



CRAIG ZINN AUTOMOTIVE GROUP

# Hospital Insurance



## How does it work?

Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

## Why is this coverage so valuable?

- The money is paid directly to you — not to a hospital or care provider. 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.
- 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).
- You may take the coverage with you if you leave the company or retire, without having to answer new health questions. You'll be billed directly.

## Be Well Benefit

Every year, each family member who has Hospital coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

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

## Who can get coverage?

You:	If you're actively at work.
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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.

## How much does it cost?

Your weekly premium	
You	\$3.39
You and your spouse	\$7.23
You and your children	\$5.74
Family	\$9.58
Your semi-monthly premium	
You	\$7.35
You and your spouse	\$15.67
You and your children	\$12.44
Family	\$20.75

Please refer to the certificate for complete definitions about these covered conditions. Coverage may vary by state. See exclusions and limitations.

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

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at [www.medicare.gov/sites/default/files/2022-03/02110-medigap-guide-health-insurance.pdf](http://www.medicare.gov/sites/default/files/2022-03/02110-medigap-guide-health-insurance.pdf)

Hospital		
Hospital Admission	Payable for a maximum of 2 days per year	\$1,000
Hospital Daily Stay	Payable per day up to 365 days	\$100
ICU Daily Stay	Payable per day up to 30 days	\$100
Short Stay	Payable for a maximum of 2 days per year	\$300
Additional Inpatient Care		
Mental/Nervous or Substance Abuse Treatment	Payable for maximum of 1 day per insured per calendar year	\$300
Procedure, Treatment and Follow-Up Benefits for Covered Accidents		
Ambulance		
- Air	Payable for 1 day per calendar year	\$1,500
- Ground	Payable for 1 day per calendar year	\$300
Diagnostic and Imaging Procedures	Payable for 1 day per calendar year	\$300
Emergency Department	Payable for 1 day per calendar year	\$300
Surgery		
- Tier 1	Payable for up to 5 days per calendar year	\$300
- Tier 2	Payable for up to 5 days per calendar year	\$600
- Tier 3	Payable for up to 5 days per calendar year	\$1,200
Therapy Services	Payable for up to 15 days per calendar year	\$150

### Exclusions and limitations

Unum will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- Committing or attempting to commit a felony;
- Being engaged in an illegal occupation or activity;
- Injuring oneself intentionally or attempting or committing suicide, whether sane or not;
- Active participation in a riot or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
- Participating in war or any act of war, whether declared or undeclared;
- Combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations;
- Being intoxicated;
- A Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
- Elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases;
- Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
- Any Admission or Daily Stay of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
- Voluntary use of or treatment for voluntary use of any prescription or non-prescription drug, alcohol, poison, fume, or other chemical substance unless taken as prescribed or directed by the Insured's Physician;
- Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
- Stroke, Alzheimer's disease, trauma, viral infection; or
- Other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

### End of employee coverage

If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.

Otherwise, your coverage under this certificate ends on the earliest of:

- the date the Policy is cancelled by us or your Employer;
- the date you are no longer in an Eligible Group;
- the date your Eligible Group is no longer covered;
- the date of your death;
- the last day of the period any required premium contributions are made; or
- the last day you are in Active Employment.

However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

### 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 as defined in federal law. Some states may require individuals to have comprehensive medical coverage before purchasing hospital insurance.

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 which may affect any benefits payable. For complete definitions of coverage and availability, please refer to Certificate Form GHIC16-1 and policy form GHIP16-1 or contact your Unum representative.

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

Underwritten by: Unum Insurance Company, Portland, Maine

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## Exclusions and Limitations

Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy

### Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum the required hours per week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a the required day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

### Pre-existing Condition

We will not pay benefits for a claim when the Covered Loss occurs in the first 12 months following an Insured's Coverage Effective Date and the Covered Loss is caused by, contributed to by, or resulting from any of the following:

- a Pre-existing Condition; or
  - complications arising from treatment or surgery for, or medications taken for, a Pre-existing Condition.
- An Insured has a Pre-existing Condition if, within the 12 months just prior to their Coverage Effective Date, they have an Injury or Sickness, whether diagnosed or not, for which:
- medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period; or
  - drugs or medications were taken, or prescribed to be taken during that period; or
  - symptoms existed

Pre-existing Condition requirements are not applicable to:

- Children who are newly acquired after your Coverage Effective Date; and
- any coverage applied for when an Insured is first eligible to enroll for coverage.

The Pre-existing Condition provision applies to any Insured's initial coverage. Coverage Effective Date refers to the date any initial coverage becomes effective.