

# Hospital Cash

## Benefits that help you and your family

Hospital Cash pays money directly to you if you get hospitalized.

It's not easy to pay hospital bills, especially since deductibles continue to rise.

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.



### Plan Options

You can choose from one of two Plan options to best suit your needs as well as the needs of your family.

#### Coverage Features

- Guaranteed issue with no health questions
- Employee, spouse and child coverage available

#### Eligibility

- Active employees working at least 30 hours per week
- Dependent children covered to age 26

#### Wellness Benefit

- To promote good health, this pays a \$100 benefit for each covered person once per year when they have a defined annual health screening or test.

#### Portability

- You can keep this coverage if you leave your current employer or if Questco benefits are no longer available to you.

#### Plan 1

Hospital Admission Benefit	\$1,000; four benefits per calendar year
Hospital ICU Admission Benefit	\$1,500; four benefits per calendar year
Hospital Confinement Benefit (Days 2-16)	\$100 per day, up to 15 days per calendar year
Hospital Confinement ICU Benefit (Days 2-16)	\$200 per day, up to 15 days per calendar year
Newborn Nursery Benefit	\$25 per day, up to 2 days
Wellness Benefit	\$100 once per calendar year

#### Plan 2

Hospital Admission Benefit	\$2,000; four benefits per calendar year
Hospital ICU Admission Benefit	\$3,000; four benefits per calendar year
Hospital Confinement Benefit (Days 2-16)	\$300 per day, up to 15 days per calendar year
Hospital Confinement ICU Benefit (Days 2-16)	\$600 per day, up to 15 days per calendar year
Newborn Nursery Benefit	\$50 per day, up to 2 days
Wellness Benefit	\$100 once per calendar year

#### Rates

- Your weekly rates (48 pay cycles) will vary depending on the plan and coverage level you choose.

	Plan 1	Plan 2
Employee	\$ 3.89	\$ 6.40
Employee + Spouse	\$ 8.36	\$ 14.17
Employee + Child(ren)	\$ 6.83	\$ 11.75
Family	\$ 11.30	\$ 19.53

*This is a brief description of certificate No. C82000. Refer to your Certificate of Insurance for specific details about benefits, exclusions, and limitations. Underwritten by ACE Property & Casualty Insurance Company, a Chubb company.*

# Hospital Cash

## Exclusions

---

- We will not pay for any Covered Accident or Covered Sickness that is caused by, or occurs as a result of, a Covered Person's:
- Committing or attempting to commit suicide or intentionally injuring himself or herself.
- Being exposed to war or any act of war, declared or undeclared, serving in any of the armed forces or units auxiliary thereto.
- 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).
- Injury while sky diving, hang gliding, parachuting, bungee jumping, parasailing, or scuba diving.
- 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.
- Alcoholism.
- Cosmetic surgery, except for 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.

A Physician cannot be You or a member of Your Immediate Family, Your business or professional partner, or any person who has a financial affiliation or business interest with You.



THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL OR OTHER MINIMAL ESSENTIAL COVERAGE. 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.