



Maryland

## Hospital Cash Plan

*Cash payments - to be spent however you want - if you receive outpatient surgery, hospitalization, or emergency room care in a hospital due to a covered sickness or injury*

### Plan basics

#### What it is

- This hospital indemnity insurance policy pays cash to you or the person you name for hospital confinement, outpatient surgery, and emergency room (ER) visits for a covered sickness or injury
- You can use the cash however you want
- This is not a comprehensive health insurance plan

#### Who's eligible to apply

- Anyone age 0 - 69 (children must apply with a parent; child-only coverage is not available) See page 3 for more information on eligible dependents.
- U.S. Citizens or U.S. Permanent Resident Card (green card) holders who have lived in the U.S. for a minimum of one year
- Policy must be purchased in the same state where the policyholder resides

### Options with this plan

#### Choose who the plan covers

##### Important to know:

- Domestic/civil union partners are defined as partners of the same or opposite sex

Individual – One adult

Single Parent – One parent and all children

Family – Two parents and all children

#### Choose your benefit amount for hospital confinement

\$250	\$1,000	\$2,000
\$500	\$1,500	

##### Important to know:

- The benefit amount is per covered person and is limited to one payment per person per calendar year (\*see note on page 4)

If you apply for family coverage or single parent coverage, all covered people will have the same benefit amount

#### Choose to enhance your coverage

##### Important to know:

- There is an additional cost for this optional benefit (\*see details about this optional daily benefit on page 4)

The optional daily benefit pays one payment per calendar year for up to 30 days if confined to a hospital or intensive care unit (ICU). This pays in addition to the hospital confinement benefit.

Hospital Confinement	ICU
\$50/day	\$200/day
\$100/day	\$400/day
\$200/day	\$800/day

If you have multiple hospital confinements during the same calendar year, only the first eligible confinement will receive payment with the daily benefit rider; unless multiple confinements are due to the same or related cause and are incurred within 180 days of each other. The 180 consecutive day time frame does not have to occur within the same calendar year. Payment maximum is 30 days for the optional daily benefit rider.

# Hospital Cash Plan

## How your plan pays

### Cash payment for a covered sickness or injury

#### Important to know:

- The plan will not provide or pay benefits beyond the maximum payments shown in this table

What's covered	Benefit amount	Maximum payments
Hospital confinement (*see note on page 4)	<ul style="list-style-type: none"> <li>Amount is based on policy option you select: \$250, \$500, \$1,000, \$1,500, or \$2,000</li> </ul>	<ul style="list-style-type: none"> <li>For each covered person per calendar year – 1</li> </ul>
Emergency room (ER) treatment	<ul style="list-style-type: none"> <li>\$150 for each ER visit</li> </ul> <h4>Important to know:</h4> <ul style="list-style-type: none"> <li>➤ If the emergency room visit is related to accidental injury, you must go to the ER within 72 hours</li> <li>➤ Does not cover treatment received at an Urgent Care Center</li> <li>➤ If you are billed for an ER visit that results in a hospital confinement, only the hospital confinement benefit will be paid</li> </ul>	<ul style="list-style-type: none"> <li>Individual policy – 2 per calendar year</li> <li>Single parent policy (parent and all children) – 4 per calendar year</li> <li>Family policy – 6 per calendar year</li> </ul> <h4>Important to know:</h4> <ul style="list-style-type: none"> <li>➤ There is a maximum of 2 payments per covered person</li> </ul>
Outpatient surgery	<ul style="list-style-type: none"> <li>\$150 for each output surgery paid per admittance/visit</li> </ul> <h4>Important to know:</h4> <ul style="list-style-type: none"> <li>➤ For multiple surgeries within one admittance/visit, policy provides one cash payment</li> <li>➤ If an outpatient surgery results in a hospital confinement, only the hospital confinement benefit will be paid.</li> </ul>	<ul style="list-style-type: none"> <li>Individual policy – 2 per calendar year</li> <li>Single parent policy (parent and all children) – 4 per calendar year</li> <li>Family policy – 6 per calendar year</li> </ul> <h4>Important to know:</h4> <ul style="list-style-type: none"> <li>➤ There is a maximum of 2 payments per covered person</li> </ul>



### High Deductible Health Plan (HDHP) and Health Savings Account (HSA) compatibility

If you have a Health Savings Account (HSA) now, or if you plan to open an HSA in the future, please consult your tax advisor about the tax implications of this combination of plans.

