

Plan Summary for:

12632000 - ESC Region 11 EBC

## Hospital Indemnity

<b>Inpatient Hospital Benefits</b> 500 days lifetime maximum unless otherwise noted	<b>Low/\$1,000</b>	<b>High/\$2,000</b>
<b>Hospital Confinement</b>	\$1,000 first day, \$100 day 2+, 30 incident(s) pp/pcy	\$2,000 first day, \$100 day 2+, 30 incident(s) pp/pcy
<b>Intensive Care Unit</b>	\$1,000 first day, \$200 day 2+, 30 incident(s) pp/pcy	\$2,000 first day, \$200 day 2+, 30 incident(s) pp/pcy
<b>Substance Abuse Facility</b>	\$100 per day, 30 day(s) pp/pcy	\$100 per day, 30 day(s) pp/pcy
<b>Mental Health Facility</b>	\$100 per day, 30 day(s) pp/pcy	\$100 per day, 30 day(s) pp/pcy
<b>Nursing Facility</b> This benefit is paid only if following a covered hospital stay of at least three consecutive days.	\$100 per day, 30 day(s) pp/pcy	\$100 per day, 30 day(s) pp/pcy
<b>Outpatient Benefits</b>	<b>Low/\$1,000</b>	<b>High/\$2,000</b>
<b>Wellness Screening</b>	\$50 per day, 1 day(s) pp/pcy	\$50 per day, 1 day(s) pp/pcy
<b>Observation Unit</b>	\$1,000 per day, 1 day(s) pp/pcy	\$2,000 per day, 1 day(s) pp/pcy
<b>Plan is HSA Compatible</b>	Yes	Yes
<b>Extension of Coverage</b>	Included	Included
<b>Newborn Benefit</b>	Included	Included
<b>Monthly Premium</b>	<b>Low/\$1,000</b>	<b>High/\$2,000</b>
Employee	\$13.54	\$22.87
Employee + Spouse	\$28.11	\$46.05
Employee + Child(ren)	\$19.37	\$32.50
Family	\$31.37	\$52.12

pp/pcy= per person, per calendar year

To Calculate: Weekly=Monthly cost x 12 ÷52; Bi-Weekly =Monthly cost x 12÷26; Semi-Monthly=Monthly cost x 12 ÷24

**Please refer to the Description of Benefits included in this packet for additional information on your benefits.**

Hospital Indemnity insurance policies are not a replacement for a major medical policy or other comprehensive coverage and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. They are designed to provide benefits at a preselected, fixed-dollar amount. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. Hospital Indemnity policies are insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, and are not available in all U.S. states or any U.S. territory.

Coverage is provided under generic policy form number SBC-00500.

Description of Benefits for:  
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## Hospital Indemnity Insurance

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### **Inpatient Hospital/Intensive Care Unit First Day**

Benefits are paid on the first day of a covered hospital stay (whether that is a regular hospital bed or ICU) of 24 hours or more. The benefit is paid one time per hospital stay, regardless of whether the insured is moved from the regular bed to ICU, or vice versa.

### **Inpatient Hospital/Intensive Care Unit Day 2+**

Benefits are paid beginning the second day of a covered stay. ICU stays are included with the hospital stay benefit. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

### **Substance Abuse Facility**

Benefits are paid on the first day of a covered substance abuse facility stay. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

### **Mental Health Facility**

Benefits are paid on the first day of a covered mental health facility stay. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

### **Nursing Facility**

Benefits are paid on the first day of a covered nursing facility stay which follows a covered hospital stay of 3 consecutive days or more. Each facility has a calendar year maximum number of days as selected, 500 days per lifetime unless otherwise noted in the policy. Please refer to your Plan Summary for details.

### **Observation Unit**

Benefits will be paid for the Initial day of observation you have a period of observation in an observation unit lasting fewer than 24 hours, as the result of an Illness or Injury, but does not result an a hospital admission.

### **Portability/Extension of Coverage**

Allows coverage to continue following termination of employment or loss of eligibility. Review the certificate of coverage to understand the full details of this provision.

**Newborn Benefit**

If you have a baby while you're covered under the hospital indemnity plan, not only is your hospital stay covered, but your newborn is automatically covered under this plan from birth through the first 31 days of life.

**Wellness Screening**

This Rider provides a benefit if an Insured incurs an expense as a result of receiving any of the screening tests described in this Rider. There is a specified calendar year maximum number of screening tests for which a benefit will be paid. Please refer to your Plan Summary for details. Included tests:

- CEA blood test for colon cancer
- Chest X-ray
- Child sports physicals
- Colonoscopy or virtual colonoscopy
- CT angiography
- Electrocardiogram
- Fasting blood glucose test
- Flexible sigmoidoscopies
- Mammograms
- Pap smears
- Prostate-specific antigen (PSA) test
- Serum cholesterol test to determine level of HDL and LDL
- Stress test on a bicycle or treadmill
- Testicular ultrasound
- Thermography \$25
- ThinPrep Pap Test

If there is any conflict between this information and the policy issued, the terms of the policy will prevail.

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