



a **Horace Mann** company

Underwritten by: National Teachers Associates Life Insurance Company (NTA Life)  
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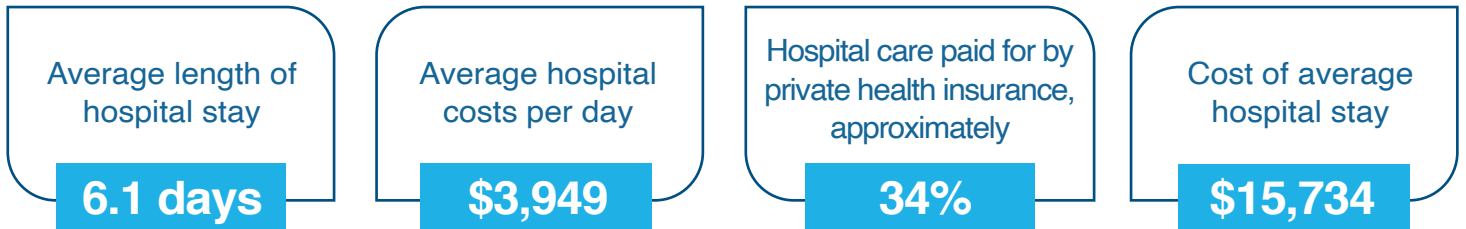
BR-1030 (2/20)

Hospital Insurance Program

# HOSPITAL INSURANCE PROGRAM

BENEFITS PAYABLE TO YOU (OR WHOMEVER YOU DESIGNATE) WHEN A COVERED PERSON IS TREATED AT A HOSPITAL TO HELP YOU COVER PLANNED AND UNPLANNED COSTS

In 2016 there were **145.6 million** Emergency Department visits. Those visits resulted in **12.6 million** hospital admissions.



CDC/National Center for Health Statistics, 2017 Debt.org, America's Debt Help Organization, 2017

## TREATMENT BENEFITS

### CLASSIC

### ELITE

#### HOSPITAL INPATIENT ADMISSION BENEFIT<sup>1</sup>

Payable for the first day a Covered Person is confined in a Hospital due to a covered Injury or Sickness.

PRIMARY INSURED

**\$750/day**

**\$1,000/day**

CHILDREN

**\$375/day**

**\$500/day**

MAXIMUM PER COVERED PERSON

Once per Calendar Year

Once per Calendar Year

#### DAILY INPATIENT HOSPITAL CONFINEMENT BENEFIT<sup>1</sup>

Payable daily when a Covered Person is confined in a Hospital due to a covered Injury or Sickness. Not payable for the same day as the Hospital Inpatient Admission Benefit.

PRIMARY INSURED

**\$150/Day**

**\$200/Day**

CHILDREN

**\$75/Day**

**\$100/Day**

MAXIMUM PER COVERED PERSON

31 Days per Period of Hospital Confinement

31 Days per Period of Hospital Confinement

#### OBSERVATION BENEFIT

Payable for any part of a day or more of a Covered Person's confinement in an Observation Unit for a covered Injury or Sickness. Not payable for the same day as the Daily Inpatient Hospital Confinement Benefit or Hospital Inpatient Admission Benefit. Not payable for treatment in an Emergency Care Facility or Outpatient Care Facility.

PRIMARY INSURED

**\$75/admission**

**\$100/admission**

CHILDREN

**\$37<sup>50</sup>/admission**

**\$50/admission**

MAXIMUM PER COVERED PERSON

2 admissions per Calendar year

2 admissions per Calendar year

#### NO LIFETIME MAXIMUM on benefits.

Insurance Policy Series PO-CM-HP8002-Z0 (6/19) and state special versions. Premiums and benefits vary with the program selected.

<sup>1</sup> The Covered Person must be billed as an inpatient by the Hospital. Not payable for treatment in an Emergency Care Facility, Outpatient Care Facility, or confinement in an Observation Unit.

