

# Hospital Indemnity



## Provides Cash Benefits When You or Your Family Are Hospitalized

### A Hospital Indemnity Plan:

- Can help reduce the financial strain of the high out-of-pocket expenses associated with hospital stays
- Benefits are paid directly to you, in addition to any other insurance coverage you may have
- Can cover you, your spouse and your children

### Did You Know?

The national average length of a hospital stay is 4.5 days.

– Source: “Decreasing the Patient Length of Stay (LOS) to Lower HAIs Centrak.” Centrak, Web

### Your Offer:

Benefit Name and Description	Option 1	Option 2
<p><b>Hospital Indemnity Daily Room and Board Benefit</b> If a covered person is confined as an inpatient in a hospital, this benefit pays a daily benefit on day one for the hospital room and board. Confinement must begin while the Certificate is in force; be for at least 18 hours; and be for a covered illness or injury. If this benefit is paid, then the Intensive Care Daily Room and Board Benefit is not paid. If the covered person has a stay in both the non-ICU room of the hospital and an ICU room on the same day, only one will be paid, either the Hospital Daily Room and Board benefit or the Intensive Care Daily Room and Board benefit, whichever is the greater amount.</p>	\$100	\$200
<p><b>First Hospital Admission Non-ICU</b> Pays a benefit upon a covered person’s first inpatient Non-ICU hospital stay during a calendar year. Hospital confinement must be for at least 18 hours as an inpatient; and be for a covered illness or injury. Benefit is not paid if ICU Admission Benefit is paid. Maximum three days per year.</p>	\$1,000	\$2,000
<p><b>First Hospital Admission ICU</b> Pays a benefit upon a covered person’s first inpatient ICU hospital stay during a calendar year. Hospital confinement must be for at least 18 hours as an inpatient; and be for a covered illness or injury. Benefit is not paid if Non-ICU Admission Benefit is paid. Maximum three days per year.</p>	\$1,000	\$2,000

## Your Offer:

Benefit Name and Description	Option 1	Option 2
<p><b>Newborn Routine Care</b> Pays a benefit if after delivery, the newborn is confined in the hospital for routine post-natal care, the Newborn Routine Care Benefit will be paid as shown on the Schedule of Benefits. The benefit is payable once for the duration of the newborn's stay. The Hospital Daily Room and Board Benefit and First Hospital Admission Benefit are not payable for the newborn. If after delivery, the newborn receives care in the ICU, then the applicable Intensive Care Daily Room and Board Benefit and First Hospital Admission Benefit are payable and the Newborn Routine Care Benefit is not payable.</p>	\$100	\$200
<p><b>Observation Unit/Treatment Room Benefit</b> Pays daily benefit up to one day per year for services rendered to a covered person in an observation unit or treatment room as the result of an illness or injury. If the period of observation leads to hospital confinement the Observation Unit/Treatment Room Benefit will not be paid. The applicable Hospital Daily Room and Board Benefit and the First Hospital Admission Benefit will be payable. If the covered person's period of observation lasts more than 20 hours in a row, then the applicable Hospital Daily Room and Board Benefit and the First Hospital Admission Benefit will be payable and the observation unit/treatment room benefit will not be paid.</p>	\$100	\$200
<p><b>Substance Abuse Benefit</b> If a covered person receives care in a substance abuse treatment facility for the treatment of substance abuse, the benefit shown on the schedule will be paid. Maximum 30 days per year.</p>	\$100	\$200
<p><b>Mental Disorder Daily Benefit</b> Pays a benefit if a covered person receives care in a mental disorder treatment facility for the treatment of mental disorder, the benefit shown on the schedule will be paid. Maximum 30 days per year.</p>	\$100	\$200
<p><b>Intensive Care Daily Room and Board Benefit</b> Pays a benefit if a covered person is confined as an inpatient to an Intensive Care Unit, this benefit pays a daily benefit on day one for the intensive care room and board. Confinement must be an inpatient basis; begin while the Certificate is in force; be for at least 18 hours; and be for a covered illness or injury. Maximum 30 days. If this benefit is paid, then the Hospital Room and Board Benefit is not paid. If the Covered Person has a stay in both the non-ICU room of the hospital and an ICU room on the same day, only one will be paid, either the Hospital Daily Room and Board benefit or the Intensive Care Daily Room and Board benefit, whichever is the greater amount.</p>	\$200	\$400
<p><b>Rehabilitation Daily Benefit</b> If a covered person is transferred to a rehabilitation facility within 72 hours after a period of hospital confinement, the benefit shown on the Schedule of Benefits will be paid. Confinement must: begin while the Certificate is in force; be for at least 18 hours; and be for a covered illness or injury. Maximum 30 days per year.</p>	\$100	\$200
<p><b>Pre-Existing Condition Limitation</b> If an employee 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. This has been waived for this offer.</p>	Waived	

Benefit Name and Description	Option 1	Option 2
<b>Maternity Waiting Period</b>	Waived	
<b>Portability</b>	Limited	
<b>Waiver of Premium</b> 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 18-64, terminates at age 65.	Included	

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

**IMPORTANT NOTICE:** The Insurance coverage provided under the policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and it does not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Act. This is not a complete disclosure of plan qualifications and limitations. For a complete list of limitations and exclusions, please refer to [www.ManhattanLife.com/Disclosure](http://www.ManhattanLife.com/Disclosure). Please review this information before applying for coverage. The benefits provided depend on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS

# Hospital Indemnity Rates

## La Vernia Independent School District

Displaying Monthly (12) payroll deductions



### Monthly (12) Premium

Benefit	Employee	Employee & Spouse	Employee & Children	Family
Option 1	\$13.64	\$27.28	\$24.55	\$38.19

### Monthly (12) Premium

Benefit	Employee	Employee & Spouse	Employee & Children	Family
Option 2	\$27.42	\$54.82	\$49.34	\$76.76

**Note:** Final implementation rate may vary slightly due to rounding

Policy: AS7007

Underwritten by ManhattanLife Insurance and Annuity Company

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[www.manhattanlife.com](http://www.manhattanlife.com)