



## GET THE FACTS – QUICK REFERENCE GUIDE

# HOSPITAL INDEMNITY INSURANCE

As an important voluntary coverage, a Hospital Indemnity (HI) insurance plan can help round out your benefit package and help employees protect against the added financial stress of being in a hospital while recovering from an accident or serious illness. Here are the facts on the Hospital Indemnity plans from **The Hartford’s Employee Choice Benefits<sup>SM</sup>**.

PLAN DESIGN & BENEFIT INFORMATION <sup>1</sup>		OPTIONS AVAILABLE <sup>1</sup>
<b>Eligibility Basics</b>	<ul style="list-style-type: none"> <li>Employee (EE)               <ul style="list-style-type: none"> <li>- 4-49 lives: 30 hours/week</li> <li>- 50+ lives: 20 hours/week</li> </ul> </li> <li>Spouse/Partner: eligible if EE is eligible</li> <li>Child(ren): birth to age 26 (ACA match)</li> </ul>	<ul style="list-style-type: none"> <li>Work hours can be set by the employer</li> <li>Optional eligibility age limit (term age) of 65-85 available</li> <li>Child eligibility age range is through 18-26</li> </ul>
<b>Coverage Type, Covered Events &amp; Benefit Accrual Period</b>	<ul style="list-style-type: none"> <li>24 hour (on and off-job)</li> <li>Illness and injury</li> <li>Policy year</li> <li>Pregnancy covered</li> </ul>	<ul style="list-style-type: none"> <li>Off-job (non-occupational)</li> <li>Illness only</li> <li>Calendar year</li> <li>Pregnancy coverage alternatives</li> </ul>
<b>Plan Type</b>	<ul style="list-style-type: none"> <li>HSA compatible benefits*</li> <li>Choice of 3 standard benefit schedules</li> <li>One or more plans may be offered to EEs (ideally no more than 2, e.g., low/high or HSA/non-HSA)</li> </ul>	<ul style="list-style-type: none"> <li>Expanded benefits (Not all options are HSA compatible)</li> <li>Custom-built plan: choice of benefits &amp; amounts</li> <li>Four optional riders</li> </ul>
<b>Coverage Tier Options</b>	<ul style="list-style-type: none"> <li>Employee choice of coverage tiers</li> <li>Four tier structure:               <ul style="list-style-type: none"> <li>- EE only</li> <li>- EE + Child(ren)</li> <li>- EE + Spouse/Partner</li> <li>- Family</li> </ul> </li> </ul>	Alternate coverage tier structures available <ul style="list-style-type: none"> <li>One tier (EE only)</li> <li>Two tier (EE only; Family)</li> <li>Three tier (EE only; EE + 1 Dependent; Family)</li> </ul>
<b>Funding Options (Premium Structure)</b>	100% EE-paid (voluntary)	<ul style="list-style-type: none"> <li>100% employer-paid (non-contributory)</li> <li>Cost sharing (contributory): contingent on group size</li> </ul>
UNDERWRITING & RATE INFORMATION		OPTIONS AVAILABLE
<b>Preferred Information to Quote</b>	<ul style="list-style-type: none"> <li>Group name, situs state, SIC, desired effective date</li> <li>Employee census</li> <li>If takeover, current participation and claims experience/reporting</li> </ul>	Quoting without employee census
<b>Underwriting Type</b>	Guaranteed Issue <sup>2</sup> for all covered persons	
<b>Enrollment Type</b>	Annual open enrollment	
<b>Minimum Participation Requirement</b>	100% EE-paid: <ul style="list-style-type: none"> <li>- 4 to 49 lives – 4 enrolled lives</li> <li>- 50+ lives – 10 enrolled lives</li> </ul>	<ul style="list-style-type: none"> <li>100% employer-paid: 100% of eligible lives</li> <li>Cost sharing: contingent on group size</li> </ul>
<b>Rate Structure</b>	Composite rates by coverage tier	
<b>Rate Guarantee Period</b>	<ul style="list-style-type: none"> <li>Two years</li> <li>For groups with 50+ lives and a multi-year rate guarantee:               <ul style="list-style-type: none"> <li>- Group must achieve 10% participation to secure the rate guarantee</li> <li>- If 10% is not achieved, rate guarantee may revert to one year</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>One year</li> <li>Three years</li> </ul>
<b>Renewability</b>	Annually renewable at group’s discretion	

<sup>1</sup>HSA COMPATIBILITY - The IRS limits the types of supplemental insurance that an individual who participates in a Health Savings Account (HSA) may have, while still maintaining the tax-exempt status of HSA contributions. The IRS allows additional insurance that provides benefits for “a fixed amount per day (or other period) of hospitalization.”

