



Employees of Coastal Bend Employee Benefits Cooperative

Benefits at a glance

If you or a covered family member have to go to the hospital for an accident or injury, hospital indemnity insurance provides a lump-sum cash benefit to help you take care of unexpected expenses — anything from deductibles to child care to everyday bills. Because you’re selecting this coverage through your company, you can take advantage of group rates. You don’t have to answer medical questions to receive coverage; this is guaranteed coverage.

Core hospital benefits	Plan benefit
Hospital admission For the initial day of admission to a hospital for treatment of a sickness/an injury	\$1,000 per day for one day per calendar year
Hospital confinement For each day of confinement in a hospital as a result of a sickness/an injury	\$100 per day for 30 days per calendar year starting on the first day of confinement
Hospital intensive care unit (ICU) admission For the initial day of admission to an ICU for treatment as the result of a sickness/an injury	\$2,000 per day for one day per calendar year
Hospital ICU confinement For each full or partial day of confinement in an ICU as a result of a sickness/an injury	\$200 per day for 30 days per calendar year starting the first day of confinement
Complications of pregnancy	Included

- If admitted to a hospital or ICU within 90 days after being discharged from a preceding stay for the same or related cause, the subsequent admission will be considered part of the first admission.
- If both hospital and ICU admission or hospital and ICU confinement become payable for the same day, only the larger of the two benefits will be paid. If the amount of the benefits is the same, only one will be paid.

Additional confinement benefits	Plan benefit
Newborn care For each day of confinement to a hospital for routine post-natal care following birth	\$500 per day for two days per calendar year

- If a newborn baby is confined for treatment of an illness, infirmity, disease, or injury, we will pay the Hospital or ICU confinement benefit instead of the Newborn care benefit.

Health assessment/wellness benefit	Your cash benefit
Health assessment benefit Receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening, or immunization	Level: \$50

Enhanced benefits	Plan benefit percentage
Hospital NICU admission Increases the hospital ICU admission benefit for a newborn child's ICU or NICU admission by the percentage shown in the schedule of benefits	25%
Hospital NICU confinement Increases the hospital ICU confinement benefit for a newborn child's ICU or NICU confinement by the percentage shown in the schedule of benefits	25%

Additional plan benefit(s)	
Portability if you leave your employer	Included

Note: See the policy for details and specific requirements for each of these benefit options.

Benefit exclusions

General exclusions

The policy covers only sicknesses and injuries that occur while insurance is in force. No indemnities will be paid for a sickness or injury that occurs before the effective date of the insurance. Benefits are not payable for any loss caused or contributed to by:

1. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane*
2. Voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when:
 - a. Prescribed or administered by a physician
 - b. Taken in accordance with the physician's instructions
3. Committing or attempting to commit a felony
4. War or any act of war, declared or undeclared
5. Participation in a riot, insurrection, or rebellion of any kind
6. Participation in an act of terrorism
7. Military duty, including the Reserves or National Guard
8. Travel or flight in or on any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight, or as a passenger, pilot, or crew member in the group policyholder's aircraft while flying for group policyholder business, provided:
 - a. The aircraft has a valid U.S. airworthiness certificate (or foreign equivalent)
 - b. The pilot has a valid pilot's certificate with a non-student rating authorizing them to fly the aircraft
9. Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred
10. Cosmetic surgery, unless the treatment is the result of a covered event
11. Treatment for dental care or dental procedures, unless the treatment is the result of a covered event
12. Treatment of a mental illness*
13. Treatment of alcoholism, drug addiction, chemical dependency, or complications thereof*
14. Treatment through experimental procedures
15. Travel outside the United States and its possessions for the sole purpose of receiving medical care or treatment
16. Participating in, practicing for, or officiating any semi-professional or professional sport
17. Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
18. Being incarcerated in any type of penal or detention facility
19. Scuba diving
20. Mountaineering or spelunking
21. Bungee cord jumping, hang gliding, sail gliding, parasailing, parakiting, kitesurfing, base jumping, or any similar activities
22. Skydiving, parachuting, jumping, or falling from any aircraft for recreational purposes
23. Residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months
24. Injury arising out of or during employment for wage or profit

*Exceptions to the exclusions are accepted when substance abuse and mental disorder benefits are selected. This is a partial list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call **800-423-2765** and mention ID: CBEC.

Hospital indemnity insurance premium

Affordable group rates – Monthly premiums

As an employee, you can take advantage of this accident insurance plan. Plus, you can add loved ones to the plan for just a little more.

	Premium
Employee only	\$16.57
Employee + spouse	\$31.45
Employee + child(ren)	\$25.44
Family	\$40.32

The Lincoln National Life Insurance Company

Please see prior pages for product information.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts.

Should there be a difference between this summary and the contract, the contract will govern.

Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Affiliates are separately responsible for their own financial and contractual obligations.



©2022 Lincoln National Corporation
LCN-5274145-113022
GP-HSP1P-FLI001_Z01