

# Hospital Indemnity Insurance



## ▶ HELPS PROTECT YOUR FINANCES.

When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your plan.

## ▶ HELPS COVER RELATED EXPENSES.

While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles and copays.

## ▶ PAYS CASH BENEFITS DIRECTLY TO YOU.

Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you.

*You can purchase this coverage for you and your family. Child coverage is available to age 26.*

### BENEFITS

#### Benefits are payable for hospital stays due to:

- Sickness
- Accidents\*
- Routine pregnancy
- Complications of pregnancy
- Newborn complications
- Mental and nervous disorders
- Substance abuse

#### Additional reasons to sign up:

- No medical questions to answer - guaranteed issue coverage

Your employer is offering you a choice of two plans. Please review the information for both plans. Then, choose the one plan that best fits your needs.

\*Confinements due to an accident must be within 365 days of the accident.

VERMILION COUNTY

All Eligible Employees

POLICY # 961896

Sun Life Assurance Company of Canada

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Hospital Indemnity Insurance

## What's covered – LOW

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

### BENEFIT SCHEDULE – LOW

<b>FIRST DAY BENEFITS</b> Payable per benefit year	<b>LOW</b>
<b>First day hospital confinement –</b> This benefit pays the first day you stay in a regular hospital bed.	\$500 per day 1 day
<b>First day ICU confinement –</b> This benefit pays the first day you stay in an ICU bed.	\$1,000 per day 1 day
<b>CONFINEMENT BENEFITS</b> Payable per benefit year	<b>LOW</b>
<b>Hospital confinement –</b> This benefit pays for a hospital stay in a standard room.	\$100 per day Up to 30 days
<b>Intensive Care Unit (ICU) confinement –</b> This benefit pays for a hospital ICU stay.	\$100 per day Up to 15 days
<b>ADDITIONAL AND ENHANCED BENEFITS</b> Payable per benefit year	<b>LOW</b>
<b>Wellness screening benefit –</b> This benefit pays for a covered wellness test or exam even without a hospital stay.	\$50 per day 1 day per insured per benefit year

## What's covered – HIGH

This plan provides benefits due to hospital stays for covered accidents or sickness. Once your Hospital Indemnity coverage goes into effect, you can file a claim for covered hospital stays occurring after your plan's effective date.

The benefits shown in the schedule are payable for each person covered by the plan unless otherwise stated.

### BENEFIT SCHEDULE – HIGH

<b>FIRST DAY BENEFITS</b> Payable per benefit year	<b>HIGH</b>
<b>First day hospital confinement –</b> This benefit pays the first day you stay in a regular hospital bed.	\$1,000 per day 1 day
<b>First day ICU confinement –</b> This benefit pays the first day you stay in an ICU bed.	\$2,000 per day 1 day
<b>CONFINEMENT BENEFITS</b> Payable per benefit year	<b>HIGH</b>
<b>Hospital confinement –</b> This benefit pays for a hospital stay in a standard room.	\$200 per day Up to 30 days
<b>Intensive Care Unit (ICU) confinement –</b> This benefit pays for a hospital ICU stay.	\$200 per day Up to 15 days
<b>ADDITIONAL AND ENHANCED BENEFITS</b> Payable per benefit year	<b>HIGH</b>
<b>Wellness screening benefit –</b> This benefit pays for a covered wellness test or exam even without a hospital stay.	\$50 per day 1 day per insured per benefit year

## Frequently asked questions

### **What benefits will I receive for my newborn child?**

If your newborn has to stay in the Neonatal Intensive Care unit (NICU), benefits are payable. Hospital stays for routine newborn care are not covered.

### **How do I file a Hospital Indemnity claim?**

If you are confined to the hospital after the effective date of coverage, you can file a claim with us by downloading forms from our website. You will need to provide information about your hospital stay.

### **Do I need to file my claim within a certain timeframe?**

You should file your claim within 30 days of a covered confinement or as soon as reasonably possible.

### **How do I get the Wellness Screening Benefit?**

You can receive payment if you or a family member have a covered screening test or exam. This benefit is payable each year for specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams and more (may vary by state). The claim form can be downloaded from our website.

### **Is my benefit taxable?**

If you or your employer pay for all or part of the cost of coverage on a pre-tax basis, some or all of your benefit amount will be tax reported on a Form 1099 as taxable income. Please reach out to a tax advisor or your employer if you have any questions.

### **Can I take my insurance with me if I leave my employer?**

Depending upon state variations and your employer's plan, you may have an option to continue coverage when your employment terminates. Your employer can advise you about your option.

