

Benefit Plan Summary – Hospital Indemnity Insurance



FEATURE	DESCRIPTION		
	The Hartford's Hospital Indemnity plan(s) will pay a scheduled benefit for hospital confinement that occurs for a covered person while insurance is in effect. All benefits are subject to applicable policy limitations and exclusions. State specific variations may apply to the benefits shown below.		
HSA Compatible Benefits:	Plan 1	Plan 2	Plan 3
First Day Hospital Confinement Benefit	\$500; Once/year	\$1,000; Once/year	\$1,500; Once/year
Daily Hospital Confinement Benefit	\$200; Up to 90 days/year	\$200; Up to 90 days/year	\$200; Up to 90 days/year
Daily ICU Confinement Benefit	\$400; Up to 30 days/year	\$400; Up to 30 days/year	\$400; Up to 30 days/year
Dependent Coverage	Available. Dependent benefit amounts are the same as employee benefit amounts unless otherwise noted		
Guaranteed Issue Amount	Guaranteed Issue for all covered persons*		
Reduction Due to Age	Not Included		
Employee Contribution	100% Employee Paid		
Coverage Tier Options	Employee Only; Employee & Spouse/Partner; Employee & Child; Employee & Family		
Rate Structure	Composite rates by coverage tier option		
Pre-Existing Condition Limitation	3/6 Some states may require a specific pre-ex		
Exclusions	A list of exclusions are listed within the proposal		
Pregnancy Coverage	Same as Any Other Illness		
Portability	Included; Extended continuation may be offered instead of portability in some states		
Ability Assist® EAP*	Included; 24/7/365 access to help for financial, legal or emotional issues		
HealthChampionSM*	Included; Administrative and clinical support following serious illness or injury		
Participation Requirement	4 enrolled lives		
Enrollment Method	Annual Open Enrollment**		
Initial Rate Guarantee	2 years or 3 years, as applicable (1 year in FL for groups with fewer than 51 eligible employees)		

*HealthChampionSM and Ability Assist® are offered through The Hartford by ComPsych®. 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.

**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. Guarantee Issue and pre-existing condition limitations apply. Annual Open Enrollment necessitates that pre-defined enrollment experience practices are agreed to be implemented by the employer.



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.

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

- This policy is guaranteed issue, but does contain a Pre-Existing Condition Limitation. Please refer to the certificate for more information on exclusions and limitations, such as Pre-Existing Conditions.
 - 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 illness 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.

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