### When your coverage starts

Generally, your coverage starts on the day you sign the application. In some cases, if medical records are requested, it may be later.

### Waiting periods

After coverage starts, the following waiting periods apply for each covered person:

- No benefits are paid for any care or treatment that occurs during the first 12 months of this policy for any pre-existing condition

## Plan premiums

With this plan, you have a choice of how often you pay your premium:

- Monthly
- Semi-annually
- Annually

In addition, you can choose from these payment methods:

- Bank draft
- Credit/Debit card
- Direct bill/check (annual billing only)

You will receive a full refund of any premiums paid, if you cancel your policy within the first 30 days of coverage.

Your premium can be changed if we change the premium on all policies in your premium class (state and age group). Also, your premium may change if you move to another state.

As long as premiums continue to be paid, the policyholder can keep this policy until the anniversary date of the policy following their 70th birthday.

## Eligible dependents

Eligible dependents include your spouse and your unmarried children, stepchildren, and foster children from birth up to age 18. You may also maintain coverage for unmarried children ages 18 to 26 who remain full-time students. You may maintain coverage for mentally or physically disabled unmarried children who count on you for support and remain continuously disabled from a cause that began before age 18.

## Benefit limitations and exclusions

No benefits are provided or paid under this policy for any loss, expense, care, or treatment due or related to:

- Intentionally self-inflicted Injury
- Suicide or any attempted suicide, whether sane or insane
- Mental or emotional disorders without demonstrable organic disease
- Voluntary ingestion, injection, inhalation, taking, absorbing or use of any poison, poisonous gas, fumes or any other substance that results in injury or sickness
- War, whether declared or undeclared
- Cosmetic surgery
- Elective surgery not medically necessary, other than organ donation and complications related to organ donation after the waiting period
- Dental services or dental treatments unless necessitated by injury
- Injury or sickness incurred as a result of being engaged as a paid athlete
- Travel in, on or descending from any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter, or as a passenger on a privately owned and operated airplane that seats more than 10 passengers
- Sky diving



- Eye examinations, eye glasses, hearing aids or the fitting thereof
- Care or treatment received outside of the United States or its territories
- Care or treatment of a covered person's newborn child, newly adopted child or child recently placed for adoption with a covered person
- Care or treatment of a covered person for which the appropriate regulatory board determines is provided as a result of a prohibited referral.

The following, which may be related to pregnancy, are excluded from coverage under this policy. No benefits are provided or paid under this policy for any loss, expense, care, or treatment due or related to:

- An elective abortion
- False labor
- Occasional spotting
- Doctor prescribed rest
- morning sickness

We reserve the right to obtain valid proof upon the filing of a claim.

### Details about the optional daily benefit

The optional hospital confinement/intensive care unit (ICU) daily benefit pays one payment per calendar year for a maximum of 30 days if you're confined to a hospital under a doctor's supervision because of a covered sickness or injury. As long as this optional benefit is in force, the benefit is paid from day one along with the hospital confinement benefit.

### \*NOTE

One period of confinement means:

- One continuous hospital confinement

OR

- Two or more hospital confinements for the same or related injury or sickness (all hospital confinements due to the same or related cause or causes shall be considered one and the same confinement unless periods of confinement resulting there from are separated by an interval of at least 180 consecutive days between the end of one such confinement and the beginning of a subsequent such confinement)

Example: If you have multiple hospital confinements during the same calendar year, you will only receive payment for the first eligible confinement. If multiple confinements for the same or related cause are incurred in different calendar years, only the first confinement will be paid unless there is a period of at least 180 consecutive days between confinements.



Applications are subject to approval. Waiting periods, limitations and exclusions apply. Please refer to the policy for the actual terms and conditions that apply. In the event there are discrepancies with the information provided in this document, the terms and conditions of the policy will govern. The benefits and riders offered are supplemental and not intended to cover all medical expenses. The total amount of coverage available from Kanawha Insurance Company is limited.

Underwritten by Kanawha Insurance Company - a member of the Humana family of companies.

Policy Form 90840 MD and Form 90841 MD