

Hospital Indemnity Plan

Low Plan with Intensive Care Benefits



Hospital Indemnity provides a lump-sum, tax-free cash benefit to help pay for costs that can come with a hospital stay that your health plan doesn't cover. Use your hospital indemnity coverage to help pay for out-of-pocket medical costs or daily expenses like rent, food or transportation.

Key features:

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Covers hospitalization for maternity from day one with no waiting period.
- You can take your coverage with you even if you leave your employer for up to three years.¹
- No limitations for pre-existing conditions.²

Coverage Options	Employee Only	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
Monthly Cost	\$11.12	\$23.07	\$17.23	\$30.04

Convenience

We are here to help. To file a claim, start with the claim form provided by your employer. Follow the instructions on the form to submit and contact the phone number listed on that form with any questions about your benefits or about how to file a claim.

Benefit	Amount
Hospital confinement — first-day benefit	\$500
Hospital confinement — daily benefit	\$100
Intensive care unit confinement — daily benefit	\$200
First-day hospital confinement — annual maximum	1 day
Daily hospital confinement — annual maximum	31 days
Daily intensive care unit confinement — annual maximum	31 days
Pre-existing conditions limitation	None
Maternity benefit waiting period	None

¹ Not available in all states. Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

² Covered accidents or illness must occur after the effective date of coverage.

Members must be enrolled in comprehensive health benefits from a group health insurance plan, an employer sponsored health plan, an HMO, or an individual health plan that provides essential health benefits.

Group Hospital Indemnity benefits provided by policy form SHI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

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