

**IMPORTANT: This is a fixed indemnity policy,
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Chubb Group Companies Providing This Notice
ACE American Insurance Company, ACE Property and Casualty Insurance Company, Combined Insurance Company of America, Combined Life Insurance Company of New York, Federal Insurance Company and Indemnity Insurance Company of North America

Hospital Cash¹

Add Hospital Cash to Your Health Plan

CHUBB[®]



Cash Benefits Paid in Addition to Any other Coverage You Have

Chubb Hospital Cash is hospital indemnity insurance that pays benefits directly to you regardless of another other coverage you have, and if your medical plan has a high deductible, you may need the cash. It's not easy to afford hospitalization, but with Hospital Cash, we've got you covered.

4.6 Days

Average
hospital stay²

\$13,000

Average
hospitalization cost²

If you were
hospitalized, could you
pay your deductible?

For eligible employees of

JM Bozeman Enterprises Inc.



Let Chubb Put Money in Your Pocket if You Get Hospitalized

When You Need It Most

Chubb Hospital Cash pays money directly to you if you get hospitalized due to an injury or an illness. It's not easy to pay hospital bills, especially if you have a high deductible medical plan. With Hospital Cash, you can focus on your recovery instead of wondering how you are going to afford the bills. And since the cash goes directly to you, there are no restrictions on how you use your money.

Chubb pays you an extra \$100 for your first covered hospital confinement.

Features

Guaranteed Issue for the Whole Family

As long as you are an active employee age 18 or older, you and your spouse/partner age 18 or older, and your kids through age 26 are eligible for coverage. No medical history is required. Even dependent grandchildren can be covered.

Renewability and Portability

Your coverage will renew automatically as long as you are an eligible employee, premiums are paid as due, and your employer's policy is in force.

You can keep your coverage If you change jobs or retire while the Policy is in force. Once ported, coverage cannot be canceled prior to age 72 as long as premiums are paid as due. You may not port coverage while you are actively employed by JM Bozeman Enterprises Inc..

Pre-Existing Conditions

There are no pre-existing condition exclusions except for pregnancy and childbirth expenses when conception occurred prior to the coverage effective date.

Chubb Hospital Cash Benefit for Accidents and Sickness Only

Plan 1 – 24-Hour Coverage

Hospital Admission Benefit - \$1,000

This benefit is for admission to a hospital or hospital sub-acute intensive care unit. Maximum Admissions Per Calendar Year: 4

Hospital Admission ICU Benefit - \$2,000

Additional benefit provided when the hospital is part of Named Hospital Group. Maximum Admissions Per Calendar Year: 4

Hospital Confinement Benefit - \$100 Per Day

This benefit is for confinement in hospital or hospital sub-acute intensive care unit. Maximum Days Per Confinement: 15
Maximum Days Per Calendar Year: 15

Hospital Confinement ICU - \$200 Per Day

Maximum Days Per Calendar Year: 15

Newborn Nursery Benefit - \$50 Per Day

This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease, or injury.

Maximum Days Per Confinement - Normal Delivery: 2

Maximum Days Per Confinement - Caesarean Section: 2

Rehabilitation Unit Confinement Benefit - \$100 Per Day

This benefit is for admission to a rehabilitation unit as an inpatient. Payable Per day for days 2 through 16
Maximum Days Per Confinement: 15
Maximum Days Per Calendar Year: 15

Wellness Benefit - \$100 Per Day

Maximum Days Per Calendar Year: 1

Doctor's Office Visit/Telemedicine Services - \$50 Per Day

This benefit is for a treatment by a physician in an office, or via telemedicine services.

Maximum Days Per Confinement: 2

Maximum Days Per Calendar Year: 2

Therapy Services - \$0 Per Day

The benefit is for therapy services.

Maximum Days Per Confinement: 6

Maximum Days Per Calendar Year: 6

PLAN 1 –	Monthly Premium
Employee	\$ 19.34
Employee + Spouse	\$ 41.41
Employee + Children	\$ 31.73
Family	\$ 53.80

Limitations & Exclusions

No benefits will be paid for services rendered by a member of the Immediate family of a Covered Person.

No benefits will be paid for any Covered Accident or Covered Sickness that is caused by, or occurs as a result of, a Covered Person's:

- Being intoxicated, or being under the influence of any narcotic or other prescription drug unless administered on the advice of a physician and taken according to the physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
- Participating in an illegal occupation or attempting to commit or actually committing a felony ("illegal occupation" and "felony" is as defined by the law of the jurisdiction in which the activity takes place);
- Committing or attempting to commit suicide or intentionally injuring himself or herself;
- Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident;
- Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto;
- Participation in any contest using any type of motorized vehicle;
- Aviation, except flight in a regularly scheduled passenger aircraft;
- Alcoholism;
- Loss that occurs while a Covered Person is legally incarcerated in a penal or correctional institution;
- Voluntary inhalation of or asphyxiation by gas or fumes;
- Injury while practicing for or participating in competitive rodeo;
- Injury while sky diving, hang gliding, parachuting, bungee jumping, parasailing, or scuba diving;
- Cosmetic surgery, except when due to reconstructive surgery needed as the result of an Injury or Sickness, or is related to or results from a congenital disease or anomaly of a covered Dependent Child; and congenital defects in newborns;
- Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness;
- Active participation in a riot or insurrection;
- Participating in any organized sport in a professional or semi-professional capacity;

