

Hospital Indemnity

Hospital indemnity insurance can enhance your current medical coverage. The plan pays a lump sum, tax-free benefit when you or an enrolled dependent is admitted or confined to the hospital for covered accidents and illnesses. You can use the money you receive under the plan however you see fit, for paying medical bills, childcare, or for regular living expenses like groceries—you decide.

HOSPITAL BENEFITS	AMOUNT
Hospital Admission	\$1,000
Hospital Confinement (31 days)	\$100 per day
Hospital ICU Admission	\$2,000
Hospital ICU Confinement (31 days)	\$200 per day
PLAN PROVISIONS	
Portability	Included
Pre-Existing Condition Limitation	None

Note: not a complete summary. See plan documents for full benefit details.

IMPORTANT: This is a fixed indemnity policy, NOT Health Insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You are still responsible for paying the cost of your care.

- The Payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) online or call 1-800*-318-2596 (TTY:1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Hospital Indemnity: Your Costs

	Your Monthly Cost	Per Pay Period (26)
Voluntary Hospital Indemnity		
EMPLOYEE ONLY	\$15.73	\$7.26
EMPLOYEE & SPOUSE	\$39.82	\$18.38
EMPLOYEE & CHILD(REN)	\$25.88	\$11.94
EMPLOYEE & FAMILY	\$49.97	\$23.06