



# HOSPITAL INDEMNITY INSURANCE FOR

## UFCW Region 1

Presented by



A personalized guide to understanding your coverage



# HOSPITAL INDEMNITY INSURANCE BENEFIT SUMMARY

## What is Hospital Indemnity Insurance?

**This coverage pays benefits for hospitalizations associated with covered accidents or sicknesses.**

Hospital Indemnity Insurance is supplemental coverage that can complement your health insurance and help cover your out-of-pocket expenses. The amount paid depends on the type of hospitalization and is paid directly to you. See the benefit schedule for additional details.

## Use your benefits any way you like.

Benefit proceeds can be used however you want, whether it's toward your mortgage, medical bills or student loans. It's up to you.

## Coverage highlights

- No health questions asked
- Affordable premiums
- Simplified claims-filing

## How does the coverage work?

When you carry Hospital Indemnity Insurance and have a covered hospitalization, simply file a claim with our Claims Care Team online, over the phone, or via US mail or fax.

### Benefit snapshot: Miguel's pneumonia

Miguel had never faced any serious health problems and liked to think it was because of how well he took care of himself. Then one year, during a particularly bad flu season, Miguel found himself unable to kick a nasty bug. Several days into a fever, when he couldn't catch his breath, Miguel was taken to the emergency room by ambulance, where he was evaluated and admitted for pneumonia. Five days later, he was able to go home. Miguel used the benefits paid by his Hospital Indemnity Insurance to help cover his out-of-pocket medical expenses and time away from work.

#### Miguel's Hospital Indemnity policy paid these benefits\*:

Ambulance:	\$100
Hospital admission:	\$100
Chest x-rays:	\$100
Daily hospital confinements:	\$500
<b>Total benefits paid:</b>	<b>\$800</b>

\*This example is for illustrative purposes only. Your plan details may vary. See your enrollment guide for more information around the specific benefits covered under your group's plan.



## What benefits are included in my coverage?

Your Hospital Indemnity Insurance includes a range of covered hospitalizations and additional benefits, as outlined below. For additional details, see your certificate.

Core Hospitalization Benefits	Benefit amount
<b>Hospital</b>	
Admission Benefit, 5 per year	\$100
Daily Confinement	
Days 1 to 90	\$100
<b>Intensive Care Unit</b>	
Admission Benefit, 5 per year	\$200
Daily Confinement	
Days 1 to 31	\$200
<b>Surgery Benefits</b>	
Inpatient Surgery, up to 5 per year	\$100
Outpatient Surgery, up to 3 per year	
Tier 1 – Physician’s Office	\$100
Tier 2 – Hospital or Surgical Center	\$100
<b>Initial Treatment Benefits</b>	
Emergency Room, up to 5 per year	\$75
Urgent Care Facility, up to 5 per year	\$75
<b>Supplemental Care Benefits</b>	
Post Confinement Medical Consultation, up to 5 per year	\$100
Outpatient Therapy, up to 10 per year	\$50
Diagnostic Imaging and Testing, up to 2 per year	\$100
<b>Ambulance Benefits</b>	
Ground, 2 per year	\$100

Additional Benefits	Benefit amount
<b>Health Screening Benefit:</b> Benefit paid for eligible health screening tests	<b>\$50</b>

Examples of Eligible Screening Events			
Blood tests for triglycerides	Colonoscopy	Hepatitis B immunization	Sports physicals
Annual exam for adults	Bone marrow testing	HPV immunization	Stress test
Bone density screening	Chicken pox immunization	Mammography	Tetanus
Breast MRI	Fasting blood glucose test	Pap smear	Virtual colonoscopy
Carotid ultrasound	Flu vaccination	Pneumonia immunization	Well child visits
Concussion baseline testing	Dermatological screenings for skin cancer	Genetic screening for medical diagnosis & treatment	Serum cholesterol HDL/LDL



## How much does it cost?

See the rate chart below to calculate your coverage costs.

	Member only	Member & spouse	Member & child(ren)	Family
Weekly Rate	\$5.47	\$11.53	\$10.22	\$16.59

## Exclusions & limitations

This is not a complete disclosure of plan qualifications and limitations. Benefits and riders may vary by state and may not be available in all states. In addition to any benefit-specific exclusion, benefits will not be paid for any loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following, unless coverage is specifically provided for by name in insurance certificate:

- Intentionally self-inflicted injury, suicide, or any attempt or threat while sane or insane;
- Participating in war or any act of war whether declared or undeclared;
- Commission or attempt to commit a felony;
- Commission of or active participation in a riot, insurrection, or terrorist activity;
- Engaging in an illegal activity or occupation;
- Dental services or treatment except as a result of an injury;
- Flight in, boarding, or alighting from an aircraft or any craft designed to fly above the earth's surface, including any travel beyond the earth's atmosphere except a fare-paying passenger on a regularly scheduled commercial or charter airline;
- Travel in or on any motorized vehicle that does not require licensing as a motor vehicle;
- Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the covered person receives any compensation or remuneration;
- Mental and nervous disorder treatment received on an inpatient and outpatient basis regardless of treatment location;
- Mental and nervous disorder or emotional disorder treatment without regard to organic disease;
- Substance abuse treatment received on an inpatient and outpatient basis regardless of treatment location;
- Travel or activity outside the United States and the territories and possessions of the United States, Canada or Mexico;
- Voluntary intoxication (as defined by the law of the jurisdiction in which such intoxication occurred) due to ingestion or inhalation of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
- Operating any type of vehicle while intoxicated (as defined by the law of the jurisdiction in which such intoxication occurred) by alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it;
- Experimental or investigational procedures;
- Care that is not recommended and approved by a physician;
- Treatment associated with an elective or cosmetic surgery within the first 12 month(s) of the effective date;
- Treatment associated with donating an organ within the first 12 month(s) of the effective date;
- Treatment provided to a covered person either by themselves or by a medical professional that is an immediate family member, or has a business or financial affiliation with the covered person or an immediate family member;
- Treatment that was scheduled prior to the coverage effective date.



## Questions?

Contact your plan administrator with questions about the offered coverage.

This document is meant to highlight some, but not all the features Wellfleet coverage provides. It is not an insurance contract. Wellfleet Workplace benefits provide limited benefits and are not a substitute for mandated ACA healthcare coverage. Like most supplemental offerings, these benefits may have state-specific variations, and some product offerings and details may not be available in all states. Rates are subject to change. Wellfleet reserves the right to raise premium rates with proper notice, as noted in the policy. For complete details see your certificate.

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