Designed Especially for:
UFCW Local 1102

ManhattanLife™
Standing By You. Since 1850.

Hospital Indemnity

Provides Cash Benefits When You or Your Family Are Hospitalized

A Hospital Indemnity Plan:

- Can help reduce the financial strain of the high out-of-pocket expenses associated with hospital stays
- Benefits are paid directly to you, in addition to any other insurance coverage you may have
- Can cover you, your spouse and your children

Did You Know?

The national average length of a hospital stay is 4.5 days.

– Source: "Decreasing the Patient Length of Stay (LOS) to Lower HAIs Centrak." Centrak, Web

Your Offer:

Benefit Name and Description	Option 1
Hospital Indemnity Daily Room and Board Benefit If a covered person is confined as an inpatient in a hospital, this benefit pays a daily benefit on day one for the hospital room and board. Confinement must begin while the Certificate is in force; be for at least 18 hours; and be for a covered illness or injury. If this benefit is paid, then the Intensive Care Daily Room and Board Benefit is not paid. If the covered person has a stay in both the non-ICU room of the hospital and an ICU room on the same day, only one will be paid, either the Hospital Daily Room and Board benefit or the Intensive Care Daily Room and Board benefit, whichever is the greater amount. Maximum 31 days per calendar year.	$500
First Hospital Admission Non-ICU Pays a benefit upon a covered person's first inpatient Non-ICU hospital stay during a calendar year. Hospital confinement must be for at least 18 hours as an inpatient; and be for a covered illness or injury. Benefit is not paid if ICU Admission Benefit is paid. Maximum four admission per calendar year.	$200
First Hospital Admission ICU Pays a benefit upon a covered person's first inpatient ICU hospital stay during a calendar year. Hospital confinement must be for at least 18 hours as an inpatient; and be for a covered illness or injury. Benefit is not paid if Non-ICU Admission Benefit is paid. Maximum four admission per calendar year.	$200

Policy: AS7007

Underwritten by ManhattanLife Insurance and Annuity Company

UFCWL1102-HI_0626

Your Offer:

Benefit Name and Description	Option 1
Newborn Routine Care Pays a benefit if after delivery, the newborn is confined in the hospital for routine post-natal care, the Newborn Routine Care Benefit will be paid as shown on the Schedule of Benefits. The benefit is payable once for the duration of the newborn's stay. The Hospital Daily Room and Board Benefit and First Hospital Admission Benefit are not payable for the newborn. If after delivery, the newborn receives care in the ICU, then the applicable Intensive Care Daily Room and Board Benefit and First Hospital Admission Benefit are payable and the Newborn Routine Care Benefit is not payable.	$300
Intensive Care Daily Room and Board Benefit Pays a benefit if a covered person is confined as an inpatient to an Intensive Care Unit, this benefit pays a daily benefit on day one for the intensive care room and board. Confinement must be an inpatient basis; begin while the Certificate is in force; be for at least 18 hours; and be for a covered illness or injury. Maximum 31 days. If this benefit is paid, then the Hospital Room and Board Benefit is not paid. If the covered person has a stay in both the non-ICU room of the hospital and an ICU room on the same day, only one will be paid, either the Hospital Daily Room and Board benefit or the Intensive Care Daily Room and Board benefit, whichever is the greater amount.	$1,000
Rehabilitation Daily Benefit If a covered person is transferred to a rehabilitation facility within 72 hours after a period of hospital confinement, the benefit shown on the Schedule of Benefits will be paid. Confinement must: begin while the Certificate is in force; be for at least 18 hours; and be for a covered illness or injury. Maximum 15 days per year.	$100
Pre-Existing Condition Limitation If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to the policy effective date, no benefits will be paid for the first 12 months of the policy effective date. Refer to the certificate of coverage for specific pre-existing limitations. This has been waived for this offer.	Waived
Maternity Waiting Period	Waived
Portability	Limited
Waiver of Premium Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability. This waives an Member's premium if he or she becomes totally disabled for at least 90 days after the effective date of coverage. There is no lifetime maximum. Issue age 18-64, terminates at age 65.	Included
Inpatient Surgical If a covered person undergoes inpatient surgery, we will pay the benefit shown in the schedule of benefits. A covered surgery is one that: takes place while confined as an inpatient in a hospital; takes place while the Certificate is in force; and is for the diagnosis or treatment of a covered accident or illness.	$500 Max 2 day per calendar year

Benefit Name and Description	Option 1
Outpatient Surgical If a covered person undergoes outpatient surgery. The benefit amount payable, is shown on the Schedule of Benefits, is based on the location of where the services are rendered. A covered surgery is one that: takes place on an outpatient basis in a hospital outpatient, ambulatory surgical center, physician's office, urgent care facility, or emergency room; takes place while the Certificate is in force; and is for the diagnosis or treatment of a covered accident or illness.	**Hospital Outpatient of Ambulatory Surgical Center** $300 **Physician's Office/Urgent Care Facility/ Emergency Room** $200 **Total Maximum Days** 2 days per calendar year for Outpatient Surgical Benefits
Ambulance If a covered person receives transportation in an ambulance by air as a result of an accident or illness, We will pay the benefit shown on the schedule of benefits. Transportation on an emergency basis must: be necessary in the opinion of the covered person's attending health care practitioner; and be to a hospital outside of a 100-mile radius from the covered person's location or to the nearest trauma center.	**Ground Ambulance** $500 **Air Ambulance** $1,000 **Total Maximum Days** 4 days per year for all Ambulance Benefit
Emergency Treatment If a covered person receives emergency treatment, we will pay the benefit shown on the schedule of benefits. Emergency treatment must: be provided at a hospital emergency room or an urgent care facility; begin while the Certificate is in force; and be for a covered illness or accident.	$100 Max 2 days per calendar year
Health Screening If a covered person undergoes a health screening/wellness examination for eligible preventative services, such as routine physical, exams, immunizations, blood tests or age-appropriate screenings, we will pay the per day benefit shown on the Schedule of Benefits.	$100 Max 1 day per calendar year
Diagnostic X-Ray If a covered person undergoes a diagnostic laboratory test on an outpatient basis, or receives one of the following tests for the purpose of diagnosing a covered accident or illness, we will pay the per day benefit shown on the Schedule of Benefits: Computer Tomography Scan (CT); Magnetic Resonance Imaging (MRI); Myelogram; Positron Emission Tomography Scan (PET); Angiogram; Arteriogram; or Thallium Stress Test.	$100 Max 2 days per calendar year

Benefits and riders may vary by state and may not be available in all states.

IMPORTANT NOTICE: The Insurance coverage provided under the policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and it does not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Act. This is not a complete disclosure of plan qualifications and limitations. For a complete list of limitations and exclusions, please refer to www.ManhattanLife.com/Disclosure. Please review this information before applying for coverage. The benefits provided depend on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS