# IMPORTANT: This is a fixed indemnity policy, NOT health insurance

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 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) under
  "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

## **Chubb Group Companies Providing This Notice**

ACE American Insurance Company, ACE Property and Casualty Insurance Company, Combined Insurance Company of America, Combined Life Insurance Company of New York, Federal Insurance Company and Indemnity Insurance Company of North America

Form No. 801031







# Add Hospital Indemnity to your health plan

### Cash benefits paid in addition to any other coverage you have

Hospital Indemnity<sup>1</sup> is hospital indemnity insurance that pays benefits directly to you regardless of another other coverage you have, and if your medical plan has a high deductible, you may need the cash. It's not easy to afford hospitalization, but with Hospital Indemnity, we've got you covered.













# Let Combined put money in your pocket if you are hospitalized

#### When you need it most

Combined Hospital Indemnity pays money directly to you if you get hospitalized due to an injury or an illness. It's not easy to pay hospital bills, especially if you have a high deductible medical plan. With Hospital Indemnity, you can focus on your recovery instead of wondering how you are going to afford the bills. And since the cash goes directly to you, there are no restrictions on how you use your money.





The average hospitalization stay is 4.6 days, at an average cost of \$13,262.\*

#### **Features**



#### Guaranteed issue for the whole family

As long as you are an active employee age 18 or older, you and your spouse/partner age 18 or older, and your kids through age 26 are eligible for coverage. No medical history is required. Even dependent grandchildren can be covered.



#### **Pre-existing conditions**

There are no pre-existing condition exclusions (except for pregnancy and childbirth expenses when conception occurred prior to the coverage effective date).



#### **Renewable and Portable**

Your coverage will renew automatically as long as you are an eligible employee, premiums are paid as due, and your employer's policy is in force.

You can keep your coverage even if you change jobs or retire while the policy is in force. Once ported, coverage cannot be cancelled as long as premiums are paid as due. You may not port coverage while you are actively employed by Town of Avon.





# Combined Hospital Indemnity Benefits for Accidents and Sickness



Plan: Base — 24-hour coverage

BENEFITS	PAYABLE BENEFIT
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
Hospital Admission Benefit This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	\$1,000 Maximum benefit per calendar year: 1
Hospital Confinement ICU Benefit This benefit is for confinement in a hospital intensive care unit.	\$200 per day Maximum days per confinement: 10 Maximum days per calendar year: 10
Health Screening Test Benefit	\$50 per day Maximum days per calendar year: 1





## **Exclusions and Limitations**



#### **Exclusions**

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 a 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;
- Pregnancy or childbirth (except for complications of pregnancy, non-elective miscarriage or non-elective abortion);
- 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 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;
- Mental and nervous disorders (except as provided in the policy);
- 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:

- Routine newborn care; and
- Rest or custodial cures.

No benefits will be payable for sickness or infection, including physical or mental condition, that is not caused solely by or as a direct result of a covered accident or covered sickness.

A Physician cannot be You or a member of Your Immediate Family, Your business or professional partner, or any person who has a financial affiliation or business interest with You.

#### Limitations

#### **Childbirth**

Within the first 10 months of your coverage, hospital benefits as a result of pregnancy or childbirth are not covered. Complications of pregnancy will be covered to the same extent as a covered sickness. After coverage has been in force for 10 months or more, benefits for pregnancy will be covered the same as a covered sickness.

# This is a supplement to health insurance and is not a substitute for Major Medical or other minimum essential coverage.

This document is a brief description of Form No. C82000 (or applicable state version). Refer to your certificate of insurance for specific details about benefits, exclusions, and limitations. This insurance product is underwritten by ACE Property and Casualty Insurance Company, a Chubb company.

Marketed and administered by Combined Insurance Company of America, Chicago, IL.

<sup>1</sup> Hospital indemnity coverage provides a benefit for covered loss; neither the product name nor benefits payable are intended to provide reimbursement for medical expenses incurred by a covered person or to result in any payment in excess of loss.