# UNCERTAIN OF YOUR NEED FOR HOSPITAL INSURANCE? CONSIDER THESE FACTS

## Spending for emergency room **COSTS MORE THAN DOUBLED PER PERSON**, from 2008 to 2017.



Health Care Cost Institute, HCCI claims database 2008-2017

## OPTIONAL ENHANCED HOSPITAL INSURANCE RIDER

Optional Rider Form Series RD-CM-HPI02-Z0 (6/19) and state special versions.

### — TREATMENT BENEFITS —

#### ADVANCED IMAGING BENEFIT

Payable for an Advanced Imaging procedure, such as a CT scan or MRI, the Covered Person receives for a covered Injury or Sickness.

MAXIMUM PER COVERED PERSON

**\$100/image**

**2 images per  
Calendar Year**

#### AMBULANCE BENEFIT

Payable for transport to an Emergency Room by ground or air ambulance for a covered Injury or Sickness provided the Covered Person is charged by a licensed professional ambulance company. Maximum 1 trip per day and 2 trips per Calendar Year.

GROUND AMBULANCE

**\$200/trip**

AIR AMBULANCE

**\$2,000/trip**

#### EMERGENCY CARE BENEFIT

Payable for a Covered Person's care or treatment for a covered Injury or Sickness received in an Emergency Room or Urgent Care Facility. Maximum 2 visits per Calendar Year.

EMERGENCY CARE BENEFIT - EMERGENCY ROOM

PRIMARY INSURED

**\$100/visit**

CHILDREN

**\$50/visit**

EMERGENCY CARE BENEFIT - URGENT CARE FACILITY

PRIMARY INSURED

**\$50/visit**

CHILDREN

**\$25/visit**

**NO LIFETIME MAXIMUM on benefits.**

## QUESTIONS ABOUT EXCLUSIONS & LIMITATIONS? WE HAVE ANSWERS

### 1. WHAT TYPE OF COVERAGE IS THIS AND WHO CAN BE COVERED?

This Policy is a HOSPITAL INDEMNITY INSURANCE POLICY. It provides insurance protection for treatment in a Hospital due to a covered Injury or Sickness. This Policy is designed to supplement comprehensive health insurance and will not provide benefits equal to major medical coverage. We offer an Individual Plan and a One Parent Plan to provide coverage for you and your Children. Additional premium applies. Each person applying for coverage must meet the underwriting standards to have coverage under this Policy. READ YOUR POLICY CAREFULLY. The Policy provisions, not this brochure, control. This brochure is only a summary of benefits, exclusions, and limitations. Critical definitions of capitalized words are contained in your Policy and Riders. Coverage is provided after the Coverage Effective Date for a Covered Person.

### 2. CAN I CANCEL THIS POLICY AT ANY TIME? CAN THE INSURANCE COMPANY CANCEL IT AS WELL?

You can cancel this Policy at any time by simply not paying the renewal premium. However, elections to pay premiums through pre-tax deductions in an IRS Section 125 plan may, generally, only be changed at the end of a plan year or after a qualifying event. We, the insurance company, guarantee you the right to keep the Policy in force by timely paying your premiums when due or during the Grace Period until the Primary Insured reaches age 70 and cannot cancel the Policy. We do have the right to increase premiums, but only if done so for all similar policies in your state.

### 3. CAN I SEND MY POLICY BACK AND GET A REFUND IF I DECIDE I DON'T WANT THE COVERAGE?

Yes. Send it back to Us within 30 days for a full refund and the Policy will be voided from its date of issue.

