

HOSPITAL INDEMITY INSURANCE for United Food and Commercial Workers (UFCW) Region 1

A personalized guide to understanding your plan

What is Hospital Indemnity Illness Insurance?

This coverage pays benefits for hospitalizations associated with covered accidents and 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.

Use your benefit proceeds however you want. Whether it is toward your mortgage, medical bills or student loans, it is 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 Hospital Indemnity claim with our Claims Care Team online, or via 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 from 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*:

Hospital admission:\$500Daily hospital confinements:\$750Total benefits paid:\$1,250

^{*}This example is for illustrative purposes only. Your plan details may vary. See your enrollment guide for more information around the 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 more information, see your certificate.

HOSPITAL INDEMNITY BENEFITS	
Core Hospitalization Benefits	
Hospital	
Admission Benefit	\$500.00
Per year	1
Daily Confinement	\$150.00
Days	1 to 90
Intensive Care Unit	
Admission Benefit,	\$500.00
Per year	1
Daily Confinement	\$150.00
Days	1 to 31
Surgery Benefits	
Inpatient Surgery	\$500.00
Maximum per year	5 days
Outpatient Surgery	
Tier 1 - Physician's Office	\$150.00
Tier 2 - Hospital or Surgical Center	\$150.00
Exploratory surgery (percent of Outpatient Surgery)	0%
Maximum per year	3 days
Anesthesia	\$300.00
Epidural/Spinal (percent of Anesthesia Benefit)	25%
Maximum per year	3 days
Initial Treatment Benefits	
Emergency Room	\$100.00
Maximum per year	5 days
Urgent Care Facility	\$50.00
Maximum per year	5 days
Supplemental Care Benefits	
Post Confinement Medical Consultation	\$25.00
Maximum per year	5 days
Outpatient Therapy	\$25.00
Maximum per year	10 days
Diagnostic Imaging and Testing	\$100.00
Maximum per year	2 days
Child Related Benefits	
Well Baby Check-up (within first 12 months)	\$50.00
Maximum number of days	4 days

Specialty Care Benefits		
Inpatient Rehab Facility	\$50.00	
Maximum per year	30 days	
Lifetime maximum	90 days	
RIDERS		
Health Screening Benefit Rider*		
Benefit Amount	\$50.00	
Number of payments per year, per covered person	1	
Critical Illness Rider		
Benefit Amount	\$5,000.00	
Member	100%	
Spouse	50%	
Child(ren)	25%	
Lifetime Maximum	Unlimited	
Critical Illness Benefit Payable per Diagnosis		
Cancer	100%	
Carcinoma in Situ	25%	
Coronary Artery Disease	25%	
End Stage Renal Disease	100%	
Heart Attack	100%	
Major Human Organ Failure	100%	
Stroke	100%	
Reoccurrence Benefit	100%	
Accident Benefit Rider		
Initial Accident Treatment		
Emergency Room, once per accident	\$100.00	
Urgent Care Facility, once per accident	\$100.00	
Physician Office, once per accident	\$50.00	
Follow-Up Care		
Inpatient Surgery, once per accident	\$500.00	
Outpatient Surgery, once per accident		
Tier 1 - Physician's Office	\$100.00	
Tier 2 - Hospital or Surgical Center	\$100.00	
Exploratory surgery (percent of	25%	
General Anesthesia, once per accident	\$100.00	
Outpatient Therapy	\$10.00	
Maximum per accident	1 days	
Durable Medical Equipment		
Tier 1	\$10.00	
Tier 2	\$10.00	
Tier 3	\$10.00	
Maximum per accident	1 days	
Prosthetic Device	\$150.00	
Physician's Follow-Up	\$50.00	
Prescription Drugs	\$10.00	



Dislocations - closed reduction	
Minor	\$100.00
Moderate	\$200.00
Major	\$300.00
Open Reduction	2X
Fractures - Closed Reduction	
Minor	\$100.00
Moderate	\$200.00
Major	\$300.00
Open Reduction	2X
Chip Fracture	25%
Accidental Death, Dismemberment & Catastrophic	
Accidental Death	\$25,000.00
Accidental Death Common Carrier	\$50,000.00
Accidental Dismemberment	
Loss of Both Hands, Loss of Both Feet, or	\$2,000.00
Loss of One Hand or Loss of One Foot	\$2,000.00
Partial Dismemberment	
Loss of One or More Fingers or Toes	\$250.00
Partial Amputation of Finger or Toe	\$100.00
Catastrophic	
Loss of Sight in Both Eyes	\$2,500.00
Loss of sight in One Eye	\$2,500.00
Loss of hearing in Both Ears	\$5,000.00
Loss of hearing in One Ear	\$2,500.00
Loss of Speech	\$5,000.00

^{*}Spouse benefits are 50% and Child(ren) benefits are 25% of the Accidental Death, Dismemberment & Catastrophic benefit amounts.

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 screening 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.

Tier	Member Only	Member & Spouse	Member & Child(ren)	Family
Weekly Rate	\$9.72	\$19.36	\$15.96	\$26.43



Exclusions & limitations*

This is not a complete disclosure of plan qualifications and limitations. Benefits and riders may vary 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 the 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 Hospital Indemnity 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. This coverage is only available in Pennsylvania. 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 with proper notice, as noted in the policy. For complete details, see your certificate. Wellfleet is the marketing name used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company and Wellfleet Group, LLC. All insurance products are administered or managed by Wellfleet Group, LLC.

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^{*} May vary by state. Policy, Certificate and Riders should be reviewed for complete benefits, exclusions and limitations.