Please read the *Important information* section of this document.

## Helpful definitions

**Benefit year** means a calendar year beginning on January 1 of any year and ending on December 31 of that year.

**Confinement** means resident inpatient stay in a hospital for at least 20 continuous hours. There must be a charge for room and board unless it is a Veteran's Administration Hospital or other federal government operated hospital.

Hours spent in an observation unit are not eligible for the *First day hospital* or *First Day ICU confinement* benefit. An observation unit stay of 20 hours or more will be covered under the Hospital confinement benefit.

Confinement does not include the period of time in a hospital emergency room, observation room, a freestanding surgical facility or an outpatient facility.

**Covered Accident** means an accident that the policy or applicable riders or endorsements attached to it does not exclude.

**Covered Sickness** means a sickness that the policy or applicable riders or endorsements attached to it does not exclude.

**Hospital** means a licensed facility that provides inpatient medical care and treatment to sick and injured persons with 24-hour nursing service under the supervision of a physician. Hospital does not include a rest home; a skilled nursing facility; an extended care facility; a place of convalescence; a rehabilitation unit; a hospice facility; a place providing custodial care; a mental and nervous disorder facility or a substance abuse facility.

**Intensive Care Unit (ICU)** means a specifically designated part of a hospital that provides the highest level of medical care. It is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care, including a neonatal intensive care unit specializing in the care of ill or premature newborn infants. The ICU must be under continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis and have an assigned physician on a full-time basis. An ICU is not a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit or an observation unit.

**Inpatient or Inpatient Treatment** means receiving treatment as a resident patient using, and being charged for, the room and board facilities of a hospital. The requirement that you be charged does not apply to confinement in a Veteran's Administration Hospital or other federal government operated hospital.

**Observation Unit** means a specified area within a hospital, apart from the Emergency Room, where a patient can be monitored by a physician and which is under the direct supervision of a physician or registered nurse; is staffed by nurses assigned specifically to that unit; and provides care seven days per week, 24 hours per day.

An observation unit stay lasting 20 hours or more is treated as a Hospital confinement.

**Rehabilitation Unit** means a distinct unit within a hospital that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of multidisciplinary physical restorative services to achieve the highest possible functional ability for disability due to sickness or injury. Services are provided by or under the supervision of a trained and experienced rehabilitation physician. A rehabilitation unit is not a freestanding rehabilitative facility; a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a hospice facility; a facility for the treatment of alcoholism or drug addiction or an assisted living facility.

# Important information

This is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance. It is not a Medicare Supplement policy. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. The policy, certificate and any rider, if applicable, may not be available in all states and may vary based on state laws and regulations. This product is inappropriate for individuals who are eligible for Medicaid coverage.

To become insured, you must meet the eligibility requirements set forth by your employer. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

## Exclusions

The exclusions listed below may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

## Hospital Indemnity

No benefits will be payable relating to or resulting from services or treatment rendered or confinement outside the United States or Canada. No benefits will be payable for any loss that is caused or contributed to by: war or any act of war or your active duty in any armed service during a time of war (this does not include acts of terrorism); active military duty; riding in or driving any motor-driven vehicle in a race, stunt show, speed test or driving while Intoxicated; committing of or attempting to commit an assault, felony or other criminal act; active participation in a riot, rebellion or insurrection; committing or attempting to commit suicide, whether sane or insane, or injuring oneself intentionally; incarceration in a penal institution of any kind; elective abortion or complications thereof; elective or cosmetic surgery or procedures, except for reconstructive surgery unless due to congenital anomaly or disease of a dependent child which has resulted in a defect; artificial insemination, in vitro fertilization, test tube fertilization; or sterilization, tubal ligation or vasectomy, and reversal thereof, unless recommended by a physician.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, "Sun Life"). Group Hospital Indemnity Insurance is underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 15-GP-01, 20-HI-C-01, 12-GPPort-P-01, 20-HIPORT-C-01 in certain states.

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# Rates

Coverage and **semi-monthly** cost for Hospital Indemnity.

Rates are effective as of October 1, 2023.

Hospital Indemnity coverage is contributory. You are responsible for paying for all or a part of the cost through payroll deduction.

## Low plan

Coverage	Cost per pay period*
Employee	\$6.64
Employee + Spouse	\$13.78
Employee + Child(ren)	\$11.19
Employee + Family	\$18.33

## High plan

Coverage	Cost per pay period*
Employee	\$11.62
Employee + Spouse	\$24.35
Employee + Child(ren)	\$19.50
Employee + Family	\$32.23

\*Contact your employer to confirm your part of the cost.