Get The Facts | Quick Reference Guide

Hospital Indemnity Insurance

As an important voluntary coverage, a Hospital Indemnity (HI) insurance plan can help round out your benefit package and help employees protect against the added financial stress of being in a hospital while recovering from an accident or serious illness. Here are the facts on the Hospital Indemnity plans from The Hartford's **Employee Choice Benefits℠** program.

Plan Design & Benefit Information		Options Available[1]
Eligibility Basics	• Employee (EE) › 2-49 lives: 30 hours/week › 50+ lives: 20 hours/week • Spouse/Partner: eligible if EE is eligible • Child(ren): birth to age 26 (ACA match)	• Work hours can be set by the employer • Eligibility age limit (term age) of 65-85 available • Child eligibility age range is 18-26
Coverage Type, Covered Events & Benefit Accrual Period	• 24 hour (on and off-job) • Illness and injury • Policy year • Pregnancy covered	• Off-job (non-occupational) • Illness only • Calendar year • Pregnancy coverage alternatives
Plan Type	• HSA compatible benefits* • Choice of 3 standard benefit schedules • One or more plans may be offered to EEs (ideally no more than 2, e.g., low/high or HSA/non-HSA)	• Expanded benefits (Not all options are HSA compatible) • Custom-built plan: choice of benefits & amounts • Four optional riders
Coverage Tier Options	• Employee choice of coverage tiers • Four tier structure: › EE only › EE + Child(ren) › EE + Spouse/Partner › Family	Alternate coverage tier structures available • One tier (EE only) • Two tier (EE only; Family) • Three tier (EE only; EE + 1 Dependent; Family)
Funding Options (Premium Structure)	100% EE-paid (voluntary)	• 100% employer-paid (non-contributory) • Cost sharing (contributory): contingent on group size
Underwriting & Rate Information		**Options Available**
Preferred Information to Quote	• Group name, situs state, SIC, desired effective date • Employee census • If takeover, current participation and claims experience/reporting	
Underwriting Type	Guaranteed Issue[1] for all covered persons	
Enrollment Type	Annual open enrollment	
Rate Guarantee Period	• 2-99 lives 2 years • 1000+ lives 3 years › Group must achieve 10% participation to secure the rate guarantee › If 10% is not achieved, rate guarantee may revert to 1 year	• 1-5 years
Minimum Participation Requirement	• 100% EE-paid: › 2 - 49 lives – 2 enrolled lives › 50+ lives – 10 enrolled lives	• 100% employer-paid: 100% of eligible lives • Cost sharing: contingent on group size
Rate Structure	Composite rates by coverage tier	
Renewability	Annually renewable at the discretion of the group	

*This plan design was designed to be compatible with Health Savings Accounts (HSAs). Please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

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Product Provisions[1]

	Benefit Amount Per Day	Max Days Per Year (Standard)	Low	Mid	High	Detail/Options
Standard HSA Compatible Benefits						
First Day Hospital[2] Confinement	$500-$2,500	1 - 5 (1)	$500	$1,000	$2,000	May be removed
Daily Hospital[2] Confinement	$50 - $500	10 - 360 (90)	$100	$150	$200	Required
Daily ICU Confinement	$100 - $1,000	10 - 90 (30)	$200	$300	$400	May be removed
Optional HSA Compatible Benefits						
First Day ICU Confinement	$1,000 - $5,000	1 - 5 (1)	$1,000	$2,000	$4,000	
Medical Travel	$25 - $500	1, 2, 3, 4, 5, 10 (3)	$150	$300	$450	
Companion Lodging	$25 - $200	5, 10, 15, 30 (15)	$100	$125	$150	
Family Care	$5 - $50	10, 15, 30, 60 (10)	$20	$25	$30	
Pet Care	$5 - $50	10, 15, 30, 60 (10)	$20	$25	$30	
Health Screening	$50 - $100	1	$50	$50	$50	
Newborn Routine Hospital Care	$25 - $500	1	$100	$150	$200	
Other Medical Care Facility – Optional Benefits (HSA Compatible) – Available For 50+ Lives						
Continuous Care Confinement	$50 - $500	10, 30, 60, 90 (30)	Rehabilitation, hospice and skilled nursing facilities			
Mental/Nervous – Inpatient	$50 - $500	10, 30, 60, 90 (30)				
Substance Abuse – Inpatient	$50 - $500	10, 30, 60, 90 (30)				
Surgery (Sx) – Optional Benefits (Not HSA Compatible) – Available for 50+ lives						
Inpatient Sx	$500 - $3,000	1 - 5 (1)				
Outpatient Sx–Hospital/ASC	$50 - $1,000	1 - 5 (1)				
Outpatient Sx–Phys. Office/ER	$50 - $500	1 - 5 (1)				
Additional Care – Optional Benefits (Not HSA Compatible) – Available for 50+ lives						
Ambulance–Air	$500 - $3,000	1 - 5 (1)				
Ambulance–Ground/Water	$50 - $1,000	1 - 5 (1)				
Emergency Room	$25 - $500	1 - 5 (1)	Accident/injury only option available			
Hospital Observation/Short Stay	$25 - $500	1 - 5 (1)	Accident/injury only option available			
Diagnostic Exam–Outpatient	$25 - $500	1 - 5 (1)				
Prescription Drug	$5 - $50	5, 12, 20 (12)	1 - 5 (1) max days per month applies			
Medical Professional Care – Optional Benefits (Not HSA Compatible) – Available for 50+ lives						
Medical Prof./Phys. Office Visit	$25 - $200	1, 2, 3, 5, 10 (5)	1 - 5 (1) max days per covered event applies			
Telemedicine Visit	$10 - $25	1 - 5 (1)				
Therapy Services–Outpatient	$25 - $100	5, 10, 15, 30 (10)				
Urgent Care	$25 - $200	1 - 5 (1)				
Home Health Services	$25 - $100	30, 60, 90 (30)				
Mental and Nervous Disorder–Outpatient	$25 - $200	10, 20, 30, 60 (10)				
Substance Abuse Disorder–Outpatient	$25 - $200	10, 20, 30, 60 (10)				

Optional Riders – Available for 50+ lives

- **Accidental Death & Dismemberment (AD&D)**
- **Critical Illness/Specified Disease (CI/SD)**
- **Term Life (TL)**
- **Short Term Care (STC)**

Features & Services

Portability	Included; extended continuation will be offered instead of portability in some states
Extension of Coverage	Optional; extension while confined and extension with waiver of premium due to disability available
Ability Assist® EAP[3]	24/7/365 access to help for financial, legal or emotional issues
HealthChampion®[3]	Administrative and clinical support following serious illness or injury

Reduction, Limitations & Exclusions

Pre-Ex[1]	None, 12/12, 6/12, 3/12, 6/6 or 3/6; Some states may require a specific pre-ex
Benefit Waiting Period – Illness	Not included is standard; optional 30 days in absence of pre-ex; applies to illnesses only
Other HI Policy Limitation	Included
Other Limitations & Exclusions	A complete listing of exclusions can be found in the sample contract, available upon request

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THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Hospital Indemnity Plan Form Series includes GBD-2800, GBD-2900 or state equivalent.

1 May vary by state. Benefits payable are subject to the Plan's Pre-Existing Conditions limitation.

2 Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitory care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours. Required hours may vary by state.

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