

Voluntary Hospital Indemnity Protection Plan

South San Antonio Independent School District Summary of Benefits

Effective 11.1.17

Am I eligible?	You are eligible if you are an actively-at-work ¹ , full-time employee who works at least 30 hours per week.												
What is Voluntary Hospital Indemnity Insurance?	The Hospital Indemnity Protection Plan is an insurance plan that pays cash directly to you. It can be used to help pay costs from a hospital stay and related treatment, your health plan deductible and other out-of-pocket costs.												
What does the Hospital Indemnity Protection Plan cover?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p>Base Plan Benefits</p> <ul style="list-style-type: none"> - Hospital admission - Hospital confinement - Intensive care unit (ICU) confinement </td> <td style="width: 50%; border: none; vertical-align: top;"> <p>Base + Enhanced Plan Benefits</p> <ul style="list-style-type: none"> - Hospital admission - Hospital confinement - ICU confinement - ICU admission - Emergency room - Diagnostic tests - Inpatient surgery - Outpatient surgery </td> </tr> </table>	<p>Base Plan Benefits</p> <ul style="list-style-type: none"> - Hospital admission - Hospital confinement - Intensive care unit (ICU) confinement 	<p>Base + Enhanced Plan Benefits</p> <ul style="list-style-type: none"> - Hospital admission - Hospital confinement - ICU confinement - ICU admission - Emergency room - Diagnostic tests - Inpatient surgery - Outpatient surgery 										
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How much Hospital Indemnity Insurance coverage can I buy?	<p>For yourself and your Spouse/Domestic Partner and Children, you may buy the Hospital Indemnity Insurance</p> <ul style="list-style-type: none"> • Base Plan or • Base + Enhanced Plan <p>To decide which Plan is best for you and your dependents, review the charts in the next section to learn about the benefits and coverage amounts available.</p> <p>If you buy coverage for yourself, you may also buy coverage for your dependents. You must select coverage for your dependents under the same Plan as you elected for yourself. Children are eligible up to age 26.</p>												
What benefits are available with the Hospital Indemnity Protection Plan?	<p>These charts show the benefits provided with each Plan. Please review to decide which plan best fits your needs.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: center;">Base Plan</th> </tr> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: center;">Covered Benefits and Daily Benefit Amounts</th> </tr> <tr style="background-color: #cccccc;"> <th style="text-align: left;">Benefits</th> <th style="text-align: center;">A</th> </tr> </thead> <tbody> <tr> <td>Hospital admission <i>1 day per plan year per insured</i></td> <td style="text-align: center;">\$500</td> </tr> <tr> <td>Hospital confinement <i>Up to 364 days per plan year per insured</i></td> <td style="text-align: center;">\$100</td> </tr> <tr> <td>ICU confinement <i>Up to 364 days per plan year per insured</i></td> <td style="text-align: center;">\$100</td> </tr> </tbody> </table> <p><i>Continued on next page</i></p>	Base Plan		Covered Benefits and Daily Benefit Amounts		Benefits	A	Hospital admission <i>1 day per plan year per insured</i>	\$500	Hospital confinement <i>Up to 364 days per plan year per insured</i>	\$100	ICU confinement <i>Up to 364 days per plan year per insured</i>	\$100
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¹ You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.

THIS IS A LIMITED BENEFIT POLICY. This policy does not meet the definition of minimum essential coverage and therefore should not be used as a substitute for major medical insurance.

This is a summary of benefits only and does not include all plan provisions, exclusions, and limitations relating to your coverage. Please refer to your Certificate of Coverage. If differences exist between this summary and your Certificate of Coverage, the Certificate of Coverage will govern.



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	ICU admission <i>1 day per plan year per insured</i>	\$500
	Emergency care treatment <i>Up to 4 days per plan year per insured</i>	\$100
	Diagnostic Tests <i>1 day per plan year per insured</i> Invasive (i.e. colonoscopy, ultrasound) Major (i.e. MRI, CT) Minor (i.e. x-ray, laboratory test)	\$500
	Inpatient surgery <i>Up to 2 days per plan year per insured</i>	\$500
	Outpatient surgery <i>Up to 3 days per plan year per insured</i>	\$500
Can I keep my Hospital Indemnity Insurance if I leave my employer?	<p>The Portability feature allows you to continue your Hospital Indemnity Insurance coverage if you leave your employer. You must elect portability for your own coverage in order to elect portability for your dependents. To elect Portability, you must apply and pay the premium within 31 days of the termination of your Hospital Indemnity Insurance. Evidence of insurability will not be required.</p>	
Exclusions and Limitation Provisions	<p>The Policy does not cover loss due to any injury or sickness that begins during the first 12 months after the covered person's effective date of insurance if caused or contributed to by a pre-existing condition. This Policy also does not cover any loss caused by or resulting from (directly or indirectly): an act or accident of war, declared or undeclared, any substantial armed conflict between organized forces of a military nature; loss sustained while on active duty as a member of the armed forces of any nation; self-inflicted injury; active participation in a riot; committing or attempting to commit a felony; taking part in the commission of an assault or being engaged in an illegal activity; use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a physician; cosmetic or elective surgery; treatment received outside the United States or its territories; the reversal of a tubal ligation or vasectomy; artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law; participation in any form of aeronautics (including parachuting and hang gliding); except as a fare-paying passenger in a licensed aircraft; newborn child's routine nursing or routine well baby care during the initial confinement in a hospital; driving in any organized or scheduled race or speed test or while testing an automobile or any motorized vehicle on any racetrack or speedway; childbirth occurring within the first 9 months of the effective date of insurance; normal pregnancy; mental and nervous disorders; dental or plastic surgery for cosmetic purposes; practicing for or participating in any semi-professional or</p>	

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