

Benedictine University Supplement - Accident and Sickness Hospital Indemnity Plan

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*Disclaimer:

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



No one plans to get sick or injured, but it is important to prepare for the unexpected.



Today's healthcare plans may not cover all of the out-of-pocket expenses that can add up when an individual is in the hospital. This plan is designed to help you manage the financial impact of hospitalization by providing benefits that can be used to cover some of the out-of-pocket expenses associated with a hospital confinement.

Eligibility

Students of Benedictine University are eligible to elect this coverage along with coverage for their Spouse or Domestic Partner and their Dependent Children.

Period of Coverage

You will be insured, subject to payment of any premium due, on the later of the Policy Effective Date or the date that We accept your enrollment form. Your coverage will end on the earliest of the date: 1) the Policy terminates; 2) the period for which required premium has been paid ends; 3) you are no longer eligible; 4) you request in writing that coverage be terminated; 5) you attain age 85; and 6) in addition, coverage for Dependent Covered Persons will end the date the insurance terminates for you.

Coverage Overview

| Benefits | Benefit Maximum |
|---|--|
| Hospital Admission Indemnity Benefit | \$1,000, 1 admission per plan year |
| In-Hospital Indemnity Benefit Maximum Period of Confinement: | \$250 per day, \$45,000 per plan year 180 days |
| Intensive Care Unit Indemnity Benefit Maximum Period of Confinement: | \$500 per day, \$90,000 per plan year 180 days |
| Emergency Room Indemnity Benefit | \$250 per visit, 2 visits per plan year |
| Surgical Indemnity Benefit In-Hospital Major Surgical Procedure: In-Hospital Minor Surgical Procedure: Maximum number of Procedures: | \$2,500 per person per plan year \$1,000 per person per plan year 1 per person per plan year |
| Anesthesia Indemnity Benefit Major Surgical Procedure: Minor Surgical Procedure: | \$1,000 per person per plan year \$250 per person per plan year |
| Ground Ambulance Transportation Indemnity Benefit | \$500 per trip, 1 trip per year |
| Air Ambulance Transportation Indemnity Benefit | \$2,000 per trip, 1 trip per year |
| Pet Care Benefit | \$100 per day up to \$1,000 |
| Fracture Benefit* - Skull-depressed (except face or nose): - Skull-simple (except face or nose), hip or thigh, pelvis (except coccyx), vertebrae (except processes), leg (tibia, fibula) arm between shoulder and elbow: Upper jaw, maxilla (except alveolar process): - Vertebral processes, knee cap (patella), ankle, foot (except toes), forearm (radius or ulna), hand or wrist (except fingers), lower jaw (except alveolar process): - Rib, bones of face or nose: - Coccyx: - Finger, toe: | \$500/\$1,000 Closed/Open Reduction \$400/\$800 Closed/Open Reduction \$300/\$600 Closed/Open Reduction \$250/\$500 Closed/Open Reduction \$125/250 Closed/Open Reduction \$100/\$200 Closed/Open Reduction \$75/150 Closed/Open Reduction |

*If the Physician diagnoses a Chip Fracture, we will pay 25% of the Closed Reduction amount listed above.

If a Covered Person is age 70 or older on the date of a loss covered under this policy, the benefit otherwise payable will be reduced by 50%.

For rates, please visit benedictine.studentbenefitplans.com.



Coverage Details

Benefits

Hospital Admission Indemnity

Benefit: pays if you are admitted to a hospital and confined due to Sickness or as the result of an Accident. You must be confined within one month after the covered Accident. Benefits will not be paid for: 1) emergency room treatment; 2) outpatient treatment; 3) a stay of less than 20 hours in an observation unit.

In-Hospital Indemnity Benefit: pays a daily benefit for each day you are In-Hospital due to a Sickness or Accident. The first day of the Hospital stay must occur within thirty days of the Accident, causing the Injury.

Intensive Care Unit Indemnity

Benefit: pays a daily benefit for each day of Confinement if an Accident or Sickness causes you to be Confined in an Intensive Care Unit. This benefit is paid in addition to the In-Hospital Benefit Amount. the first day of Confinement in the Intensive Care Unit must occur within thirty days of the Accident.

Emergency Room Indemnity Benefit:

pays if an Accident or Sickness causes you to require and receive Emergency Medical Care in an emergency room of a Hospital. Treatment must be received within 24 hours of the Accident.

Surgical Indemnity Benefit: pays if you have a Major or Minor Surgical Procedure performed while In-Hospital or on an outpatient basis in an Outpatient Unit. A surgical procedure due to Accident must occur within thirty

days of the Accident, causing an Injury.

If two or more procedures are performed through the same incision or operative field, payment will be made only for the procedure of the larger benefit. If more than one procedure is performed by each through separate incisions or in a separate operative field, the amount payable shall be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.

