

## Hospital Indemnity (HI) Insurance

**Hospital Indemnity Benefits** – The Hartford’s Hospital Indemnity plan(s) will pay a scheduled benefit for hospital<sup>1</sup> confinement that occurs for a covered person while insurance is in effect. Additional benefits for certain services or treatments may also be available, if described below. All benefits are subject to applicable policy limitations and exclusions. State specific variations may apply to the benefits shown below.

**HSA Compatibility** – The IRS limits the types of supplemental insurance that an individual who participates in a Health Savings Account (HSA) may have, while still maintaining the tax-exempt status of HSA contributions. The Hartford offers plan designs that are designed to be HSA compatible. However, in any circumstance, please consult a tax and/or legal advisor to determine which supplemental insurance may be purchased by employees who participate in a HSA. Plan design(s) that are designed to be HSA compatible are indicated below.

<b>Policy Information</b>	<b>Detail</b>	
Class Description(s)	All Active Full-time Employees	
Min. Hours for Active Work	20 hours per week	
Plan Options	Plan 1, Plan 3	
Plan Choice	The policyholder may select one plan design to offer to employees	
Underwriting Type	Guaranteed issue for all covered persons <sup>2</sup>	
Benefit Accrual Period	Policy Year	
Dependent Coverage	Available	
Dependent Benefit Amounts	Dependent benefit amounts are the same as employee benefit amounts unless otherwise noted	
Eligibility Age Limit	Coverage for all covered persons terminates when the employee reaches age 80	
<b>Plan Information</b>	<b>Plan 1</b>	<b>Plan 3</b>
Coverage Type	24 Hour	24 Hour
Covered Events	Illness and Injury	Illness and Injury
Pregnancy Coverage (SAAOI – Same as Any Other Illness)	SAAOI	SAAOI
Pre-Existing Condition Limitation	Not Included	Not Included
<b>HSA Compatible</b>	<b>Yes</b>	<b>Yes</b>
<b>Benefit(s)</b>	<b>Plan 1</b>	<b>Plan 3</b>
First Day Hospital Confinement	\$500; Once/year	\$1,000; Once/year
Daily Hospital Confinement	\$100; Up to 90 days/year	\$50; Up to 90 days/year
<b>Additional Features &amp; Services</b>		
Continuity of Coverage from a Prior Plan	Included	
Continuation of Coverage	Included	
Portability	Included	
Ability Assist <sup>®3</sup>	Included	
Health Champion <sup>SM 3</sup>	Included	
<b>Eligible Lives &amp; Enrollment Information</b>		
Number of Eligible Employees	850	
Min. Participation Requirement	10 enrolled employees	
Enrollment Type	Annual Open Enrollment <sup>4</sup>	
<b>Premium &amp; Rate Information</b>	<b>Plan 1</b>	<b>Plan 3</b>
Premium Structure	Voluntary(100% employee paid)	Voluntary(100% employee paid)
Coverage Tier Structure	Four tier (Employee; Employee & Spouse/Partner; Employee & Child(ren); Family)	
Initial Rate Guarantee Period	2 Years, subject to attainment of 10% participation	
Premium/Rate Mode	Monthly	
<b>Rates<sup>5</sup></b>	<b>Plan 1</b>	<b>Plan 3</b>

Employee	\$3.54	\$4.31
Employee & Spouse/Partner	\$7.33	\$8.94
Employee & Child(ren)	\$6.96	\$8.28
Family	\$11.27	\$13.50

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- <sup>1</sup> 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. Confined means the assignment to a bed in a medical facility for a period of at least 20 hours. State variations may apply.
- <sup>2</sup> Guaranteed issue coverage is only available if the minimum participation requirement is met. If participation does not meet the required level, coverage may be rescinded. Guaranteed issue coverage is subject to the plan's pre-existing conditions limitation(s), if applicable.
- <sup>3</sup> HealthChampion<sup>SM</sup> and Ability Assist<sup>®</sup> are offered 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.
- <sup>4</sup> Assumes all eligible employees can enroll in the plan and/or increase existing benefits without providing evidence of insurability during the scheduled initial enrollment period and subsequent scheduled enrollment periods occurring annually thereafter. Pre-existing condition limitations may apply.
- <sup>5</sup> Rates/benefits may change on a class or plan basis.

## **Other Hospital Indemnity Policy Limitation (Over-insurance Limitation)**

If an employee is insured under any other hospital indemnity policy underwritten by The Hartford, any claim for benefit is only payable under the one policy elected by the employee (or beneficiary or estate, in the event of death).

We will return the amount of premium paid for any other policy that is declined by the employee retroactive to the later of:

- the last date any benefit was paid for any covered person under the other policy
- the effective date of insurance for the employee under the other policy

State variations may apply.

## **Exclusions**

A benefit is not payable for any illness or injury that results from or is caused by a covered person's:

- suicide or attempted suicide, whether sane or insane, or intentional self-infliction
- voluntary intoxication (as defined by the law of the jurisdiction in which the illness or injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instruction of a physician or medical professional
- voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption
- voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), voluntary participation in a riot, or voluntary engagement in an illegal occupation
- incarceration or imprisonment following conviction for a crime
- travel in or descent from any vehicle or device for aviation or aerial navigation, except as a fare-paying passenger in a commercial aircraft (other than a charter airline) on a regularly scheduled passenger flight or while traveling on business of the policyholder
- ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing
- participation in any organized sport in a professional or semi-professional capacity
- participation in abseiling, base jumping, Bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, freerunning, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, lugging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities
- travel or activity outside the United States or Canada
- active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of the policy
- involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer

In addition, benefits are not payable unless required by law for:

- elective abortion or complications thereof
- artificial insemination, in vitro fertilization, test tube fertilization
- gender change, sterilization, tubal ligation or vasectomy, and reversal thereof
- aroma therapeutic, herbal therapeutic, or homeopathic services
- any mental and nervous disorder, unless specifically allowed by a provision of the policy
- substance abuse, unless specifically allowed by a provision of the policy
- medical mishap or negligence on the part of any physician, medical professional, or therapist, including malpractice
- treatment, supplies or services provided by, through or, behalf of any government agency or program; unless payment is required by a covered person
- custodial care, unless specifically allowed by a benefit provision in the policy or any rider attached to the policy (if applicable);
- elective or cosmetic surgery or procedures, except for reconstructive surgery:

- incidental to or following surgery for disease, infection or trauma of the involved body part
- due to congenital anomaly or disease of a dependent child which has resulted in a functional defect
- dental care or treatment, except for:
  - treatment due to an injury to sound natural teeth within 12 months of the accident
  - treatment necessary due to congenital disease or anomaly

State variations may apply.