



## Group Hospital Care



With nearly 3/4 of Americans living paycheck-to-paycheck, hospital expenses can be difficult for a family. Cigna Hospital Care insurance can help. Cigna Hospital Care insurance pays a fixed benefit for hospital stays resulting from a covered injury or illness, including:

- Hospital admission
- Daily hospital and ICU stays
- Hospital admissions for chronic condition
- Hospital observation stays

A hospital stay can happen at any time. It may be unexpected and expensive. The average inpatient hospital stay in the U.S. Costs \$2,271 per day and lasts an average of 6.1 days. Cigna Hospital Care, helps provide employees and their families with the additional financial protection they may need. It can help cover these unexpected events – so they can focus on getting better.

**The plan pays a fixed cash benefit amount. What you do with the money is all up to you.**

- **Benefits** are paid directly to you to be spent any way you choose
- **Plan** is portable, you can take it with you at the same rates should you change jobs or retire.
- **Health Screening:** \$50 Wellness Benefit can be paid to you annually
- **Pays in addition to any other coverage you may have**
- **No health questions and no Pre-existing conditions limitations**
- **Fast and accurate claims service**

**The additional financial protection you may need. Use the payment for what matters most. Everyone has different needs and different ways of coping with the unplanned. These benefits can help you pay for out-of-pocket medical and nonmedical costs such as:**

- › Medical copays and deductibles
- › Travel to see a specialist
- › Child care
- › Help around the house
- › Alternative treatment



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## Group Hospital Care - Example

### Consider this:

While traveling to a relative's house, Susan had a car accident and required hospitalization.

Susan signed up for the Hospital Care plan. The premium cost was as follows:

#### Employee Only

\$19.78/month

x 12 months

= \$237.36/year

-\$50 Health Screening/Wellness benefit

Net=\$187.36/year

(Net = \$15.62/month)

The plan paid Susan this when she had this hospital stay:

Hospital admission	\$1,000
Hospital ICU stay (1 day)	\$200
Hospital stay (3 days)	<u>\$300</u>
<b>Total coverage paid:</b>	<b>\$1,500</b>

These extra dollars helped Susan with these expenses:

Health plan with a \$3,000 deductible:

Annual deductible and coinsurance \$3,000

Indirect expenses (family hotel, gas etc.) \$500

**Total out-of-pocket: \$3,500**

**SUMMARY OF BENEFITS**

<b>Employee Benefit Amount(s)</b>	100% of the Benefit Amount shown
<b>Spouse /Domestic Partner Benefit Amount(s)</b> (Spouse to age 70 is eligible for coverage if employee is enrolled)	100% of the Benefit Amount shown
<b>Dependent Child Benefit Amount(s)</b> Child only eligible if employee is enrolled (Birth to 26; 26+ if disabled)	100% of the Benefit Amount shown
<b>Age Based Reductions</b>	None on base plan.
<b>Coverage</b>	Fixed benefits per schedule below.

**HOSPITALIZATION BENEFITS<sup>1</sup>**

<u>Benefit Type</u>	<u>Benefit Amount</u>
	<b><u>HC Plan 1</u></b>
<b>Hospital Admission</b> No elimination period. Limited to 1 day, 1 benefit(s) every 90 days.	\$1,000 per day
<b>Hospital Chronic Condition Admission</b> No elimination period. Limited to 1 day, 1 benefit(s) every 90 days.	\$50 per day
<b>Hospital Stay</b> No elimination period. Limited to 30 days, 1 benefit(s) every 90 days.	\$100 per day
<b>Hospital Intensive Care Unit Stay</b> No elimination period. Limited to 30 days, 1 benefit(s) every 90 days.	\$200 per day
<b>Hospital Observation Stay</b> 1 hour elimination period. Limited to 72 hours.	\$100 per 24-hour period

**Benefit – Specific Conditions, Exclusions & Limitations**

- **Hospital Admission:** Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).
- **Hospital Chronic Condition Admission:** Must be admitted as an Inpatient due to a covered chronic condition and treatment for the covered chronic condition must be provided by a specialist in that field of medicine. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).
- **Hospital Stay:** Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.
- **Intensive Care Unit (ICU) Stay:** Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.
- **Hospital Observation Stay:** Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 23 hours following the 1 hour elimination period, on a non-Inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.



**WELLNESS TREATMENT, HEALTH SCREENING AND PREVENTATIVE CARE BENEFIT**

This coverage is payable if a Covered Person undergoes or receives for Wellness Treatment, Health Screening Tests, and/or Preventive Care as shown below.

<b>Benefit Waiting Period</b>	30 days
<b>Pre-Existing Condition Limitation</b>	Does not apply
<b>Employee Benefit</b>	100% of the Benefit Amount shown
<b>Spouse/Domestic Partner Benefit</b>	100% of the Benefit Amount shown
<b>Dependent Child(ren) Benefit</b>	100% of the Benefit Amount shown
<b>Age Based Reductions</b>	None

<u>Benefit Type</u>	<u>Benefit Amount</u>
<b>Wellness Treatment, Health Screening and Preventive Care Benefit</b>	<b>Plan 1</b> \$50 Per Covered Person per year
Up to 1 per year <i>Examples include (but are not limited to) routine gynecological exams, general health exams, mammography, and certain blood tests</i>	

**Included Cigna Programs and Services\***

**Integration Services**

**Clinical Program Referrals** – leveraging authorized medical information to make referrals to suitable wellness programs.  
**Proactive Coverage Review** – automatic review and reminder of hospital indemnity coverage if a claim is filed for other Cigna coverages.  
**Automatic Claim Approach** – automatic submission of a hospital care claim if a qualifying Cigna short-term disability hospital claim has been filed.

**Healthy Rewards®** - provides discounts on a variety of health and wellness products and services.

**Identity Theft** - provides identity theft prevention and resolution services, including access to personal case managers who provide assistance and guidance as well as education and tools to help prevent identity theft in the future.

**CignaWillCenter.com** - online access to state-specific legal documentation for wills and powers of attorney, and valuable resources for estate and funeral planning.

**RATE SUMMARY**

**Rate Guarantee** 24 months

**Rates Per Insured Class**  
**Monthly**

**EE Paid**

Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
Composite	\$19.78	\$40.87	\$35.30	\$56.39