Hospital Indemnity Insurance
Enrollment at a glance

For the Members of National Coalition of Labor, IUEC 12

What is Hospital Indemnity Insurance?

It pays a fixed daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Who can be covered?

Active members that are available to work.

*Members must be enrolled in order to elect coverage for eligible spouse and eligible dependent children as defined in the Certificate of Coverage and Riders.

Why should I consider it?

Benefits will be paid directly to you to use for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more — it's up to you.

Coverage is always guaranteed issue.

You can choose to take this coverage with you if your eligibility ends or you retire and pay the insurance company directly.

Wellness Benefit

Your coverage includes a Wellness Benefit, which will pay you an annual benefit when you and covered family members complete an eligible health screening test. These screenings may include a mental health screening, flu immunization, a mammogram and a routine eye or dental exam.

$50 for members,

$50 for spouses,

$50 per child

How much does it cost?

This table shows how much you'll pay for Hospital Indemnity Insurance.

For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Coverage Type	Daily Benefit	Monthly Rates
Member	$100	$9.84
Member + Spouse	$100	$29.05
Member + Children	$100	$22.40
Member + Family	$100	$41.61

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What does it cover?

Your Hospital Indemnity Insurance coverage provides a daily benefit payable upon a stay in a covered medical facility or other covered loss. The following is a summary of the benefits provided by this insurance. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders. The coverage amounts are listed below.

Only one type of facility confinement or admission benefit is payable per day. Benefits payable will not exceed a total of 273 days.

First day of confinement (Admission Benefit)

Type of admission	Admission Benefit amount
Hospital admission	$1,100
Critical Care Unit (CCU) admission	$1,200
Rehabilitation facility admission	$1,100

This benefit is payable once per confinement for each type of facility confinement.

Starting day two (Daily Confinement Benefit)

Type of facility	Daily benefit amount is $100
Hospital confinement, up to 90 days per confinement	1 x the daily benefit amount ($100)
CCU confinement, up to 90 days per confinement	2 x the daily benefit amount ($200)
Rehabilitation facility confinement, up to 90 days per confinement	1 x the daily benefit amount ($100)

Your coverage includes mental health and substance use inpatient and outpatient care. See your Certificate of Insurance for complete provisions, limitations and exclusions.

Observation Unit Visit, payable once per year

At least 4 consecutive hours but less than 20 consecutive hours, other than as an inpatient. Not payable for any day that a facility confinement or admission benefit is payable.	Daily benefit amount is $100

If you add a child to your family, you must have current coverage for yourself.

If child coverage is effective before your child is born OR child coverage is elected as a qualifying life event within 30 days of the birth:	If child coverage IS NOT effective before your child is born and IS NOT elected as a qualifying life event within 30 days of birth:
Your newborn may receive benefits just as any other covered child.	$100 one-time benefit payable for your newborn's confinement due to birth, no admission benefit is payable.

What else is included?

The benefits below are also included with your coverage. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Portability If you are in a situation where your eligibility for benefits is changing, such as reduced hours, a change in work status, or a life event such as divorce, you may want to continue your insurance coverage. Portability allows you to continue your coverage under the same group policy by paying your premiums directly to the insurance company.

Exclusions and limitations

The standard exclusions and limitations are listed below. For a complete description of your available benefits, exclusions, and limitations, see your certificate of insurance and any riders. (These may vary by state and/or your plan.)
Benefits are not payable for any loss caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Operation of a motorized vehicle while intoxicated. Intoxication means the covered person's blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss that occurs while on active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Misuse of alcohol or taking of drugs, other than under the direction of a doctor. Exception: This exclusion does not apply to a confinement in an eligible hospital or rehabilitation facility for the purpose of treatment for alcoholism or drug addiction.
- Elective surgery, except when required for appropriate care as determined by a doctor as a result of the covered person's injury or sickness.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting, or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded. Performing these acts as part of the covered person's employment with their employer is not excluded.
- Engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting, kitesurfing or any similar activities.
- Practicing for, or participating in, any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

Questions?

Enrollment instructions will be provided by your union. If you have additional questions before you enroll, please call:

- Kocher Insurance Group at (888) 212-7822

Scan the QR code to visit your Employee Benefits Resource Center to learn more about this benefit and review instructions on how to file a claim after your effective date.

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