Plan designs that are designed to be compatible with Health Savings Accounts (HSAs) are available. However, anyone who has or plans to open an HSA, should consult tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

**PRODUCT PROVISIONS<sup>1</sup>**

**Standard HSA Compatible Benefits**

	Benefit Amount Per Day	Max Days Per Year (Standard)	Low	Mid	High	Detail/Options
First Day Hospital <sup>3</sup> Confinement	\$500-\$2,500	1 - 5 (1)	\$500	\$1,000	\$2,000	May be removed
Daily Hospital <sup>3</sup> Confinement	\$50 - \$500	10 - 360 (90)	\$100	\$150	\$200	Required
Daily ICU Confinement	\$100 - \$1,000	10 - 90 (30)	\$200	\$300	\$400	May be removed

**Optional HSA Compatible Benefits**

First Day ICU Confinement	\$1,000 - \$5,000	1 - 5 (1)	\$1,000	\$2,000	\$4,000	
Medical Travel	\$25 - \$500	1, 2, 3, 4, 5, 10 (3)	\$150	\$300	\$450	
Companion Lodging	\$25 - \$200	5, 10, 15, 30 (15)	\$100	\$125	\$150	
Family Care	\$5 - \$50	10, 15, 30, 60 (10)	\$20	\$25	\$30	
Pet Care	\$5 - \$50	10, 15, 30, 60 (10)	\$20	\$25	\$30	
Health Screening	\$25 - \$100	1	\$50	\$50	\$50	

**Other Medical Care Facility - Extended Optional Benefits (Not HSA Compatible) - Available for 50+ lives**

	Benefit Amount Per Day	Max Days Per Year (Standard)	Detail/Options
Continuous Care Confinement	\$50 - \$500	10, 30, 60, 90 (30)	Rehabilitation, hospice and skilled nursing facilities
Mental/Nervous - Inpatient	\$50 - \$500	10, 30, 60, 90 (30)	
Substance Abuse - Inpatient	\$50 - \$500	10, 30, 60, 90 (30)	

**Surgery (Sx) - Extended Optional Benefits (Not HSA Compatible) - Available for 50+ lives**

Inpatient Sx	\$500 - \$3,000	1 - 5 (1)	
Outpatient Sx-Hospital/ASC	\$50 - \$1,000	1 - 5 (1)	
Outpatient Sx-Phys. Office/ER	\$50 - \$500	1 - 5 (1)	

**Additional Care - Extended Optional Benefits (Not HSA Compatible) - Available for 50+ lives**

Ambulance-Air	\$500 - \$3,000	1 - 5 (1)	
Ambulance-Ground/Water	\$50 - \$1,000	1 - 5 (1)	
Emergency Room	\$25 - \$500	1 - 5 (1)	Accident/injury only option available
Hospital Observation/Short Stay	\$25 - \$500	1 - 5 (1)	Accident/injury only option available
Diagnostic Exam-Outpatient	\$25 - \$500	1 - 5 (1)	
Prescription Drug	\$5 - \$50	5, 12, 20 (12)	1 - 5 (1) max days per month applies

**Medical Professional Care - Extended Optional Benefits (Not HSA Compatible) - Available for 50+ lives**

Medical Prof./Phys. Office Visit	\$25 - \$200	1, 2, 3, 5, 10 (5)	1 - 5 (1) max days per covered event applies
Telemedicine Visit	\$10 - \$25	1 - 5 (1)	
Therapy Services-Outpatient	\$25 - \$100	5, 10, 15, 30 (10)	
Urgent Care	\$25 - \$200	1 - 5 (1)	
Home Health Services	\$25 - \$100	30, 60, 90 (30)	

**Optional Riders - Available for 50+ lives**

- Accidental Death & Dismemberment (AD&D)
- Critical Illness/Specified Disease (CI/SD)
- Term Life (TL)
- Short Term Care (STC)

**Features & Services**

Portability	Included; extended continuation will be offered instead of portability in some states
Extension of Coverage	Optional; extension while confined and extension with waiver of premium due to disability available
Ability Assist <sup>4</sup> EAP <sup>4</sup>	24/7/365 access to help for financial, legal or emotional issues
HealthChampion <sup>SM</sup>	Administrative and clinical support following serious illness or injury

**Reduction, Limitations & Exclusions**

Benefit Reduction Due to Age	Optional; 50% at age 70
Pre-Ex <sup>1</sup>	12/12 is standard; other options available
Benefit Waiting Period - Illness	Not included is standard; optional 30 days in absence of pre-ex; applies to illnesses only
Other HI Policy Limitation	Included
Exclusions	A complete listing of exclusions can be found in the sample contract, available upon request

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THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

Hospital Indemnity Plan Form Series includes GBD-2800, GBD-2900 or state equivalent.

<sup>1</sup> May vary by state.

<sup>2</sup> This policy is guaranteed issue, but does contain a Pre-Existing Condition Limitation. Please refer to the certificate for more information on exclusions and limitations, such as Pre-Existing Conditions.

<sup>3</sup> Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours. Required hours may vary by state.

<sup>4</sup> HealthChampion<sup>SM</sup> and Ability Assist<sup>SM</sup> are offered through The Hartford by ComPsych<sup>SM</sup>. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych. ComPsych is a registered trademark and HealthChampion is a service mark of ComPsych Corporation. Services may not be available in all states. Visit [www.TheHartford.com/employee-benefits/value-added-services](http://www.TheHartford.com/employee-benefits/value-added-services) for more information.