# **Hospital Indemnity**

Inpatient Hospital Benefits	Plan 1
500 days lifetime maximum unless otherwise noted	Fidil 1
Hospital Confinement	\$1,000 first day,
	\$150 day 2+,
	90 incident(s) pp/pcy
Intensive Care Unit	\$1,000 first day,
	\$300 day 2+,
	30 incident(s) pp/pcy
Substance Abuse Facility	\$150 per day,
	30 day(s) pp/pcy
Mental Health Facility	\$150 per day,
	30 day(s) pp/pcy
Nursing Facility	\$150 per day,
This benefit is paid only if following a covered hospital stay	30 day(s) pp/pcy
of at least three consecutive days.	
Wellness Screening	\$100 per day,
	1 day(s) pp/pcy
Plan is HSA Compatible	Yes

pp/pcy= per person, per calendar year

Please refer to the Description of Benefits included in this packet for additional information on your benefits.

Hospital Indemnity insurance policies are not a replacement for a major medical policy or other comprehensive coverage and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. They are designed to provide benefits at a preselected, fixed-dollar amount. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. Hospital Indemnity policies are insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, and are not available in all U.S. states or any U.S. territory.

Coverage is provided under generic policy form number SBC-00500.

# **Hospital Indemnity Insurance**

## Inpatient Hospital/Intensive Care Unit First Day

Benefits are paid on the first day of a covered hospital stay (whether that is a regular hospital bed or ICU) of 24 hours or more. The benefit is paid one time per hospital stay, regardless of whether the insured is moved from the regular bed to ICU, or vice versa.

## Inpatient Hospital/Intensive Care Unit Day 2+

Benefits are paid beginning the second day of a covered stay. ICU stays are included with the hospital stay benefit. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

## **Substance Abuse Facility**

Benefits are paid on the first day of a covered substance abuse facility stay. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

## **Mental Health Facility**

Benefits are paid on the first day of a covered mental health facility stay. Each facility has a calendar year maximum number of days as selected 180 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

# **Nursing Facility**

Benefits are paid on the first day of a covered nursing facility stay which follows a covered hospital stay of 3 consecutive days or more. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

#### Health Advocate Value Adds\*:

<u>EAP +Work/Life</u> - Unlimited, toll-free access to licensed professional counselors and work/life specialists for help with a wide range of family- and work-related issues.

<u>Medical Bill Saver</u> - Expert negotiators work with providers to reduce the cost of medical and dental bills that are not covered by your insurance.

<u>Health Advocacy</u> - A personal health advocate can help you with a variety of health and insurance challenges like finding providers and resolving billing and claim issues.

<u>Wellness Coaching</u> - Unlimited, confidential support from a personal wellness coach and comprehensive wellness website, to help you maintain optimal health

<u>NurseLine</u> - 24/7 access to a registered nurse who can provide health and treatment advice or direct you to appropriate care for immediate attention, if needed.

\* Note: Health Advocate Value Adds benefits are not included or available to any residents of FL, MD, NH, or WA that are, or will, be involved in this sale, based on residency state insurance regulations. Residents of CT and CA may or may not be eligible for these benefits; the benefits are included only when their individual certificate contains "Miscellaneous Goods and Services" language within the Schedule of Benefits."

#### Wellness Screening

This Rider provides a benefit if an Insured incurs an expense as a result of receiving any of the screening tests described in this Rider. There is a specified calendar year maximum number of screening tests for which a benefit will be paid. Please refer to your Plan Summary for details. Included tests:

CEA blood test for colon cancer Chest X-ray Child sports physicals Colonoscopy or virtual colonoscopy CT angiography Electrocardiogram Fasting blood glucose test Flexible sigmoidoscopies Mammograms Pap smears Prostate-specific antigen (PSA) test Serum cholesterol test to determine level of HDL and LDL Stress test on a bicycle or treadmill Testicular ultrasound Thermography \$25 ThinPrep Pap Test

#### Portability/Extension of Coverage

Allows coverage to continue following termination of employment or loss of eligibility. Review the certificate of coverage to understand the full details of this provision.

If there is any conflict between this information and the policy issued, the terms of the policy will prevail.

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