

Hospital Indemnity Insurance

EMPLOYEE GUIDE

Policy features and
benefits specially
prepared for Hy-Vee



Preparing for the unexpected

A severe injury or illness requiring hospitalization can happen to you or a loved one at any time. Even if you're covered by major medical insurance, a hospital stay of any duration can lead to significant out-of-pocket expenses. Having additional coverage on your side will help to limit those costs.

How it Works

1. Select a policy.
2. When you or a covered family member is admitted to the hospital, the policy pays a benefit directly to you with no restrictions on how the funds can be used. This includes non-medical costs like child care, rent or even groceries.
 - Benefit amount is fixed per day of hospitalization, up to a maximum number of 10 days.
 - If more than 30 days pass between periods of hospitalization for the same condition, the subsequent occurrence is treated as a new case.

NOTE: Hospital Confinement does not include treatment received in a Hospital emergency room, an observation room, a free-standing surgical facility or the outpatient department of a Hospital.

Features & Extras

- No health questions or pre-existing limitations.
- Fixed daily benefit for hospital stays.
- Benefits paid directly you.
- Intensive Care Unit (ICU) benefit.

**Benefits are paid directly to the insured with no
restrictions on how the funds can be used.**

This policy also provides benefits for Intensive Care Unit (ICU) confinement.

PRODUCT FEATURES AND BENEFITS ¹				
	Policy 1	Policy 2	Policy 3	Policy 4
Hospital Confinement (HC)				
Pays a fixed benefit amount per day of hospital confinement up to a maximum number of days per confinement				
Maximum number of days payable per confinement	10	10	10	10
Benefit amount for first day of hospital confinement	\$660	\$1,320	\$1,870	\$2,530
Benefit amount for second to ten days of hospital confinement	\$110	\$220	\$220	\$330
Maximum confinements per benefit period	2	2	2	2
Additional Benefits				
	Policy 1	Policy 2	Policy 3	Policy 4
Intensive Care Unit (ICU) Confinement – Pays a fixed benefit amount for each day of confinement in an ICU up to a maximum number of days per benefit period, payable in addition to the Daily Hospital Confinement benefit				
Benefit per day	\$100	\$200	\$200	\$300
Maximum number of days per benefit period²	10	10	10	10

NOTE: Hospital Confinement does not include treatment received in a Hospital emergency room, an observation room, a free-standing surgical facility or the outpatient department of a Hospital.

Weekly Premiums

HOSPITAL INDEMNITY PLANS				
POLICY 1	Employee	Employee/Spouse	Employee/Children	Family
	\$1.74	\$4.50	\$3.00	\$4.89
POLICY 2				
	\$3.48	\$9.00	\$6.00	\$9.81
POLICY 3				
	\$4.35	\$11.67	\$7.53	\$12.63
POLICY 4				
	\$6.09	\$16.17	\$10.53	\$17.52

¹All benefits are per insured person

²Benefit period means the period of time when benefits are payable. A benefit period is a calendar year, unless otherwise requested by the employer on the group application. The MedMutual Protect Hospital Indemnity insurance policy pays fixed amounts per day and is considered “permitted insurance.” As such, MedMutual Protect Hospital Indemnity insurance policy will not disqualify someone from participating in an HSA account funded by the employer or employee or both. Benefits do not coordinate with funded HSA or underlying major medical plans.

Exclusions and Limitations

Limitations

Recurrent Confinements. If the company pays benefits for a period of confinement, and the insured person is readmitted within 30 days of that confinement for the same condition, the later confinement will be treated as a continuation of the prior confinement. If more than 30 days have passed between periods of confinement for the same condition or the successive confinement is for an unrelated cause, the company will treat the later confinement as a new confinement.

Exclusions

The policy does not provide any benefits for the following:

