

# GROUP VOLUNTARY HOSPITAL INDEMNITY INSURANCE BENEFIT HIGHLIGHTS



## Alamo Heights Independent School District

### COVERAGE INFORMATION

You have a choice of three hospital indemnity plans, which allows you the flexibility to enroll for the coverage that best meets your current financial protection needs. Benefit amounts are based on the plan in effect for you or an insured dependent at the time the covered event occurs. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		Low Plan	Mid Plan	High Plan
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)	On and off-job (24 hour)
Covered Events		Illness and injury	Illness and injury	Illness and injury
HSA Compatible		Yes	Yes	Yes
BENEFITS				
HOSPITAL CARE		Low Plan	Mid Plan	High Plan
First Day Hospital Confinement	Up to 1 day per year	\$500	\$1,000	\$2,000
Daily Hospital Confinement (Day 2+)	Up to 90 days per year	\$100	\$150	\$200
Daily ICU Confinement	Up to 30 days per year	\$200	\$300	\$400
VALUE ADDED SERVICES		Low Plan	Mid Plan	High Plan
Ability Assist® EAP <sup>1</sup> – 24/7/265 access to help for financial, legal or emotional issues		Included	Included	Included
HealthChampion <sup>SM1</sup> – Administrative & clinical support following serious illness or injury		Included	Included	Included

### PREMIUMS

The amounts shown are PER DAY amounts (Deductions actually occur on a monthly basis/12 per year)<sup>1</sup>:

COVERAGE TIER	Low Plan	Mid Plan	High Plan
Employee Only	\$0.30 per day	\$0.53 per day	\$0.92 per day
Employee & Spouse/Partner	\$0.56 per day	\$1.00 per day	\$1.73 per day
Employee & Child(ren)	\$0.56 per day	\$0.98 per day	\$1.70 per day
Employee & Family	\$0.87 per day	\$1.53 per day	\$2.65 per day

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under the age 26.

### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

### HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You have a choice of plan options. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

### WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, if you or your dependents are enrolled for coverage prior to this date, insurance will become effective on this date. If you or your dependents are enrolled for coverage after this date, insurance will become effective in accordance with the terms of the coverage (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

### WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependent(s) no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

### CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances.

<sup>1</sup>Rates and/or benefits may be changed.

<sup>2</sup>For Hospital Care benefits, when an insured is eligible for more than one benefit in a single day, only the highest benefit will be paid.

<sup>3</sup>HealthChampion<sup>SM</sup> and Ability Assist<sup>®</sup> services are provided through The Hartford by ComPsych<sup>®</sup>. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych.

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This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative 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. Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.