

Group Hospital Insurance*



How does it work?

Group Hospital Insurance helps covered employees and their families manage the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover.
- You get competitive rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

How much does it cost?

Your bi-weekly premium	
You	\$3.62
You and your spouse	\$9.44
You and your children	\$5.61
Family	\$11.43

Coverage may vary by state. See exclusions and limitations.

The plan does not include a pre-existing condition limitation. You are covered from day one. If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at <https://www.medicare.gov/publications/02110-choosing-a-medigap-policy-a-guide-to-health-insurance-for-people-with-medicare.pdf>.

Hospital Benefits		
Hospital Admission	Payable for a maximum of 4 days per year	\$1,000
ICU Admission (added to Admission)	Payable for a maximum of 4 days per year	\$1,000
Hospital Daily Stay	Payable per day up to 30 days	\$100
ICU Daily Stay (added to Daily Stay)	Payable per day up to 30 days	\$200
Short Stay	Payable for a maximum of 4 days per year	\$250
Additional Inpatient Care		
Daily Stay-Facility Mental and Nervous or Substance Abuse Treatment	Payable for maximum of 1 days per insured per calendar year	\$100
Rehab/Subacute Rehab Unit	Payable for maximum of 30 days per insured per calendar year	\$100
Family Care Benefits		
Well Child Benefit	Payable for maximum of 4 days per child before child reaches age 1	\$250

*Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy.
The definition of hospital does not include certain facilities. See your contract for details.

Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required 20 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees may have a waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

Exclusions and limitations

We will not pay benefits for any Covered Loss that is caused by, or occurs as a result any of the following:

- committing or attempting to commit a felony;
- being engaged in an illegal occupation;
- injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- war or any act of war, whether declared or undeclared;
- combat or training for combat while serving in the National Guard or the armed forces of any nation, state, authority, or organization;
- a Covered Loss that occurs while an Insured is incarcerated in a penal or correctional institution or under house arrest or confinement;
- any Insured undergoing cosmetic surgery. "Cosmetic Surgery", for purposes of this exclusion, means surgery that is performed to alter or reshape normal structures of the body in order to improve the Insured's appearance. "Cosmetic Surgery" shall not include reconstructive surgery when such surgery is performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease in order to improve function or create a normal appearance, to the extent possible;
- being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician;
- Treatment for dental care or dental procedures, unless Treatment is the result of a Covered Accident or Covered Sickness;
- any Admission or Daily Stay of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

End of employee coverage

If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.
Otherwise, your coverage under this certificate ends on the earliest of:

- the date the Policy is cancelled by us or your Employer;
 - the date you are no longer in an Eligible Group;
 - the date your Eligible Group is no longer covered;
 - the date of your death;
 - the last day of the period any required premium contributions are made; or
 - the last day you are in Active Employment.
- However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.
We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for hospital insurance.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form UIC-GHIP16-2 and Certificate Form UIC-GHIC16-2 or contact your Unum representative.
Unum complies with applicable civil union and domestic partner laws.

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