



Scan to learn more about your Hospital Indemnity Plan

Summary of Benefits

Hospital Indemnity Protection Plan

Have a benefit question? Call 1-800-444-5854
 Need to file a claim? Monday – Friday, 8 a.m.–6 p.m. ET. or visit myuhcfc.com.

Hospital Indemnity Protection Plan is an insurance plan that pays cash directly to you. It can be used to help pay costs from a hospital stay and related treatment, health plan deductible and other out-of-pocket costs.

Plan Year	January - December
Eligibility	All Active Full Time Employees working a minimum of 21 hours per week <i>You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.</i>
Benefits Payable	Voluntary Coverage
Plan Design	HIPP HSA Plan
Coverage Level	Base
Pre-existing Conditions Exclusion	None
Portability	Included
Plan Benefits	
Hospital Admission <i>(up to 4 days/plan year)</i>	\$1,000
Hospital Confinement <i>(up to 364 days/plan year)</i>	\$150
ICU Confinement <i>(up to 364 days/plan year)</i>	\$300
Monthly Rates	
Base Plan - Voluntary	
Employee Only	\$8.28
With Spouse	\$16.56
With Children	\$16.62
With Spouse & Children	\$26.75

Hospital Indemnity product is provided by Unimerica Life Insurance Company of New York on policy forms UHIHIP-POL-TX, et al. and UHIHIP-CERT-TX, et al. in Texas and UHIHIP-POL-VA, et al. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. Unimerica Life Insurance Company of New York is located in Hartford, CT

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail

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Important Details

This Summary of Benefits sheet is an overview of the Hospital Protection Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

Dependent children are covered to age 26

Exclusions and Renewal Provisions

Exclusions and Limitations

This Policy does not cover any loss caused by or resulting from (directly or indirectly):

1. an act or Accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature;
2. loss sustained while on active duty as a member of the armed forces of any nation [except during any time period coverage is extended under the Continuation during Leave of Absence provision];
3. any intentionally self-inflicted Injury;
4. active participation in a riot;
5. committing or attempting to commit a felony, or participating or attempting to participate in a felony;
6. taking part in the commission of an assault or being engaged in an illegal activity;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a Physician; this exclusion does not apply to the Drug and Alcohol Treatment Benefit (Inpatient) if covered under this Policy;
8. cosmetic or elective surgery; or
9. treatment received outside the United States or its territories;
10. the reversal of a tubal ligation or vasectomy;
11. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or Physician services, unless required by law;
12. participation in any form of aeronautics (including parachuting and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports;
13. a newborn child's routine nursing or routine well baby care during the initial Confinement in a Hospital;
14. driving in any organized or scheduled race or speed test or while testing an automobile or any motorized vehicle on any racetrack or speedway;
15. mental and Nervous Disorders; this exclusion does not apply to the Mental and Nervous Disorder Treatment Benefit (Inpatient) if covered under this Policy;
16. dental or plastic surgery for Cosmetic purposes except when such surgery is required to:
(a) treat an Injury; or (b) correct a disorder of normal bodily function; and
17. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.