### 4. WHEN MIGHT A BENEFIT FOR AN INJURY OR SICKNESS NOT BE PAYABLE TO ME?

**No coverage is provided for the first year after the Policy's Coverage Effective Date (generally, the issue date) for a Preexisting Condition. If you request and We approve a change to the Policy that increases Policy or Rider benefits, the increase in benefits will not cover Preexisting Conditions for a Covered Person for a one-year period after the Coverage Effective Date of such increase in benefits.** A Preexisting Condition is a condition for which: (1) medical advice or treatment was recommended by or received from a Medical Practitioner within the one-year period before the Coverage Effective Date; or (2) symptoms existed within the one-year period before the Coverage Effective Date that would cause an ordinarily prudent person to seek diagnosis, care, or treatment.<sup>8, 11</sup> Generally, no benefits are provided if the Injury or Sickness is caused or contributed to by:<sup>4</sup> (1) Suicide, attempted suicide or an intentionally self-inflicted injury, while sane;<sup>13, 15</sup> (2) War or any act of war<sup>9</sup> (whether declared or undeclared);<sup>5</sup> (3) Participation<sup>1, 10</sup> in a riot or insurrection; (4) Active duty status in the armed forces, including auxiliary units; (5) The voluntary use or taking of any narcotic or other illegal substance (unless taken or used as prescribed by a Medical Practitioner);<sup>12, 14</sup> (6) The Covered Person's legal intoxication as defined by the state law where the loss occurred (unless taken or used as prescribed by a Medical Practitioner);<sup>7, 12, 14</sup> (7) Alcoholism or drug addiction;<sup>6, 12, 14</sup> (8) Any poison, gas, or fumes voluntarily absorbed, inhaled, or taken; (9) The commission or attempted commission of a felony, or engaging in an illegal occupation;<sup>2, 12</sup> (10) Vasectomy, tubal ligation, sex change surgery, and the reversal thereof, or surgery to remove an organ or gland that shows no signs of cancer in an attempt to prevent development of cancer in that organ or gland; (11) Cosmetic Surgery, except that "cosmetic surgery" does not include reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly resulting in a functional defect; or (12) Engaging in or practice of parachuting, hang-gliding, mountaineering (hiking or climbing on snow, glaciers, or ice), bungee jumping, sky diving, cave exploration, cave diving, cliff diving, scuba diving, mountain or rock climbing, BASE jumping, motocross, free skiing, heli-skiing, or participation in a rodeo; participation in or practice for competitive athletic contests of any type where compensation or monetary awards are received; the use of any motor driven vehicle in a race, stunt show, or speed test, or the practice thereof.<sup>3</sup> **No benefits are payable for losses incurred during the 300 days after the Coverage Effective Date of this Policy for normal pregnancy or childbirth, other than covered Complications of Pregnancy.** Benefits are not available for treatment received outside of Canada or the United States and its possessions. This Policy does not provide concurrent benefits for multiple Injuries or Sicknesses that occur during the same Period of Hospital Confinement. Certain states may have additional exclusions and limitations.

In NV, We shall not be liable for any loss to which a contributing cause was the Covered Person's commission of or attempt to commit a felony or to which a contributing cause was the Covered Person being engaged in an illegal occupation, except for victims of domestic violence, regardless of whether the Covered Person contributed to the loss or injury.

<sup>1</sup> In IL, voluntary participation <sup>2</sup> In IL, the voluntary commission or attempted commission of a felony, or voluntarily engaging in an illegal occupation <sup>3</sup> In IL and OK, Part I2 is not applicable <sup>4</sup> In IL, "or contributed to by" is not applicable <sup>5</sup> In OK, add "while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as an employer" <sup>6</sup> In IL, add "that is defined and determined by the laws of the state where the loss or cause of loss was incurred" <sup>7</sup> In OK, not applicable <sup>8</sup> In NC, Part 2 is not applicable <sup>9</sup> In NC, add "other than terrorism" <sup>10</sup> In NC, active participation <sup>11</sup> In NV, Preexisting Condition means a condition for which medical advice, diagnosis, care or treatment was recommended by or received from a Medical Practitioner within the six month period before the Coverage Effective Date <sup>12</sup> Not applicable in NV <sup>13</sup> In MO, Suicide or attempted suicide while sane; an intentionally self-inflicted injury while sane that is not an obvious attempted suicide <sup>14</sup> Not applicable in VT <sup>15</sup> In VT, delete "while sane"

