

## Hospital Indemnity Plan

Hospital Indemnity provides a lump-sum cash benefit to help pay for costs that can come with a hospital stay that your health plan may not 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 normal pregnancy from day one with no waiting period.
- You can take your coverage with you even if you leave your employer and keep the same rate for three years.<sup>1</sup>
- No limitations for pre-existing conditions.<sup>2</sup>

| Coverage Options           | Employee Only | Employee + Spouse | Employee + Dependent Children | Employee + Family |
|----------------------------|---------------|-------------------|-------------------------------|-------------------|
| Biweekly Cost <sup>3</sup> | \$3.78        | \$8.40            | \$7.01                        | \$11.38           |

### Benefits

| Benefit                                                | Amount  |
|--------------------------------------------------------|---------|
| Hospital Confinement - First Day Benefit               | \$1,000 |
| First Day Hospital Confinement - Annual Max            | 4 days  |
| Hospital Confinement - Daily Benefit                   | \$300   |
| Daily Hospital Confinement - Annual Max                | 31 days |
| Intensive Care Unit Confinement - First Day Benefit    | \$2,000 |
| First Day Intensive Care Unit Confinement - Annual Max | 1 day   |
| Intensive Care Unit Confinement - Daily Benefit        | \$500   |
| Daily Intensive Care Unit Confinement - Annual Max     | 15 days |
| Hospital Observation - Daily Benefit                   | \$100   |
| Hospital Observation - Annual Max                      | 1 day   |
| Mental and Nervous Facility - Daily Benefit            | \$150   |
| Mental and Nervous Facility - Annual Max               | 30 days |
| Substance Abuse Facility - Daily Benefit               | \$150   |
| Substance Abuse Facility - Annual Max                  | 30 days |
| Continuous Care Facility - Daily Benefit               | \$150   |
| Continuous Care Facility - Annual Max                  | 30 days |

### Other Key Features

| Benefit                                            | Amount  |
|----------------------------------------------------|---------|
| Pre-Existing Conditions Limitation                 | None    |
| Pregnancy Waiting Period                           | None    |
| Newborn Coverage (under daily confinement benefit) | Covered |

### How to file claims

You can file claims online at <https://supplemental-health.anthem.com> or you can complete the claim form and file it by mail or fax. Contact us with any questions (888) 828-2432.

## HSA Compatibility

The IRS limits the types of supplemental insurance that an individual who participates in a Health Savings Account (HSA) may have, while still maintaining the tax-exempt status of HSA contributions. Anthem offers the above plan designs that are designed to be HSA compatible. However, in any circumstance, please consult a tax and/or legal advisor to determine which supplemental insurance may be purchased by employees who participate in a HSA.

1. Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confined means the assignment to a bed in a medical facility for a period of at least 20 hours. State variations may apply.

2. Assumes all eligible employees can enroll in the plan and/or increase existing benefits without providing evidence of insurability during the scheduled initial enrollment period and subsequent scheduled enrollment periods occurring annually thereafter.

## Exclusions

A benefit is not payable for any illness or injury that results from or is caused by a covered person's:

- suicide or attempted suicide, whether sane or insane, or intentional self-infliction
- voluntary intoxication (as defined by the law of the jurisdiction in which the illness or injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instruction of a physician or medical professional
- voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption
- voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), voluntary participation in a riot, or voluntary engagement in an illegal occupation
- incarceration or imprisonment following conviction for a crime
- travel in or descent from any vehicle or device for aviation or aerial navigation, except as a fare-paying passenger in a commercial aircraft (other than a charter airline) on a regularly scheduled passenger flight or while traveling on business of the policyholder
- ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing
- participation in any organized sport in a professional or semi-professional capacity
- participation in abseiling, base jumping, Bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, freerunning, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, lugging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities
- active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of the policy
- involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer

In addition, benefits are not payable unless required by law for:

- elective abortion or complications thereof
- artificial insemination, in vitro fertilization, test tube fertilization
- gender change, sterilization, tubal ligation or vasectomy, and reversal thereof
- aroma therapeutic, herbal therapeutic, or homeopathic services
- any mental and nervous disorder, unless specifically allowed by a provision of the policy
- substance abuse, unless specifically allowed by a provision of the policy
- medical mishap or negligence on the part of any physician, medical professional, or therapist, including malpractice
- treatment, supplies or services provided by, through or, behalf of any government agency or program; unless payment is required by a covered person
- custodial care, unless specifically allowed by a benefit provision in the policy or any rider attached to the policy (if applicable);
- elective or cosmetic surgery or procedures, except for reconstructive surgery:
  - incidental to or following surgery for disease, infection or trauma of the involved body part
  - due to congenital anomaly or disease of a dependent child which has resulted in a functional defect
- dental care or treatment, except for:
  - treatment due to an injury to sound natural teeth within 12 months of the accident
  - treatment necessary due to congenital disease or anomaly

State variations may apply.

**THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS.**

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

<sup>1</sup> 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.

<sup>2</sup> Covered accidents or illness must occur after the effective date of coverage.

<sup>3</sup> Actual deductions may vary slightly due to rounding and payroll frequency.

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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