

Synopsys

Summary of Benefits

Hospital Indemnity Protection Plan



Hospital Indemnity Protection Plan is an insurance plan that pays cash directly to you. It can be used to help pay costs from a hospital stay and related treatment, health plan deductible and other out-of-pocket costs.

Effective Date	1-Jan-25	
Eligibility	All Active Full Time Employees working a minimum of 20 hours per week <i>You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.</i>	
Benefits Payable	Voluntary Coverage	
Plan Design	HIPP HSA Plan	
Coverage Level	Base + Enhanced	
Pre-existing Conditions Exclusion	None	
Portability	Included	
Maternity	Included without a waiting period	
Plan Benefits	Option 1	Option 2
Hospital Admission <i>(up to 365 days/plan year)</i>	\$1,000	\$2,000
Hospital Confinement <i>(up to 364 days/plan year)</i>	\$100	\$200
ICU Confinement <i>(up to 364 days/plan year)</i>	\$100	\$200
ICU Admission <i>(up to 365 days/plan year)</i>	\$1,000	\$2,000
Inpatient Drug & Alcohol <i>(up to 30 days/plan year)</i>	\$100	\$200
Inpatient Mental & Nervous Disorder <i>(up to 30 days/plan year)</i>	\$100	\$200
Additional Benefits		
Wellness Benefit Rider	\$50, employee paid for employee and insured spouse.	
Monthly Rates	Option 1	Option 2
Base + Enhanced Plan - Voluntary	Includes Rider	
Employee Only	\$10.32	\$19.37
With Spouse	\$22.78	\$43.00
With Children	\$19.24	\$37.22
With Spouse & Children	\$33.81	\$65.07

Note: select only one option that best fits your coverage needs

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

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Important Details

This Summary of Benefits sheet is an overview of the Hospital Protection Insurance being offered and is provided for illustrative purposes only and 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.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

Dependent children are covered to age 26

Exclusions and Renewal Provisions

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 loss which is intentionally self-inflicted;
4. active participation in a riot;
5. committing or attempting to commit a felony, or participating or attempting to participate in a felony;
6. loss sustained or contracted in consequence of being intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician; this exclusion does not apply to the Drug and Alcohol Treatment Benefit (Inpatient) if covered under this Policy;
7. treatment received outside the United States or its territories;
8. the reversal of a tubal ligation or vasectomy;
9. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or Physician services, unless required by law;
10. 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;
11. a newborn child's routine nursing or routine well baby care during the initial Confinement in a Hospital;
12. driving in any organized or scheduled race or speed test or while testing an automobile or any motorized vehicle on any racetrack or speedway;
13. mental and Nervous Disorders; this exclusion does not apply to the Mental and Nervous Disorder Treatment Benefit (Inpatient) if covered under this Policy;
14. 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
15. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

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

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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.