

# UFCW Meat Processors Hospital Indemnity



## SUMMARY OF BENEFITS

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.

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<b>Product Base</b>	Group
<b>Coverage Type</b>	Provides expense reimbursement for hospital confinement up to the policy maximum. Coverage is available to the insured, spouse, and the children.

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## BENEFITS & FEATURES

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<b>Hospital Indemnity</b>	If a covered person is confined as an inpatient in a hospital, the selected benefit is paid for a maximum of 30 days per confinement. \$100 per day
<b>Waiver of Premium</b>	Premium is waived if you become 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.
<b>First Admission</b>	If a covered member is confined as an inpatient in a hospital for the first time during a calendar year, pays a one-time lump sum per year. Hospital confinement must be for at least 18 hours as an inpatient. \$600
<b>Emergency Treatment</b>	Emergency Treatment must be provided at Hospital Emergency Room or an Urgent Care Facility. \$75 per visit - max 3 visits per year
<b>Inpatient Surgical</b>	Surgery must take place while confined as an inpatient in a Hospital. Two day maximum per year. \$100
<b>Outpatient Surgical</b>	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. \$50
<b>Diagnostic</b>	Pays \$100 for one of the following tests: CT Scan, MRI, Myelogram, PET Scan, Angiogram, Arteriogram, or Thallium Stress Test; per diagnosis for a covered illness or disease or accident (per day). 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 30 days per calendar year. \$200

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<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>Post-Hospitalization</b>	Benefit is payable for follow-up office visits \$100 per visit. Maximum of five visits 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 Screening</b>	Benefit pays for 21 covered tests including mammograms, colonoscopies, and stress tests. Indemnity based and payable once per calendar year per insured. Coverage is same for all insureds on the certificate. \$50
<b>Ambulance</b>	Air/Ground: \$50/\$100. Maximum of 4 trips for air and 4 trips for ground per covered person per year.

**PLAN PROVISIONS**

<b>Pre-existing conditions</b>	If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific preexisting limitations. Waived
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Member issue ages 18-90</li> <li>• Full-time, benefit eligible members, actively at work and working at least 15 hours per week</li> <li>• Spouse issue ages 18-90; ineligible if member is denied</li> <li>• Child issue ages 0-25; ineligible if member is denied</li> </ul>
<b>Termination age</b>	Age 91 unless actively at work, then on last day of active employment.

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\*

IL and NJ Underwritten by Manhattan Life Insurance Company.



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