

MORE ABOUT

HOSPITAL SELECT[®] III

HOSPITAL INDEMNITY INSURANCE



Your Hospital Indemnity Benefits

Hospital Select III hospital indemnity insurance pays employees a cash benefit to help cover costs associated with a hospital stay. *Hospital Select III* is a voluntary policy intended to supplement the major medical insurance in your benefits package. The following benefits are included in your plan option(s). Unless otherwise noted, all benefits and maximums are per insured person.

DAILY IN-HOSPITAL INDEMNITY BENEFIT	
Pays each day an insured person is confined to a hospital (but not an emergency room, an outpatient stay, or a stay in an observation unit or recovery room) as the result of a covered accident or sickness.	\$100
Calendar Year Maximum	31 Days per confinement
INCLUDED RIDERS	
HOSPITAL CONFINEMENT INDEMNITY BENEFIT RIDER (RIDER FORM SERIES TRH1000-0118)	PLAN OPTION 1
Pays each day an insured person is confined to a hospital (but not an emergency room, an outpatient stay, or stay in an observation unit or recovery room) as the result of an accidental injury or sickness lasting a minimum of 24 continuous hours from time of admission.	\$2,000
Maximum	1 day(s) per confinement/ 1 day(s) per calendar year
WELLNESS INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRHWEL00)	PLAN OPTION 1
Pays each day an insured person undergoes a health screening test as defined in the policy.	\$100
Calendar Year Maximum	1 day
OUTPATIENT SURGICAL INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CROPS400)	PLAN OPTION 1
Pays each day an insured person undergoes outpatient surgery as the result of a covered accident or sickness	\$100
If anesthesia is administered, pays an additional:	30%
Calendar Year Maximum	1 day
INPATIENT MENTAL AND NERVOUS DISORDER INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRMN0400)	PLAN OPTION 1
Pays each day an insured person is confined, on an inpatient basis, to a hospital or mental health facility as the result of a mental or nervous disorder for a minimum of 24 continuous hours. Mental or nervous disorder includes neurosis, psychoneurosis, psychopathy, psychosis, or other mental or emotional disease or disorder of any kind.	\$100
Maximum	31 days per calendar year/60 days per lifetime

Your Hospital Indemnity Benefits

INPATIENT DRUG AND ALCOHOL ADDICTION INDEMNITY BENEFIT RIDER (RIDER FORM SERIES CRDA0400)	PLAN OPTION 1
Pays each day an insured person is confined, on an inpatient basis, to a hospital or residential treatment facility as the result of drug or alcohol addiction for a minimum of 24 continuous hours.	\$100
Maximum	31 days per calendar year/60 days per lifetime

Your Hospital Indemnity Benefits

PLAN OPTION 1 : MONTHLY RATES <i>HOSPITAL SELECT III</i>				HIP-HS3- NONHSA.2023.01.PROD,SHARED,AWS.AL.O.O.DPT.L5
AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND CHILD(REN)	EMPLOYEE, SPOUSE, AND CHILD(REN)
All Ages	\$39.06	\$84.85	\$67.19	\$102.99

The illustrated rates DO NOT contain a pre-existing condition limitation.

The above rates are quoted for groups with 8000 eligible lives. Should this plan design sell and the submitted group size is different, rates may be different.

Issue State: Alabama

Rate generation date: April 10, 2024

SIC Code: 8211

HOSPITAL SELECT® III **HOSPITAL INDEMNITY INSURANCE**



Hospital Select® III Hospital Indemnity Insurance **Limitations and Exclusions: What Doesn't Qualify**

Confinement for the same or related condition within 30 days of discharge will be treated as a continuation of the prior confinement. Successive confinements separated by more than 30 days will be treated as a new and separate confinement.

