

HOSPITAL INDEMNITY INSURANCE

As an important voluntary coverage, a Hospital Indemnity (HI) insurance plan can help round out your benefit package and help employees protect against the added financial stress of being in a hospital while recovering from an accident or serious illness. Here are the facts on the Hospital Indemnity plans from The Hartford's **Employee Choice BenefitsSM** program.

PLAN DESIGN & BENEFIT INFORMATION		OPTIONS AVAILABLE ¹
Eligibility Basics	<ul style="list-style-type: none"> Employee (EE) <ul style="list-style-type: none"> > 4-49 lives: 30 hours/week > 50+ lives: 20 hours/week Spouse/Partner: eligible if EE is eligible Child(ren): birth to age 26 (ACA match) 	<ul style="list-style-type: none"> Work hours can be set by the employer Eligibility age limit (term age) of 65-85 available Child eligibility age range is 18-26
Coverage Type, Covered Events & Benefit Accrual Period	<ul style="list-style-type: none"> 24 hour (on and off-job) Illness and injury Policy year Pregnancy covered 	<ul style="list-style-type: none"> Off-job (non-occupational) Illness only Calendar year Pregnancy coverage alternatives
Plan Type	<ul style="list-style-type: none"> HSA compatible benefits* Choice of 3 standard benefit schedules One or more plans may be offered to EEs (ideally no more than 2, e.g., low/high or HSA/non-HSA) 	<ul style="list-style-type: none"> Expanded benefits (Not all options are HSA compatible) Custom-built plan: choice of benefits & amounts Four optional riders
Coverage Tier Options	<ul style="list-style-type: none"> Employee choice of coverage tiers Four tier structure: <ul style="list-style-type: none"> - EE only - EE + Spouse/Partner - EE + Child(ren) - Family 	Alternate coverage tier structures available <ul style="list-style-type: none"> One tier (EE only) Two tier (EE only; Family) Three tier (EE only; EE + 1 Dependent; Family)
Funding Options (Premium Structure)	100% EE-paid (voluntary)	<ul style="list-style-type: none"> 100% employer-paid (non-contributory) Cost sharing (contributory): contingent on group size
UNDERWRITING & RATE INFORMATION		OPTIONS AVAILABLE
Preferred Information to Quote	<ul style="list-style-type: none"> Group name, situs state, SIC, desired effective date Employee census If takeover, current participation and claims experience/reporting 	
Underwriting Type	Guaranteed Issue ¹ for all covered persons	
Enrollment Type	Annual open enrollment	
Rate Guarantee Period	<ul style="list-style-type: none"> 2 years For groups with 50+ lives and a multi-year rate guarantee: <ul style="list-style-type: none"> - Group must achieve 10% participation to secure the rate guarantee - If 10% is not achieved, rate guarantee may revert to 1 year 	<ul style="list-style-type: none"> 1-5 years
Enrollment Type	Annual Open Enrollment	
Minimum Participation Requirement	100% EE-paid: <ul style="list-style-type: none"> - 4 to 49 lives - 4 enrolled lives - 50+ lives - 10 enrolled lives 	<ul style="list-style-type: none"> 100% employer-paid: 100% of eligible lives Cost sharing: contingent on group size
Rate Structure	Composite rates by coverage tier	
Rate Guarantee Period	<ul style="list-style-type: none"> Two years For groups with 50+ lives and a multi-year rate guarantee: <ul style="list-style-type: none"> - Group must achieve 10% participation to secure the rate guarantee - If 10% is not achieved, rate guarantee may revert to one year 	<ul style="list-style-type: none"> 1-5 years
Renewability	Annually renewable at the discretion of the group	

*This plan design was designed to be compatible with Health Savings Accounts (HSAs). Please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

