manhattan Life Insurance Company.



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