

# UFCW 1000 Hospital Indemnity



Hospital Indemnity pays you a cash benefit when you're hospitalized. You can use the cash benefits however you want – to help pay medical bills or everyday living expenses such as housing, car payments, utility bills, childcare, groceries, and credit card bills.

## Coverage Type

Provides expense reimbursement for hospital confinement up to the policy maximum. Coverage is available to the insured, spouse, and the children.

### BENEFITS & FEATURES

#### Hospital Indemnity

\$100 / If a covered person is confined as an inpatient in a hospital, the benefit is paid for a maximum of 30 days per confinement.

#### Waiver of Premium

A covered person's premium is waived if he or she becomes totally disabled for at least 90 days and after the effective date of coverage. There is no lifetime maximum. The waiver of premium benefit is limited to a maximum of 12 consecutive months per disability.

#### First Admission

\$600 / One-time lump sum per year.

#### Emergency Treatment

\$75 / Three day maximum per year. Emergency Treatment must be provided at Hospital Emergency Room or an Urgent Care Facility.

#### Inpatient Surgical

\$100 / Surgery must take place while confined as an inpatient in a Hospital. Two day maximum per year.

#### Outpatient Surgical

\$50 / Maximum 2 days per year.  
Surgery takes place on an outpatient basis in a Hospital or Ambulatory Surgical Center. This benefit does not include surgery performed in an Emergency Room.

#### Office Visit

\$100 / Benefit pays when a covered person is seen by a doctor for follow up treatment after being confined as an inpatient in a hospital. An emergency room visit is not a covered service.  
Maximum of 5 per year.

<b>Diagnostic Benefit</b>	\$100 / Based on receiving one of the covered tests; MRI, CT, PET, Myelogram, Arteriogram or Thallium Stress Test. Maximum two days per covered person per year.
<b>Intensive Care Unit (ICU)/ Cardiac Care Unit (CCU)/ Burn Unit</b>	Pays two times the selected hospital indemnity benefit when a covered person is confined to an intensive care unit, cardiac care unit, or burn unit. Maximum of 15 days per calendar year.
<b>Outpatient Lab</b>	\$25 per diagnosis lab test for the purpose of diagnosing a covered illness or disease or accident (per day). Maximum of three days per covered person per year.
<b>Rehabilitation</b>	\$50 per day for confinement in a Rehabilitation Unit after a period of hospital confinement. 30 day maximum.
<b>Wellness</b>	\$50 for tests for the diagnosis or treatment of a covered condition. Maximum of one per covered person per year.
<b>Ambulance</b>	\$50 / Ground Ambulance pays a benefit if an injury requires ground ambulance transport. Maximum of 4 trips per covered person per year.  Air Ambulance pays if an injury requires air transportation. Air transportation benefit is 2 x ground benefit. Maximum of 4 trips per covered person per year.

Benefits and riders may vary by state and may not be available in all states.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at [www.manhattanlife.com](http://www.manhattanlife.com). Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: M-8019

Well-Being Benefit: M-1775

Insured by ManhattanLife Insurance and Annuity Company\*

\*FL and NJ Underwritten by Manhattan Life Insurance Company.



[www.manhattanlife.com](http://www.manhattanlife.com)

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