



**HOSPITAL  
INDEMNITY**



# Put Your Recovery First. Choose Hospital Indemnity.

**Even with health insurance, you could still face the average annual healthcare deductible of \$1,735.<sup>1</sup>**

Hospital Indemnity is a cost-effective way to make sure that if you're facing an unexpected hospitalization, you have extra insurance protection. We'll pay cash benefits, straight to you, to help you get back on your feet.



<sup>1</sup> For single coverage; KFF.org;  
2023 Employer health Benefits Survey



# Benefits Offered by Hospital Indemnity

Hospital Indemnity pays cash benefits directly to you, which you can spend however you like. Benefits are paid for covered accidents and sicknesses and are payable per covered person. Here's what's offered:



## Hospital Admission



Pays either \$500, \$1000 or \$1500, depending upon the plan design selected, when you're first admitted to hospital (one admission per calendar year).

## Hospital Confinement



Pays \$100 per day, for up to 365 days for each covered person. (The stay must result from injuries or illness relating to a covered accident or sickness and last 20 hours or longer.)

## ICU Confinement



Pays an extra \$100 per day, on top of a Hospital Confinement Benefit (up to 15 days per ICU admission and 30 days per calendar year)

## Observation Room



Pays \$100 per visit for a stay of up to 20 hours in an Observation Unit for treatment of a covered accident or sickness (up to two visits per calendar year).

## X-Ray/Lab Services



Pays \$35 per service (up to two services per year).

## Health Test/Screening



Pays \$50 per covered screening or test. (Up to one screening or test per year)

## Physician's Office Visits



Pays \$25 per visit (up to three visits per year).

## Waiver of Premium



If you've been hospitalized, no premiums are due until you're discharged.

## Rehabilitation Unit Confinement



Pays \$100 per day. (Up to 15 days per confinement and 30 days per calendar year.)

## Diagnostic Test Benefit



Up to \$250 per year for each covered person.

## Surgery Benefit



\$500 per year for outpatient surgery for each covered person.

## What Else?

- We offer optional coverage for your spouse and/or children.
- We pay benefits on top of any other coverage that you might have.



# Build Your Hospital Indemnity Plan.

This customizable insurance plan offers valuable benefits for you to supplement other insurance you have if you are hospitalized.

## STEP 1: Choose a Plan

Select the Plan that makes the most sense for you and your family.

☐

### Base Plan

- Hospital Admission
- Observation Room
- Rehabilitation Unit Confinement
- Waiver of Premium
- Health Test/Screening

☐

### Enhanced Plan

All Base Plan benefits, except Rehabilitation Unit Confinement, plus:

- Hospital Confinement
- ICU Confinement
- Physician's Office Visits
- X-ray/Lab Services

## STEP 2: Choose Additional Benefits

☐

Diagnostic Test Benefit

☐

Surgery Benefit

## STEP 3: Choose the Hospital Admission Benefit

Select a benefit amount that best aligns with the deductible of your medical plan/health plan.



Choose Between

☐

\$500

☐

\$1,000

☐

\$1,500

## STEP 4: Choose Who Is Covered

☐

PRIMARY INSURED ONLY

☐

PRIMARY INSURED AND SPOUSE

☐

PRIMARY INSURED AND CHILDREN

☐

FAMILY



# Find Out More about Hospital Indemnity

Contact your Combined Insurance representative  
or visit [CombinedInsurance.com](https://www.combinedinsurance.com)

## Limitations

### Pre-Existing Condition

A Pre-existing Condition is not covered unless the date of diagnosis for such condition is at least 12 months after the Policy Effective Date. Pre-existing Condition means a condition for which a Covered Person received medical advice or treatment within the 12 months preceding the Policy Effective Date.

### Childbirth Limitation

Loss due to Hospital Admission and/or Hospital Confinement due to pregnancy, childbirth or Complications of Pregnancy during the first 10 months of the Policy are not covered. After this coverage has been in force for 10 months from the Policy Effective Date, benefits for pregnancy and Complications of Pregnancy will be covered the same as a Covered Sickness.

## Exclusions

No benefits will be paid for services rendered by a member of the Immediate family of a Covered Person.

No benefits will be paid for any Covered Accident or Covered Sickness that is caused by, or occurs as a result of, a Covered Person's:

- Being intoxicated, or being under the influence of any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
  - Participating in an illegal occupation or attempting to commit or actually committing a felony ("illegal occupation" and "felony" is as defined by the law of the jurisdiction in which the activity takes place);
  - Committing or attempting to commit suicide or intentionally injuring himself or herself;
  - Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto;
  - Services performed by a family member;
  - Participation in any contest using any type of motorized vehicle;
  - Alcoholism;
  - Loss that occurs while a Covered Person is legally incarcerated in a penal or correctional institution;
  - Voluntary inhalation of or asphyxiation by gas or fumes;
  - Cosmetic surgery, except when due to reconstructive surgery needed as the result of an Injury or Sickness, or is related to or results from a congenital disease or anomaly of a covered Dependent Child; and congenital defects in newborns;
  - Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness;
  - Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident;
  - Participating in any organized sport in a professional or semi-professional capacity;
  - Mental and nervous disorders (except as provided in the Policy);
  - Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;
  - Elective surgery;
  - Any pregnancy or childbirth of a Dependent Child, including services rendered to the child after birth;
  - Routine newborn care;
  - Rest or custodial care.
- No benefits will be payable for sickness or infection, including physical or mental condition, that is not caused solely by or as a direct result of a Covered Accident or Covered Sickness.
- Hospital Indemnity coverage provides a benefit for covered loss; neither the product name nor benefits payable are intended to provide reimbursement for medical expenses incurred by a covered person or to result in any payment in excess of loss.
- THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL OR OTHER MINIMUM ESSENTIAL COVERAGE.**
- This document is a brief description of Policy 32100. Refer to your policy for complete details on benefits, exclusions and limitations that may vary by state.