## **Hospital Cash**

It's not easy to pay hospital bills, especially if you have a high deductible medical plan. Chubb Hospital Cash pays money directly to you if you are hospitalized so you can focus on your recovery. And since the cash goes directly to you, there are no restrictions on how you use your money.

\$30,000

average three-day hospitalization cost.<sup>1</sup>

5.4 days

average hospital stay.2



## Choose from 1 of 2 plans

	Plan 1	Plan 2
Hospitalization and Rehabilitation Benefits	Payable Benefit	Payable Benefit
<b>First Hospitalization Benefit</b> This benefit is payable for the first covered hospital confinement per certificate.	• \$500 • Maximum Benefit Per Certificate: 1	•\$1,000 •Maximum Benefit Per Certificate: 1
Hospital Admission Benefit This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	• \$1,500 • Maximum Benefit Per Calendar Year: 3	•\$3,000 •Maximum Benefit Per Calendar Year: 5
Hospital Admission ICU Benefit This benefit is for admission to a hospital intensive care unit.	• \$3,000 • Maximum Benefit Per Calendar Year: 3	•\$6,000 •Maximum Benefit Per Calendar Year: 5
Hospital Confinement Benefit This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	• \$100 Per Day  • Maximum Days Per Calendar Year: 30	•\$200 Per Day •Maximum Days Per Calendar Year: 30
Hospital Confinement ICU Benefit The benefit for confinement in a hospital intensive care unit.	<ul><li>\$200 Per Day</li><li>Maximum Days Per Calendar Year: 30</li></ul>	•\$400 Per Day •Maximum Days Per Calendar Year: 30
Newborn Nursery This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease or injury.	<ul> <li>\$500 Per Day</li> <li>Maximum Days per Confinement - Normal Delivery: 2</li> <li>Maximum Days per Confinement - Caesarean Section: 2</li> </ul>	<ul> <li>\$500 Per Day</li> <li>Maximum Days per Confinement - Normal Delivery: 2</li> <li>Maximum Days per Confinement - Caesarean Section: 2</li> </ul>

<sup>&</sup>lt;sup>1</sup> www.healthcare.gov; accessed Jan. 2023

<sup>&</sup>lt;sup>2</sup> data.oecd.org; accessed Jan. 2023

	Plan 1	Plan 2
Hospitalization and Rehabilitation Benefits (Continued)	Payable Benefit	Payable Benefit
Observation Unit This benefit is for treatment in a hospital observation unit for a period of less than 20 hours.	<ul><li>\$500</li><li>Maximum Days Per Calendar Year: 2</li></ul>	<ul><li>\$500</li><li>Maximum Days Per Calendar Year: 2</li></ul>
Rehabilitation Unit Admission Benefit This benefit is for admission to a rehabilitation unit as an inpatient.	<ul><li>\$500</li><li>Maximum Benefit Per Calendar Year: 3</li></ul>	•\$500 •Maximum Benefit Per Calendar Year: 5
Rehabilitation Unit Confinement Benefit This benefit is for confinement in a rehabilitation unit.	<ul> <li>\$200 Per Day</li> <li>Payable per day for days 2 through 11</li> <li>Maximum Days Per Calendar Year: 10</li> </ul>	<ul> <li>\$400 Per Day</li> <li>Payable per day for days 2 through 11</li> <li>Maximum Days Per Calendar Year: 10</li> </ul>
Family Care Benefit This benefit helps pay for childcare when an insured is confined in a hospital or rehabilitation unit.	<ul><li>Childcare Benefit Per Day: \$200</li><li>Maximum Days per Calendar Year: 10</li></ul>	<ul><li>Childcare Benefit Per Day: \$200</li><li>Maximum Days per Calendar Year: 10</li></ul>
Medical Travel Benefit This benefit helps pay for travel expenses when an insured must travel at least 50 miles from their residence to receive special treatment or confinement in a hospital.	<ul> <li>Per Day – 50 or more miles: \$100</li> <li>Maximum Days Per Calendar Year: 4</li> </ul>	<ul> <li>Per Day - 50 or more miles: \$100</li> <li>Maximum Days Per Calendar Year: 4</li> </ul>
Waiver of Premium Hospital Confinement This benefit waives premium when the employee is confined for more than 30 continuous days.	Included	Included

## Rates

	Plan 1	Plan 2
Monthly Premiums		
Employee	\$20.36	\$33.06
Employee + Spouse	\$40.68	\$73.39
Employee + Children	\$29.68	\$53.82
Family	\$50.00	\$81.19



Please refer to your Certificate of Insurance at https://wtxebc.com for a complete listing of available benefits, limitations and exclusions.

Underwritten by ACE Property & Casualty Company, a Chubb company.

This information is a brief description of the important benefits and features of the insurance plan. It is not an insurance contract. This is a supplement to health insurance and is not a substitute for Major Medical or other minimal essential coverage. Hospital indemnity coverage provides a benefit for covered loss; neither the product name nor benefits payable are intended to provide reimbursement for medical expenses incurred by a covered person or to result in any payment in excess of loss.