PRODUCT PROVISIONS ¹						
STANDARD HSA COMPATIBLE BENEFITS						
	Benefit Amount Per Day	Max Days Per Year (Standard)	Low	Mid	High	Detail/Options
First Day Hospital ² Confinement	\$500-\$2,500	1 - 5 (1)	\$500	\$1,000	\$2,000	May be removed
Daily Hospital ² Confinement	\$50 - \$500	10 - 360 (90)	\$100	\$150	\$200	Required
Daily ICU Confinement	\$100 - \$1,000	10 - 90 (30)	\$200	\$300	\$400	May be removed
OPTIONAL HSA COMPATIBLE BENEFITS						
First Day ICU Confinement	\$1,000 - \$5,000	1 - 5 (1)	\$1,000	\$2,000	\$4,000	
Medical Travel	\$25 - \$500	1, 2, 3, 4, 5, 10 (3)	\$150	\$300	\$450	
Companion Lodging	\$25 - \$200	5, 10, 15, 30 (15)	\$100	\$125	\$150	
Family Care	\$5 - \$50	10, 15, 30, 60 (10)	\$20	\$25	\$30	
Pet Care	\$5 - \$50	10, 15, 30, 60 (10)	\$20	\$25	\$30	
Health Screening	\$50 - \$100	1	\$50	\$50	\$50	
OTHER MEDICAL CARE FACILITY - EXTENDED OPTIONAL BENEFITS (NOT HSA COMPATIBLE) - AVAILABLE FOR 50+ LIVES						
	Benefit Amount Per Day	Max Days Per Year (Standard)	Detail/Options			
Continuous Care Confinement	\$50 - \$500	10, 30, 60, 90 (30)	Rehabilitation, hospice and skilled nursing facilities			
Mental/Nervous - Inpatient	\$50 - \$500	10, 30, 60, 90 (30)				
Substance Abuse - Inpatient	\$50 - \$500	10, 30, 60, 90 (30)				
SURGERY (SX) - EXTENDED OPTIONAL BENEFITS (NOT HSA COMPATIBLE) - AVAILABLE FOR 50+ LIVES						
Inpatient Sx	\$500 - \$3,000	1 - 5 (1)				
Outpatient Sx-Hospital/ASC	\$50 - \$1,000	1 - 5 (1)				
Outpatient Sx-Phys. Office/ER	\$50 - \$500	1 - 5 (1)				
ADDITIONAL CARE - EXTENDED OPTIONAL BENEFITS (NOT HSA COMPATIBLE) - AVAILABLE FOR 50+ LIVES						
Ambulance-Air	\$500 - \$3,000	1 - 5 (1)				
Ambulance-Ground/Water	\$50 - \$1,000	1 - 5 (1)				
Emergency Room	\$25 - \$500	1 - 5 (1)	Accident/injury only option available			
Hospital Observation/Short Stay	\$25 - \$500	1 - 5 (1)	Accident/injury only option available			
Diagnostic Exam-Outpatient	\$25 - \$500	1 - 5 (1)				
Prescription Drug	\$5 - \$50	5, 12, 20 (12)	1 - 5 (1) max days per month applies			
MEDICAL PROFESSIONAL CARE - EXTENDED OPTIONAL BENEFITS (NOT HSA COMPATIBLE) - AVAILABLE FOR 50+ LIVES						
Medical Prof./Phys. Office Visit	\$25 - \$200	1, 2, 3, 5, 10 (5)	1 - 5 (1) max days per covered event applies			
Telemedicine Visit	\$10 - \$25	1 - 5 (1)				
Therapy Services-Outpatient	\$25 - \$100	5, 10, 15, 30 (10)				
Urgent Care	\$25 - \$200	1 - 5 (1)				
Home Health Services	\$25 - \$100	30, 60, 90 (30)				
Mental and Nervous Disorder-Outpatient	\$25 - \$200	10, 20, 30, 60 (10)				
Substance Abuse Disorder-Outpatient	\$25 - \$200	10, 20, 30, 60 (10)				
OPTIONAL RIDERS - AVAILABLE FOR 50+ LIVES						
• Accidental Death & Dismemberment (AD&D) • Critical Illness/Specified Disease (CI/SD) • Term Life (TL) • Short Term Care (STC)						
FEATURES & SERVICES						
Portability	Included; extended continuation will be offered instead of portability in some states					
Extension of Coverage	Optional; extension while confined and extension with waiver of premium due to disability available					
Ability Assist ³ EAP ³	24/7/365 access to help for financial, legal or emotional issues					
HealthChampion SM	Administrative and clinical support following serious illness or injury					
REDUCTION, LIMITATIONS & EXCLUSIONS						
Pre-Ex ¹	None, 12/12, 6/12, 3/12, 6/6 or 3/6; Some states may require a specific pre-ex					
Benefit Waiting Period - Illness	Not included is standard; optional 30 days in absence of pre-ex; applies to illnesses only					
Other HI Policy Limitation	Included					
Other Limitations & Exclusions	A complete listing of exclusions can be found in the sample contract, available upon request					



The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. © 2021 The Hartford.

THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Hospital Indemnity Plan Form Series includes GBD-2800, GBD-2900 or state equivalent.

¹ May vary by state. Benefits payable are subject to the Plan's Pre-Existing Conditions limitation.

² 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.

³ The services described in this material are offered through The Hartford by ComPsych® Corporation. 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 and reserves the right to discontinue any of these services at any time. Services may not be available in all states.

Visit <https://www.TheHartford.com/employee-benefits/value-added-services> for more information.