Anesthesia Indemnity Benefit: pays in the event anesthesia is administered during a covered surgical procedure, if the Surgical Indemnity Benefit is payable.

Ground Ambulance Transportation: pays in the event you require the use of an ambulance service by ground for transportation to or from a Hospital.

Air Ambulance Transportation: pays in the event you require the use of an ambulance service by air for transportation to or from a Hospital.

Pet Care Benefit: reimburses the expenses incurred by you to care for a pet if: 1) you are confined to a Hospital due to Sickness or Accident; and 2) require a Hospital stay for more than one day; and 3) own a house pet that needs professional care for which a charge is made while you are Confined to the Hospital.

Fracture Benefit: pays the applicable benefit amount if an Accident that occurs

while you are insured under this policy results in a Fracture. The Fracture must be diagnosed by a Physician within 90 days after the Accident and require correction by a Physician. It can be corrected by Open (surgical) or Closed (non-surgical) Reduction.

Exclusions

This insurance does not apply to:

- any Accident caused by or resulting from, directly or indirectly, the Covered Person entering, flying or exiting any aircraft while acting or training as a pilot or crew member. This exclusion does not apply to passengers who temporarily perform pilot or crew functions in a life-threatening emergency.
- cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from an Accident if initial treatment of the Covered Person is begun within twelve (12) months of the date of the Accident or to treat congenital defects in covered newborns.
- any service, supply or care that is Experimental or Investigational.
- any Accident directly caused by or resulting from a Covered Person's participation in scuba diving to depths of more than 130 feet; skydiving; hang-gliding or para-gliding; parascending other than over water; bungee jumping; mountaineering or rock climbing normally requiring the use of guides or ropes; or caving.
- any Accident or Sickness directly caused by or resulting from the Covered Person's commission or attempted commission of a felony or being engaged in an illegal occupation.
- immunization shots and routine examinations including: health exams; periodic check-ups; pre-marital exams; and routine physicals, except as otherwise covered under the policy.
- any Accident or Sickness directly caused by or resulting from any occurrence while the Covered Person is incarcerated.
- sex changes or the reversal of tubal ligation and vasectomies, artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or Physician's services, unless required by law.
- any Accident directly caused by or resulting from the Covered Person being intoxicated, at the time of an Accident. Intoxication is defined by the laws of the jurisdiction where such Accident occurs.
- alcoholism or drug or substance abuse. In addition, the insurance does not apply to any confinement in a detoxification facility or drug or alcohol rehabilitation facility that is not also a Hospital or part of a Hospital.
- any Accident or Sickness directly caused by or resulting from the Covered Person being under the influence of any narcotic or other controlled substance at the time of the loss. This exclusion does not apply if any narcotic or other controlled substance is taken and used as prescribed by a Physician.
- Pre-existing Conditions. This insurance does not pay any benefits for Sickness caused by or resulting from a Covered Person's Pre-existing Condition if the Sickness occurs during the first 12 months that a Covered Person is insured under this policy.
- normal pregnancy. Complications of Pregnancy are covered as any other Sickness.
- pregnancy of a Dependent Child, unless required by law.
- any Accident directly caused by or resulting from the Covered Person participating in any professional sporting activity for which the Covered Person received a salary or prize money.
- any rest care or custodial care or treatment for any Accident or Sickness.
- any Accident directly caused by or resulting from the Covered Person being engaged in or participating in a motorized vehicular race or speed contest.
- any Accident directly caused by or resulting from the Covered Person traveling or flying on any rocket propelled or rocket launched conveyance.
- any Accident or Sickness directly caused by or resulting from the Covered Person participating in military action while in active military service with the armed forces of any country or established international authority.
- and no benefits are payable related to the Covered Person's suicide, attempted suicide or intentionally self-inflicted injury.
- voluntary abortion, except with respect to the Insured Person or his or her covered Spouse or Domestic Partner where such person's life would be endangered if the fetus were carried to term.
- any Accident or Sickness directly caused by or resulting from war, undeclared war, civil war, insurrection, rebellion, revolution, warlike acts by a military force or personnel, any action taken in hindering or defending against any of these or any consequences of any of these acts regardless of any other direct or indirect cause or event, whether covered or not, contributing in any sequence to the loss.
- routine newborn well baby care, including routine nursery charges.
- any Accident or Sickness arising out of and in the course of any occupation for compensation, wage or profit or which are payable under Occupational Disease Law, Workers Compensation or similar law, whether or not application for such benefits have been made.

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Benefits and plans are offered by Benefit Partners Group, a third party administrator. This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by Federal Insurance Company, a Chubb company. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com. All products may not be available in all states or certain terms may be different where required by state law. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Chubb, 202 Hall's Mill Road, Whitehouse Station, NJ 08889-1600.

This policy provides limited benefits on a fixed indemnity basis. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to <http://www.HealthCare.gov>.