



Help protect yourself from the high costs of hospital care with UnitedHealthcare.

Hospital Indemnity Protection Plan helps protect employees from costly hospital expenses. All benefits are paid directly to the insured and can be used towards any expense.

Your Hospital Indemnity Protection Plan highlights:

Eligibility: All Active Full Time Employees working a minimum of 30 hours per week.

Plan Benefits	Benefit Amount
Hospital Admission <i>Payable once per Injury or sickness, on the day of admission. (up to 3 Days per plan year)</i>	\$1,000
Hospital Confinement <i>Payable once per day of confinement for an injury or sickness. Confinement begins on day 2. (up to 364 Days per plan year)</i>	\$200
ICU Confinement <i>Payable once per day of confinement for an injury or sickness. Confinement begins on day 2. (up to 364 Days per plan year)</i>	\$200
ICU Admission <i>Payable once per Injury or sickness, on the day of admission. (up to 3 Days per plan year)</i>	\$1,000
Inpatient Drug & Alcohol <i>Payable once per day. Lifetime maximum is 300 days (up to 30 Days per plan year)</i>	\$200
Inpatient Mental & Nervous Disorder <i>Payable once per day. Lifetime maximum is 300 days. (up to 30 Days per plan year)</i>	\$200

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a Certificate of Coverage will be available to explain your benefits in detail. In the event of a conflict between this benefit summary and your Certificate of Coverage, the Certificate of Coverage will control.



Golden Rain Foundation of Walnut Creek
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Inpatient Rehab/Therapy \$200
*Payable once per day. Lifetime maximum is 300
days
(up to 30 Days per plan year)*

Frequently Asked Questions about your Hospital Indemnity Protection Plan (HIPP)

What does HIPP Coverage provide me?	Hospital Indemnity coverage provides protection against the expense of hospital care as a result of an illness or injury.
Who pays for my Hospital Indemnity coverage?	Your employer has made coverage available to all eligible employees and they are paying the premium. You may also have the option to purchase coverage for your Spouse or Child.
Am I eligible for coverage?	You are eligible if you are working a minimum of 30 hours per week and considered benefit eligible by your employer.
When does my coverage go into effect?	You must be Actively at Work with your employer, as defined in your plan, on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.
Is pregnancy covered under my HIPP plan?	Yes, hospitalization for routine labor and delivery is included with your HIPP coverage. Complications of Pregnancy are covered to the same extent as any other sickness.
How do I cover a newborn child?	Newborn children are covered from the moment of live birth. You would need to notify us within 31 days of the birth, to enroll that child, regardless of whether there are existing dependent children covered.
Is newborn/nursery care covered under my HIPP plan.	A newborn child's routine nursing or routine well baby care is not included. If the newborn is admitted and confined to the hospital due to complications, it would be covered as any other sickness.
Are Confinement benefits payable on the day I am admitted to the hospital or ICU?	Confinement benefits begin on the day following admission. For a confinement benefit to be payable, a room and board charge must be incurred for that day.

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If I am admitted to the ICU will I also get the Hospital Admission benefit? Each covered person may receive 3 Days Hospital and 3 Days ICU Admission benefit per plan year.

If a covered person is admitted to the ICU, and has not exhausted their Hospital Admission benefit, the Hospital Admission benefit would be payable in addition to the ICU Admission benefit.

If I am confined to the ICU will I also get the Hospital Confinement benefit for those days? Each covered person may receive benefits for up to 364 Days of confinement in a Hospital and up to 364 Days of confinement in ICU, per plan year.

If a covered person is confined to the ICU, and has not exhausted their Hospital Confinement benefits, the Hospital Confinement benefit would be payable in addition to the ICU Confinement benefit.

Can I keep my HIPP coverage if I leave my employer? Your policy contains the following. See your HR Representative or your Certificate of Coverage for your specific provisions. Your Employer will provide the initial paperwork.

Portability

- May be available for spouse and children when the employee elects portability.
- You can continue all or a portion of your HIPP insurance.
- Evidence of Insurability is not required.
- Must apply and pay premium within 31 days of termination of your HIPP insurance*.

*Some state variations may apply

Other Important Details:

This Summary of Benefits sheet is an overview of the coverage being offered and is provided for illustrative purposes only. This is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

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If you need to file a claim:

- Contact the employer
- Complete, sign and date the necessary forms.
- Send the completed forms via fax or mail to the contact details listed on the claim form. You may also email the completed forms to fpcustomersupport@uhc.com.

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Exclusions and Limitations *:

This Policy does not cover any loss caused by or resulting from (directly or indirectly):

1. an act or Accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature;
2. loss sustained while on active duty as a member of the armed forces of any nation [except during any time period coverage is extended under the Continuation during Leave of Absence provision];
3. any intentionally self-inflicted Injury;
4. active participation in a riot;
5. committing or attempting to commit a felony, or participating or attempting to participate in a felony;
6. taking part in the commission of an assault or being engaged in an illegal activity;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a Physician; this exclusion does not apply to the Drug and Alcohol Treatment Benefit (Inpatient) if covered under this Policy;
8. cosmetic or elective surgery; or
9. treatment received outside the United States or its territories;
10. the reversal of a tubal ligation or vasectomy;
11. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or Physician services, unless required by law;
12. participation in any form of aeronautics (including parachuting and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports;
13. a newborn child's routine nursing or routine well baby care during the initial Confinement in a Hospital;
14. driving in any organized or scheduled race or speed test or while testing an automobile or any
15. mental and Nervous Disorders; this exclusion does not apply to the Mental and Nervous Disorder Treatment Benefit (Inpatient) if covered under this Policy;
16. dental or plastic surgery for Cosmetic purposes except when such surgery is required to: (a) treat an Injury; or (b) correct a disorder of normal bodily function; and
17. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received

**The above list is intended for illustrative purposes only. State specific exclusions and language may apply. Please refer to your Certificate of Coverage for detailed information.*

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Cosmetic or Elective Surgery Exclusion: We will not cover any loss under the Policy if it is due to Cosmetic Surgery or Elective Surgery.

Cosmetic Surgery means surgery performed to modify or improve the appearance of a physical feature or defect. For purposes of excluding benefits, Cosmetic Surgery does not mean Reconstructive Surgery performed to correct or repair abnormal structures of the body caused by:

1. congenital defects;
2. developmental abnormalities;
3. trauma;
4. infection;
5. tumors; or
6. disease;

when intended to either improve function or create a normal appearance to the extent possible.

Reconstructive Surgery includes:

1. dental or orthodontic services that are an integral part of Reconstructive Surgery for cleft palate procedures; and
2. surgery and prosthetic devices to restore and achieve symmetry incident to a mastectomy.

Elective Surgery means:

1. Cosmetic Surgery; and
2. any other surgery that is:
 - a. not for the purpose of correcting or repairing abnormal structures of the body;
 - b. not for the purpose of improving function; or
 - c. if intended to improve appearance or create a normal appearance, is not caused by a condition listed in 1-6 above.

For purposes of excluding benefits, Elective Surgery does not include:

1. Caesarean section;
2. any surgery related to Complications of Pregnancy; or bariatric surgery performed in conjunction with a diagnosis of morbid obesity.

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Hospital Indemnity Cost Summary (Current Monthly rates)

Your employer has made coverage available to all eligible employees and they are paying the premium.

UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company on policy forms UHIHIP-POL-TX, et al. and UHIHIP-CERT-TX, et al. in Texas and UHIHIP-POL-VA, et al. and UHIHIP-CERT-VA, et al. in Virginia. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

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