

Hospital Care

No one plans to get sick or injured—If it happens, who will you count on?

When you are hospitalized due to an accident or illness, you can count on your friends and family for emotional support, but you shouldn't have to count on them for financial support. When you have an accident or illness that you have no way of predicting or preventing, expenses not covered by your medical insurance can put your hard-earned savings at risk. Hospital Care pays you in the event you or a covered family member are hospitalized and can help offset the costs of medical deductibles and co-pays.

Plan details:

- Benefits paid from \$150–\$300 per day for inpatient hospital stays for sickness and accidents
- Coverage for hospitalization, intensive care, surgery, anesthesia and specified injuries
- Coverage is portable—employees may take coverage with them after they leave employment

Treatment	Basic	Select	Ultra
Hospital Admission	\$750 10 confinements per year	\$1,000 10 confinements per year	\$1,500 10 confinements per year
Hospital Confinement	\$150 per day	\$200 per day	\$300 per day
Intensive Care Confinement	\$225 per day, up to 15 days	\$300 per day, up to 15 days	\$450 per day, up to 15 days
Ground Ambulance (3 per year)	\$120	\$160	\$240
Air Ambulance (3 per year)	\$750	\$1,000	\$1,500
Surgery (3 per year)	n/a	(based on surgical schedule) example: Coronary bypass—\$2,000 Appendix removal—\$440 Gallbladder removal—\$568	(based on surgical schedule) example: Coronary bypass—\$2,000 Appendix removal—\$440 Gallbladder removal—\$568
Anesthesia	n/a	10% of surgical benefit	10% of surgical benefit
Preoperative Visit Benefit	n/a	3% of surgical benefit	3% of surgical benefit
Second Surgical Opinion	n/a	3% of surgical benefit	3% of surgical benefit
Diagnostic procedure	n/a	\$100 per procedure	\$100 per procedure
Emergency treatment (by a physician in an ER or Urgent Care facility)	n/a	n/a	\$100 (5 per year)
Physician Office Visit	n/a	n/a	\$50 (5 per year)
Wellness Benefit	\$30	\$60	\$90

Wellness Benefit

Covered persons can receive \$30/\$60/\$90 when they undergo a health screening test such as:

- Biopsy
- Blood Test for Triglycerides
- Bone Marrow Test
- Breast Ultrasound
- CA 125 (Blood Test for ovarian cancer)
- CA 15-3 (Blood Test for Breast Cancer)
- Chest X-ray
- Colonoscopy
- Fasting Blood Glucose Test
- Flexible Sigmoidoscopy
- Hemocult Stool Analysis
- Mammogram
- Pap Test
- PSA (Prostate Specific Antigen Tests)
- Serum Cholesterol Test to Determine HDL/LDL Level
- Serum Protein Electrophoresis (Blood Test for Myeloma)
- Stress Test on a Bicycle or Treadmill
- Thermography

What else do you need to know?

This is a brochure which is just a brief description of the coverage offered. It is not a contract. Like all insurance products, there are certain terms, conditions, limitations and exclusions contained in the policy to which this plan is subject. Specifically the plan does not cover injuries from high risk activities. The list below includes some examples of activities that would not be covered if you were injured or become ill as a result of activity. You can receive the full list from US Able Life. This plan does not cover an injury incurred due to exposure to any act of war, riot or insurrection or if the covered person is serving in the armed forces. Self-inflicted injuries or injuries sustained while participating in illegal activity are not covered. Neither are injuries from any kind of non-commercial air flight. Injuries from auto accidents when driving while under the influence of alcohol or narcotics are not covered. Any injury suffered while participating in an extreme sport such as bungee jumping, sail gliding, parasailing or skydiving is not covered. Similarly, any kind of stunt driving or speed racing injury is not covered. If you are injured while participating in a sport as a professional or semi-professional athlete, no benefits are paid. Additionally, the following routine treatments or care are not covered: child nursing/well baby care, receiving hearing aids or fittings, reversal of tubal ligations or vasectomy, and artificial insemination or in-vitro fertilization.

Your selections:

Coverage for: Employee only Employee+Spouse Employee + Child(ren) Family

Plan: Basic Select Ultra

Premium \$ _____ per pay period per month

This flyer provides a very brief description of US Able Life's Hospital Care product. This is not an insurance policy and only the actual provisions of an issued policy will control. US Able Life's policies set forth the right and obligations of covered persons and US Able Life. Please be aware that certain limitations and exclusions apply and coverage may reduce or terminate due to age or lack of eligibility. If employees enroll for coverage, the employer will be furnished with a policy (number: GHIP-P (5-12)) or certificate of insurance for distribution to covered employees. Please read your insurance documents carefully.

products
underwritten by

