

# 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.<sup>2</sup>



## Choose from 1 of 2 plans

	Plan 1	Plan 2
Hospitalization Benefits	Payable Benefit	Payable Benefit
<b>Hospital Admission Benefit</b> This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> <li>• \$1,000</li> <li>• Maximum Benefit Per Calendar Year: 5</li> </ul>	<ul style="list-style-type: none"> <li>• \$3,000</li> <li>• Maximum Benefit Per Calendar Year: 5</li> </ul>
<b>Hospital Admission ICU Benefit</b> This benefit is for admission to a hospital intensive care unit.	<ul style="list-style-type: none"> <li>• \$2,000</li> <li>• Maximum Benefit Per Calendar Year: 5</li> </ul>	<ul style="list-style-type: none"> <li>• \$6,000</li> <li>• Maximum Benefit Per Calendar Year: 5</li> </ul>
<b>Hospital Confinement Benefit</b> This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> <li>• \$100 Per Day</li> <li>• Maximum Days Per Calendar Year: 30</li> </ul>	<ul style="list-style-type: none"> <li>• \$200 Per Day</li> <li>• Maximum Days Per Calendar Year: 30</li> </ul>
<b>Hospital Confinement ICU Benefit</b> The benefit for confinement in a hospital intensive care unit.	<ul style="list-style-type: none"> <li>• \$200 Per Day</li> <li>• Maximum Days Per Calendar Year: 30</li> </ul>	<ul style="list-style-type: none"> <li>• \$400 Per Day</li> <li>• Maximum Days Per Calendar Year: 30</li> </ul>
<b>Newborn Nursery Benefit</b> 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 style="list-style-type: none"> <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 style="list-style-type: none"> <li>• \$500 Per Day</li> <li>• Maximum Days per Confinement - Normal Delivery: 2</li> <li>• Maximum Days per Confinement - Caesarean Section: 2</li> </ul>
<b>Health Screening Benefit</b>	<ul style="list-style-type: none"> <li>• \$50</li> <li>• Maximum Benefit Per Calendar Year 1</li> </ul>	<ul style="list-style-type: none"> <li>• \$50</li> <li>• Maximum Benefit Per Calendar Year 1</li> </ul>
<b>Observation Unit Benefit</b> This benefit is for treatment in a hospital observation unit for a period of less than 20 hours.	<ul style="list-style-type: none"> <li>• \$500</li> <li>• Maximum Benefit Per Calendar Year: 2</li> </ul>	<ul style="list-style-type: none"> <li>• \$500</li> <li>• Maximum Benefit Per Calendar Year: 2</li> </ul>

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

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

# Exclusions and Limitations\*

We will not pay for any Covered Accident or Covered Sickness that is caused by, or occurs as a result of: 1) committing or attempting to commit suicide or intentionally injuring oneself; 2) war, or serving in any of the armed forces or its auxiliary units; 3) participating in an illegal occupation or attempting to commit or committing a felony; 4) sky diving, hang gliding, parachuting, bungee jumping, parasailing, or scuba diving; 5) being intoxicated or being under the influence of narcotics or other prescription drug unless taken in accordance with Physician's instructions; 6) alcoholism; 7) cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness or is related to or results from a congenital disease or anomaly of a covered Dependent Child; 8) services related to sterilization or its reversal, in vitro fertilization, and diagnostic treatment of infertility or other related problems.

A Physician cannot be You or a member of Your Immediate Family, Your business or professional partner, or any person who has a financial affiliation or business interest with You.

## Rates

	Plan 1	Plan 2
<b>Monthly Premiums</b>		
Employee	\$9.72	\$19.85
Employee + Spouse	\$21.57	\$44.07
Employee + Children	\$17.98	\$36.73
Family	\$29.84	\$60.95



### Questions?

Contact the FBS Benefits CareLine via the QR code or **(833) 453-1680**.

\*Please refer to your Certificate of Insurance at <https://www.mybenefitshub.com/drippingspringsisd> 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.