

## **ACCIDENT, CRITICAL ILLNESS OR HOSPITAL INDEMNITY**

# IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying for the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

## Looking for comprehensive health insurance?

- **Visit HealthCare.gov or call 1-800-318-2596**(TY: 1-855-889-4325) to find health coverage options.
- To find out if you get health insurance through your job, or a family member's job, contact the employer.

# Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

### **Summary of Benefits**

# **Hospital Indemnity Plan**

Low Plan with Intensive Care Benefits



#### **Professional Plastics, Inc.**

Hospital Indemnity provides a lump-sum, tax-free cash benefit to help pay for costs that can come with a hospital stay that your health plan doesn't cover. Use your hospital indemnity coverage to help pay for out-of-pocket medical costs or daily expenses like rent, food or transportation.

#### **Key features:**

- Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Covers hospitalization for maternity from day one with no waiting period.
- You can take your coverage with you even if you leave your employer for up to three years.
- No limitations for pre-existing conditions.<sup>2</sup>

Coverage Options	Employee Only	Employee + Spouse	Employee + Dependent Child(ren)	Employee + Family
Monthly Cost	\$10.01	\$20.77	\$15.51	\$27.05

#### Convenience

We are here to help. To file a claim, start with the claim form provided by your employer. Follow the instructions on the form to submit and contact the phone number listed on that form with any questions about your benefits or about how to file a claim.

Benefit	Amount
Hospital confinement — first-day benefit	\$500
Hospital confinement — daily benefit	\$100
Intensive care unit confinement — daily benefit	\$200
First-day hospital confinement — annual maximum	1 day
Daily hospital confinement — annual maximum	31 days
Daily intensive care unit confinement — annual maximum	31 days
Pre-existing conditions limitation	None
Maternity benefit waiting period	None

<sup>1</sup> Not available in all states. Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

Members must be enrolled in comprehensive health benefits from a group health insurance plan, an employer sponsored health plan, an HMO, or an individual health plan that provides essential health benefits.

Group Hospital Indemnity benefits provided by policy form SHI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

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<sup>2</sup> Covered accidents or illness must occur after the effective date of coverage.