

# Hospital Indemnity Insurance

## Policy Highlights



### Can you afford to be hospitalized?

A hospital stay can be traumatic — to your health, your wallet, and your family. Even if you have additional medical insurance, you will most likely have costs that aren't covered. That's when Medico's Hospital Indemnity insurance plan can provide you with supplemental cash benefits to use as needed.

### Base plan benefits

#### Hospital Confinement benefit

Pays for each day of confinement in a hospital. You can choose the number of days per period of confinement (6, 7, 8, 9, 10, 21, or 31 days) and the amount per day (from \$100-\$600 in \$25 increments). After you are released from being confined in a hospital and remain out of the hospital for 60 continuous days, your benefit period resets.

#### Observation Unit benefit

Pays 100% of the Hospital Confinement benefit amount per day for a maximum of six days per calendar year while receiving services in a hospital observation unit as a result of a covered loss due to sickness or injury.

#### Emergency Room benefit

Pays \$150 per day while receiving services in a hospital emergency room as a result of a covered loss due to an injury if admitted to a hospital within 24 hours. Maximum four days per calendar year.

#### Transportation and Lodging benefit

Pays \$100 per day for a maximum of 10 days per calendar year to cover expenses incurred for transportation or lodging while receiving treatment in a hospital or medical facility located more than 50 miles from the insured's residence.

#### Inpatient Mental Health benefit

Pays \$175 per day of confinement in a hospital due to a covered mental or nervous disorder for a maximum of seven days per calendar year.

### Did you know?

18.7 million hospital stays annually are an average length of 5 days, costing about \$14,500 per stay for people between the ages of 45 and 84.<sup>1</sup>

Below are the percentages of adults in the U.S. who say their healthcare costs over the past two years caused a very or somewhat serious problem for their overall financial situation.<sup>2</sup>

44%

Set up a payment plan with a hospital or healthcare professional

42%

Spent all or most of their personal savings

27%

Unable to pay for basic necessities, like housing, food, or heat

23%

Took on credit card debt that may be hard to pay back

7%

Declared bankruptcy

1. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb246-Geographic-Variation-Hospital-Stay.jsp#:~:text=In%202016%2C%20there%20were%20about,104.2%20stays%20per%201%2C000%20population.>

2. "Patient's Perspectives on Health Care in the United States," National Public Radio, the Robert Wood Johnson Foundation, and the Harvard T.H. Chan School of Public Health, February 2016. Used with permission.

## Policy highlights



### Issue age

40 to 85



### Underwriting

Simplified issue with limited health questions



### Rates

Gender specific



### Billing options

Monthly, quarterly, semi-annually, and annually

## Household discount

Receive a 7% discount on your premiums if you live with another adult, regardless of whether they sign up for coverage.

## Optional rider benefits

### Ambulance Services benefit rider

Pays \$250 per day for ground or air transportation for a combined maximum of four days per calendar year. Subject to a lifetime maximum of \$2,500.

### Outpatient Therapy/Chiropractic Services benefit rider

Pays \$50 per day with a choice of 15 or 30 days per calendar year for outpatient therapy services for charges incurred as a result of a covered sickness or injury. Pays \$50 per day for up to five days per calendar year for chiropractic services.

### Skilled Nursing Facility benefit rider

Pays \$100, \$150, or \$200 per day for up to 50 days when the insured is confined to a skilled nursing facility. Restoration of benefit is allowed once during the lifetime of this rider.

### Lump Sum Cancer benefit rider

Pays \$1,000; \$2,500; \$5,000; \$7,500; or \$10,000 with first diagnosis of internal cancer or malignant melanoma. Maximum of one payment. Coverage will terminate after payment of benefit. Only available up to age 80.

### Lump Sum Hospital Confinement benefit rider

Pays \$250, \$500, or \$750 for up to three benefit periods each calendar year when the insured is confined to a hospital.

### Outpatient Surgery benefit rider

Pays \$250, \$500, \$750, or \$1,000 for up to two days each calendar year when insured has outpatient surgery.

### Urgent Care Center benefit rider

Pays \$50 per day for up to four days each calendar year when insured obtains urgent care services.

Policy forms: HIA63; HIA63(MO); HIA63(NC); HIA63(OK); HIA63(OH); HIA63(OR); HIA63(TN); HIA63(WI)

This policy has limitations and exclusions. Preexisting conditions are not covered during the first six months after the policy date. Policy availability, exclusions, and limitations may vary by state. See the plan in your state for complete details.

The policyholder has 30 days after receiving the policy to examine it and return it to Medico or to the producer if they are dissatisfied. Medico will refund the premium, less any claims paid, and void the policy. This flyer is intended to provide a general description of the policy benefits. Policy provisions and benefits may vary from state to state. Please see the policy and riders for complete details. For costs and further details of the coverage, including exclusions, restrictions, or limitations and the terms under which the policy may be continued in force or discontinued, see your producer or contact Medico. Preexisting conditions are not covered during the first six months after the policy date (may vary by state). To be eligible for benefits, you must receive medically necessary covered care, as defined in the policy.

This is a solicitation of insurance, and a licensed agent/producer may contact you. THIS IS A LIMITED POLICY. If there is a discrepancy between the flyer and the contract, the contract language prevails. This policy is not major medical insurance and is not a substitute for major medical insurance. It does not qualify as minimum essential health coverage under the Federal Affordable Care Act. If you purchase this policy only, you will not satisfy the federal requirement that you have health coverage, which is in effect beginning Jan. 1, 2014.

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