1. Suicide or any attempt of suicide, while sane or insane (in Colorado, Missouri or Montana, while sane);
2. Any intentionally self-inflicted injury or sickness or any attempt thereof (in Colorado, Missouri or Montana, while sane);
3. Rest care or rehabilitative care and treatment;
4. Dependent child pregnancy, except complications of pregnancy;
5. Routine newborn care;
6. Voluntary abortion, except where medically necessary to save the insured person's life;
7. Participation in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly. For purposes of this exclusion, "participation" means to take an active part in common with others; "riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority;
8. Committing, attempting to commit or taking part in a felony, battery, assault or engaging in an illegal occupation;
9. Any injury occurring while the insured person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the injury took place);
10. Treatment for the voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a physician and taken according to the prescribed dosage;
11. Dental care or treatment, except:
 - a. Care or treatment due to an injury to sound, natural teeth treated within 12 months of the accident;
 - b. Treatment necessary due to congenital defects or birth abnormalities;
 - c. Excision of impacted third molars, or
 - d. Closed or open reduction of fractures or dislocation of the jaw;
12. Sex changes;
13. The reversal of tubal ligation or the reversal of vasectomies;
14. Flying or descending from any aircraft or air conveyance, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route;
15. Accidental bodily injury occurring while serving on full-time active duty in any armed forces of any country or international authority (any premium paid will be returned by the company pro rata for any period of active duty);
16. Declared or undeclared war or acts thereof;
17. Injury or sickness arising out of or in the course of any occupation for compensation, wage or profit or benefits that the insured person is entitled to under any occupational disease law or similar law, whether or not application for such benefits have been made;
18. Medical care, services or supplies provided outside of the United States of America or its territories;
19. Treatment of obesity, weight reduction or dietetic control; except morbid obesity or disease etiology;
20. Confinement, care or services incurred prior to the insured person's effective date or that begin after termination of coverage;
21. Confinement, care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law;
22. Confinement or treatment that is not medically necessary; or
23. Any confinement or treatment not specifically covered in the schedule of benefits.

Coverage post-employment: You may continue to have coverage on a premium paying basis after your employment ends. Coverage will be limited to a 36-month continuous period. Dependents who are covered under an active employee's certificate may continue to have coverage on the same basis.

Some provisions, benefits, exclusions or limitations listed herein may vary by state.

Policy No. HP-51/HP-52
Policy Form M-6015

Affordable protection in an ever-changing world.



At MedMutual Protect, we understand the changes that affect our customers' lives and their need for affordable insurance. Our voluntary benefits play a critical role in employees' financial well-being by helping supplement their current insurance and providing financial protection from the unexpected.

MedMutualProtect.com/Group

MedMutual Protect is the brand name for insurance products issued by subsidiary insurance companies controlled by Medical Mutual of Ohio. Each subsidiary of Medical Mutual of Ohio is solely responsible for the insurance products it underwrites and issues.

The underwriting company for the worksite voluntary Accident Expense, Accident Indemnity, Cancer, Critical Illness, Dental, GAP, Short Term Disability and Whole Life Insurance Products is **Reserve National Insurance Company**, which is responsible for the underwriting risks, financial and contractual obligations and support functions associated with the products it issues. The underwriting company for the worksite voluntary Hospital Indemnity, Signature Gap, Indemnity Outpatient Prescription Drug, Limited Medical, and Vision Insurance Products is **Fidelity Security Life Insurance Company® (FSL)**. FSL is not financially affiliated with Medical Mutual of Ohio. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Product availability may vary by state. FSL is located in Kansas City, Missouri, and has been rated "A" (Excellent) based on an analysis of financial position and operating performance by A.M. Best Company, an independent analyst of the insurance industry. For the latest rating, access www.ambest.com.

Neither **Reserve National Insurance Company, FSL**, nor their agents, representatives, associates or employees render legal or tax advice. The employer should seek the expert assistance of its own legal or tax adviser.

The MedMutual Protect voluntary insurance products, either alone or in combination with each other, are not "minimum essential coverage" under the federal Affordable Care Act.

IMPORTANT: If an individual is insured under one or more MedMutual Protect voluntary insurance products and is also covered by Medicaid or a state variation of Medicaid, most non-disability benefits are automatically assigned according to state regulations. This means that instead of paying the benefits to the insured individual, we must pay the benefits to Medicaid or the medical provider to reduce the charges billed to Medicaid. Proposed insureds should consider their circumstances before enrolling in MedMutual Protect coverage.

If you are an employer offering one or more of these insurance products to your employees, the product(s) may constitute a part of an employee benefit plan under the Employee Retirement Income Security Act of 1974 ("ERISA"). An employer offering an ERISA employee benefit plan will be responsible for a number of obligations applicable under ERISA, including, without limitation, the obligation to make required disclosures to employees and file reports with the federal government. MedMutual Protect acts solely as the issuer and underwriter of these insurance products and as such, neither MedMutual Protect nor any of its affiliates or agents assume any fiduciary or administrative responsibility or duties with respect to any employee benefit plan under which the products are made available. You should consult with an experienced attorney concerning the requirements for compliance with ERISA.

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