- Injury to a Covered Person resulting from that Covered Person's willful violation of the Policyholder's rules or regulations. Willful violation includes, but is not limited to: a) working without protective clothing, helmets, gloves, etc. that are required by the Policyholder's rules or regulations; or b) competing in a race vehicle that is in violation of the Policyholder's rules and regulations;
- Mental and nervous disorders (except as provided in the Policy);
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications;
- Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;
- Elective surgery;
- Any pregnancy or childbirth of a Dependent Child, including services rendered to the child after birth;
- Routine newborn care; and
- Rest or custodial cures.

No benefits will be payable for sickness or infection, including physical or mental condition, that is not caused solely by or as a direct result of a Covered Accident or Covered Sickness.

This is a supplement to health insurance and is not a substitute for Major Medical or other minimum essential coverage.

1. Hospital indemnity coverage provides a benefit for covered loss; neither the product name nor benefits payable are intended to provide reimbursement for medical expenses incurred by a covered person or to result in any payment in excess of loss.
2. Hospital and Surgery Costs 2021, [Debt.org/medical/hospital-surgery-costs/](https://www.debt.org/medical/hospital-surgery-costs/)

This document is a brief description of Form No. C82000 (or applicable state version). Refer to your certificate of insurance for specific details about benefits, exclusions, and limitations.

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. This insurance product is underwritten by ACE Property & Casualty Insurance Company.

Chubb. Insured.SM

www.chubbworkplacebenefits.com

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Pre-Existing Conditions

There are no pre-existing condition exclusions except for pregnancy and childbirth expenses when conception occurred prior to the coverage effective date.

Chubb Hospital Cash Benefit for Accidents and Sickness Only

Plan 2 – 24-Hour Coverage

Hospital Admission Benefit - \$2,000

This benefit is for admission to a hospital or hospital sub-acute intensive care unit. Maximum Admissions Per Calendar Year: 4

Hospital Admission ICU Benefit - \$4,000

Additional benefit provided when the hospital is part of Named Hospital Group. Maximum Admissions Per Calendar Year: 4

Hospital Confinement Benefit - \$200 Per Day

This benefit is for confinement in hospital or hospital sub-acute intensive care unit. Maximum Days Per Confinement: 15
Maximum Days Per Calendar Year: 15

Hospital Confinement ICU - \$300 Per Day

Maximum Days Per Calendar Year: 15

Newborn Nursery Benefit - \$75 Per Day

This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease, or injury.

Maximum Days Per Confinement - Normal Delivery: 2

Maximum Days Per Confinement - Caesarean Section: 2

Rehabilitation Unit Confinement Benefit - \$150 Per Day

This benefit is for admission to a rehabilitation unit as an inpatient. Payable Per day for days 2 through 16
Maximum Days Per Confinement: 15
Maximum Days Per Calendar Year: 15

Wellness Benefit - \$100 Per Day

Maximum Days Per Calendar Year: 1

Doctor's Office Visit/Telemedicine Services - \$75 Per Day

This benefit is for a treatment by a physician in an office, or via telemedicine services.

Maximum Days Per Confinement: 2
Maximum Days Per Calendar Year: 2

Therapy Services - \$0 Per Day

The benefit is for therapy services. Maximum Days Per Confinement: 6
Maximum Days Per Calendar Year: 6

PLAN 2 –	Monthly Premium
Employee	\$ 31.41
Employee + Spouse	\$ 67.56
Employee + Children	\$ 50.88
Family	\$ 87.04

Limitations & Exclusions

No benefits will be paid for services rendered by a member of the Immediate family of a Covered Person.

No benefits will be paid for any Covered Accident or Covered Sickness that is caused by, or occurs as a result of, a Covered Person's:

- Being intoxicated, or being under the influence of any narcotic or other prescription drug unless administered on the advice of a physician and taken according to the physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred);
- Participating in an illegal occupation or attempting to commit or actually committing a felony ("illegal occupation" and "felony" is as defined by the law of the jurisdiction in which the activity takes place);
- Committing or attempting to commit suicide or intentionally injuring himself or herself;
- Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident;
- Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto;
- Participation in any contest using any type of motorized vehicle;
- Aviation, except flight in a regularly scheduled passenger aircraft;
- Alcoholism;
- Loss that occurs while a Covered Person is legally incarcerated in a penal or correctional institution;
- Voluntary inhalation of or asphyxiation by gas or fumes;
- Injury while practicing for or participating in competitive rodeo;
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- Cosmetic surgery, except when due to reconstructive surgery needed as the result of an Injury or Sickness, or is related to or results from a congenital disease or anomaly of a covered Dependent Child; and congenital defects in newborns;
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