



Hospital Indemnity Insurance

can pay benefits that help you with the costs of a covered hospital visit.

How does it work?

You can receive benefits when you're admitted to the hospital for a covered accident or illness. The money is paid directly to you – not to a hospital or care provider.

It can complement your health insurance to help you pay for the costs of a hospital stay. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.

What's included?

- \$1,500 for each covered hospital admission - once per year

Why is this coverage so valuable?

- You get affordable rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).

Who can get coverage?

You	If you're actively at work
Your spouse	Ages 17-64
Your children	Dependent children until their 26th birthday, regardless of marital or student status. Child coverage is available until the child's 30th birthday if the dependent child is actively enrolled in the military.

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. Spouses and dependent children must reside in the United States to receive coverage.

How much does it cost?

Hospital Indemnity monthly rates				
Age	Employee	Employee and spouse	Employee and child	Employee spouse and child
17-49	\$18.14	\$32.42	\$25.78	\$40.06
50-59	\$23.37	\$46.50	\$31.01	\$54.14
60-64	\$32.76	\$68.21	\$40.40	\$75.85
65+	\$46.18	\$95.84	\$53.82	\$103.48

For illustrative purposes only. Actual cost may vary. Family coverage options assume employee and spouse are in the same age band. If employee and spouse are in different age bands, the final monthly premium amounts will be different. Coverage becomes effective on the first day of the month in which payroll deductions begin.

This plan has a pre-existing condition limitation. See the disclosures for more information.

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Exclusions and Limitations

Unum will not pay benefits for a claim that is caused by, or occurs as a result of:

- Participating in war or act of war, whether declared or undeclared;
- Treatment for alcoholism or drug addiction unless the insured individual is addicted to a narcotic taken on the advice of a physician;
- Treatment for dental care or dental procedures, unless treatment is the result of a covered accident;
- Elective procedures and/or cosmetic surgery or reconstructive surgery, unless it is a result of trauma, bacterial infections (except infections which result from an accidental injury or infections which result from accidental, involuntary or unintentional ingestion of a contaminated substance) or other diseases;
- Participating or attempting to participate in a felony or being engaged in an illegal occupation;
- Committing or trying to commit suicide or injuring oneself intentionally, whether sane or not;
- Hospital confinement caused by or resulting from mental illness. However, dementia as a result of stroke, trauma, viral infection, Alzheimer's disease or other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment are covered under this policy;
- Any hospital confinement of a newborn following the birth unless the newborn is sick or injured.

The definition of hospital does not include certain facilities. See your contract for details.

Pre-existing conditions

Benefits for a pre-existing condition (defined as a sickness or injury, or symptoms of a sickness or injury, whether diagnosed or not, for which you received medical treatment, medical advice, care or services, including diagnostic measures, took prescribed drugs or medicine, or had been prescribed drugs or medicine to be taken during the 12 months prior to your effective date) will not be paid if the date of the covered loss occurs during the first 12 months after your effective date.

Termination of employee coverage

If you choose to cancel your coverage under the policy, your coverage ends on the first of the month following the date you provide notification to your employer.

Otherwise, your coverage under the policy ends on the earliest of the:

- Date this policy is cancelled;
- Date you are no longer in an eligible group;
- Date your eligible group is no longer covered;
- Date of your death;
- Last day of the period for which you made any required contributions; or
- Last day you are in active employment.

Unum will provide coverage for a payable claim which occurs while you are covered under this policy.

THIS INSURANCE PROVIDES LIMITED BENEFITS.

This coverage is a supplement to health insurance. It is not a substitute for comprehensive health insurance and does not qualify as minimum essential health coverage.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations that may affect any benefits payable. For complete details of coverage and availability, please refer to policy form GHI-1 or contact your Unum representative.

Unum complies with all state civil union and domestic partner laws when applicable.

Underwritten by:

Unum Life Insurance Company of America, Portland, Maine

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