No benefits under this contract will be payable as the result of the following:

- Suicide or attempted suicide
- Intentionally self-inflicted injury
- Rehabilitative care and treatment or rest care
- Immunization shots and routine examinations such as: physical examinations, mammograms, pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests, and blood screenings (unless Wellness Indemnity Benefit Rider is included)
- Any pregnancy of a dependent child, including confinement rendered to her child after birth
- Routine newborn care (unless Wellness Indemnity Benefit Rider is included)
- Hospital confinement of a newborn child following the child's birth, unless the newborn child is being treated for accidental injury or sickness
- An insured person's abortion, except for medically necessary abortions performed to save the mother's life
- Treatment of mental or emotional disorder (unless Inpatient Mental and Nervous Disorder Indemnity Benefit Rider is included)
- Treatment of alcoholism or drug addiction (unless Inpatient Drug and Alcohol Addiction Indemnity Benefit Rider is included)
- Participation in a riot or insurrection

Hospital Select® III Hospital Indemnity Insurance

Limitations and Exclusions: What Doesn't Qualify

- Any accident caused by the participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a physician or taken according to the physician's instructions) or while intoxicated (intoxicated means that condition as defined by the law of the jurisdiction in which the accident occurred)
- Dental care or treatment, except for such care or treatment due to accidental injury to sound, natural teeth within 12 months of the accident and except for dental care or treatment necessary due to congenital disease or anomaly
- Sex change, reversal of tubal ligation, or reversal of vasectomy
- Artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or physician's services, unless required by law
- Committing, attempting to commit, or taking part in a felony [or assault], or engaging in an illegal occupation
- Traveling in or descending from any vehicle or device for aerial navigation, except as a fare-paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip
- Any loss incurred on active duty status in the armed forces. (If you notify us of such active duty, we will refund any premiums paid for any period for which no insurance is provided as a result of this exception.)
- Involvement in any war or act of war, whether declared or undeclared

PORTABILITY OPTION

If the employee loses eligibility for this insurance for any reason other than fraud or nonpayment of premiums, they will have the option to continue this certificate (including any riders, if applicable) by paying the premiums directly to us within 31 days after this insurance terminates. We will bill the employee for these premiums after the employee notifies us to continue this insurance. The premiums the employee pays directly to us may exceed the premiums that were paid through the policyholder due to increased administrative costs for direct billing. If the employee stops paying the premiums under this option, this insurance will cease, subject to the terms of the grace period. The Portability Option is only available for the insured employee and their insured dependents. It is not available for the insured dependents without the insured employee.

HOSPITAL CONFINEMENT INDEMNITY BENEFIT RIDER

We will not pay benefits under this rider for an emergency room stay, an outpatient stay, or a stay in an observation unit, or recovery room. We also will not pay a hospital confinement benefit for a newborn child's stay in the hospital unless the newborn child is confined to the hospital and is being treated for an accidental injury or sickness.

TERMINATION OF INSURANCE

Subject to the Portability Option, the insurance terminates on the earliest of:

- The insured's death
- The premium due date when we fail to receive a premium, subject to the grace period
- The date the employee requests the insurance to be canceled, or the date the request is received, whichever is later
- The date the policy terminates
- The date the insured ceases to be eligible for insurance

Dependent insurance ends on the earliest of:

Hospital Select® III Hospital Indemnity Insurance Limitations and Exclusions: What Doesn't Qualify

- The date the insured employee's insurance terminates
- The date the dependent no longer meets the definition of a dependent
- The date of the dependent's death
- The premium due date when we fail to receive a premium, subject to the grace period
- The date the employee requests the dependent's insurance to be canceled, or the date the request is received, whichever is later
- The date the policy is modified so as to exclude dependent insurance

The insurance company has the right to terminate the insurance of any insured who submits a fraudulent claim.

Termination will not impact any claim which begins before the date of termination.

OTHER INSURANCE WITH US

An employee can only have one hospital indemnity policy or certificate with us. If a person already has hospital indemnity insurance with us, such person is not eligible to apply for this insurance.