

Chubb Hospital Indemnity

Proposed Benefits

Chubb Hospital Indemnity for Covered Accidents and Sickness		
Plan	Custom Low	Custom High
Coverage Type	24-Hour	24-Hour
Hospitalization Benefits		
Hospital Admission Benefit This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	\$500 Maximum Benefit Per Calendar Year: 1	\$1,000 Maximum Benefit Per Calendar Year: 1
Hospital Confinement Benefit This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	\$100 Per Day Maximum Days Per Confinement: 30 Maximum Days Per Calendar Year: 30	\$150 Per Day Maximum Days Per Confinement: 30 Maximum Days Per Calendar Year: 30
Hospital Confinement ICU Benefit The benefit for confinement in a hospital intensive care unit.	\$200 Per Day Maximum Days Per Confinement: 10 Maximum Days Per Calendar Year: 10	\$300 Per Day Maximum Days Per Confinement: 10 Maximum Days Per Calendar Year: 10
Newborn Nursery Benefit 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.	\$50 Per Day Maximum Days Per Confinement - Normal Delivery: 2 Maximum Days Per Confinement - Caesarean Section: 4	\$75 Per Day Maximum Days Per Confinement - Normal Delivery: 2 Maximum Days Per Confinement - Caesarean Section: 4
Health Screening Test Benefit Waiting Period	\$50 Per Day Maximum Days Per Calendar Year: 1 30 days	\$50 Per Day Maximum Days Per Calendar Year: 1 30 days
Specialty Care Benefits		
Mental & Nervous Disorder Facility Benefit This benefit is for confinement in a hospital or mental health facility as the result of a mental and/or nervous disorder.	\$75 Per Day Maximum Days Per Calendar Year: 10	\$100 Per Day Maximum Days Per Calendar Year: 10
Substance Abuse Facility The benefit is for treatment in a substance abuse facility following a confinement in a hospital or rehabilitation unit.	\$75 Per Day Maximum Days Per Calendar Year: 10	\$100 Per Day Maximum Days Per Calendar Year: 10
Additional Provisions		
Interim Coverage Coverage is effective on the application date.	Not Included	Not Included
Continuity of Coverage (Takeover)		
Pre-Existing Conditions Limitation	12/12	12/12
Childbirth Limitation	None	None

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Health & Wellness

With a focus on health and wellness, Chubb promotes the value of preventive care, including a variety of health screening tests.

The Health Screening Test Benefit is paid once per year for each covered person who undergoes one or more of the following:

Blood Test for Triglycerides	Occult blood stool analysis
Bone Marrow aspiration or biopsy	Human Papillomavirus (HPV) Testing
CA 15-3 (blood test for breast cancer)	Lipid Panel
CA-125 (blood test for ovarian cancer)	Mammography
Carotid Doppler	Pap Smear
CEA (carcinoembryonic antigen – blood test for colon cancer)	PSA (blood test for prostate cancer)
Chest x-ray	Serum cholesterol test to determine HDL and LDL levels
Colonoscopy	Serum protein electrophoresis (blood test for myeloma)
Doppler screenings for carotid	Skin cancer biopsy
Doppler screening for peripheral vascular disease	Stress test on a bicycle or treadmill
Echocardiogram	Thermography
Endoscopy	Thin prep pap test
Fasting blood glucose test	Two-hour post-load plasma glucose
Fasting plasma glucose (FPG)	Virtual colonoscopy
Hemoglobin A1C (HbA1c)	Whole body skin cancer screening
Flexible sigmoidoscopy	

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Proposed Rates

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Plan	Custom Low	Custom High
Monthly Premiums		
Employee	\$13.78	\$22.10
Employee + Spouse	\$30.68	\$49.14
Employee + Children	\$25.48	\$41.08
Family	\$42.38	\$68.12

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Exclusions & Limitations

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 an 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;
- 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;
- Rest or custodial cures;