



HOSPITAL and SURGERY INDEMNITY BENEFIT

Our Hospital Indemnity Benefit helps guard against the financial risk associated with paying for medical services to include; hospital stays, surgery, doctor visits, diagnostic labs and imaging, and more. Combined with one of the MEC Plus or MEC Enhanced options you have a greater level of coverage. The MEC option will cover your “day to day” doctor visits while the Indemnity program will help to cover greater expenses like hospital stays and surgery. Please review the Indemnity Schedule of Benefits.

■ FIXED PAYMENT INDEMNITY PLAN

	Weekly Deduction	Monthly Deduction
Employee Only	\$ 20.45	\$ 81.80
Employee + Child(ren)	\$ 42.50	\$ 170.00
Employee + Spouse	\$ 33.25	\$ 133.00
Employee + Family	\$ 60.50	\$ 242.00

Hospital Confinement Benefit

Hospital Admission Benefit

Inpatient Surgery Benefit

Outpatient Minor Surgery Benefit

Anesthesia Benefit

Physician Office / Urgent Care

Emergency Room

And more..





Schedule of Benefits

GLI Voluntary	
Plan features	Benefit options
Plan Design	Guarantee Issue
Benefit Year	Calendar Year 1/1 - 12/31
Eligibility	Employee Status: All Permanent Employees Employee Hours: Working 15 hours or more per week and actively in service
Early Retiree Eligibility	No
Hospital Confinement Benefit	Benefit Amount Day 1: \$100 per Insured, per day Benefit Amount Day 2: \$100 per Insured, per day Benefit Amount Day 3: \$100 per Insured, per day Benefit Amount Day 4: \$100 per Insured, per day Benefit Amount Day 5: \$100 per Insured, per day Maximum per Benefit Year: 5 days per Insured
Hospital Admission Benefit	Benefit Amount: \$1,500 per Insured, per day Maximum per Benefit Year: 1 day per Insured
Inpatient Surgery Benefit	Benefit Amount: \$2,500 per Insured, per day Maximum per Benefit Year: 1 day per Insured
Outpatient Major Surgery Benefit	Benefit Amount: \$1,000 per Insured, per day Maximum per Benefit Year: 1 day per Insured
Outpatient Minor Surgery Benefit	Benefit Amount: \$75 per Insured, per day Maximum per Benefit Year: 2 days per Insured
Anesthesia Benefit	Benefit Amount: \$750 per Insured, per day Maximum per Benefit Year: 1 day per Insured
Physician Office/Urgent Care Facility Benefit	Benefit Amount: \$75 per Insured, per day Maximum per Benefit Year: 6 days per Insured
Emergency Room - Injury Benefit	Benefit Amount: \$500 per Insured, per day Maximum per Benefit Year: 1 day per Insured
Outpatient Diagnostic Lab Benefit	Benefit Amount: \$25 per Insured, per day Maximum per Benefit Year: 7 days per Insured
Outpatient X-Ray Benefit	Benefit Amount: \$75 per Insured, per day Maximum per Benefit Year: 2 days per Insured
Outpatient Major Diagnostic Testing Benefit	Benefit Amount: \$500 per Insured, per day Maximum per Benefit Year: 1 day per Insured
Termination	Unlimited Age for Active Employees
Rate Guarantee	1 year

* For definitions of Underwriting options, refer to Rates and Assumptions page. For full description, please request the Master Policy definitions from the agent/broker.

GLI Voluntary Definitions

- **Actively in Service:** An employee or member who is performing in the usual manner, all of the Material and Substantial Duties of his/her job for the regularly scheduled number of hours at a place of business where he/she normally performs such duties.
- **Early Retiree:** A person who is a retiree of the Policyholder, under age 65 and who is not eligible for or covered by Medicare.
- **Hospital Confinement Benefit:** Pays out a benefit if an Insured is confined and receiving treatment in a hospital due to sickness or injury for a period of 23 or more continuous hours, on the advice of a Physician.
- **Hospital Admission Benefit:** Pays out a benefit if an Insured is admitted and confined to a hospital due to sickness or injury.
- **Inpatient Surgery Benefit:** Pays out a benefit if an Insured incurs charges for inpatient surgery due to sickness or injury.
- **Outpatient Major Surgery Benefit:** Pays out a benefit if an Insured incurs charges for outpatient surgery due to sickness or injury in a Hospital, Outpatient Surgical Center or other similar medical facility for surgery. The surgery must be an eligible CPT code. Outpatient Major Surgery does not include the CPT codes for which Outpatient Minor Surgery benefits are payable.
- **Outpatient Minor Surgery Benefit:** Pays out a benefit if an Insured incurs charges for outpatient surgery due to sickness or injury in a Hospital, Outpatient Surgical Center or similar medical facility. The surgery must be an eligible CPT code.
- **Anesthesia Benefit:** Pays out a benefit if an Insured incurs charges for and receives general anesthesia administered by an anesthesiologist or a Certified Registered Nurse Anesthetist (CRNA) during a surgical procedure for which a benefit is payable.
- **Physician Office/Urgent Care Facility Benefit:** Pays out a benefit when an Insured incurs charges for and requires services rendered by a Physician at a Physician's office or urgent care facility.
- **Emergency Room - Injury Benefit:** Pays out a benefit when an Insured incurs charges for and receives treatment rendered in an Emergency Room due to injury, as defined in the Policy/Certificate of Insurance.
- **Outpatient Diagnostic Lab Benefit:** Pays out a benefit when an Insured incurs charges for and undergoes any type of outpatient diagnostic laboratory testing that is ordered by a Physician and performed on an outpatient basis in a Hospital, Physician's office, Urgent Care Facility, Emergency Room or other appropriately licensed stand-alone healthcare facility that provides diagnostic services.
- **Outpatient X-Ray Benefit:** Pays out a benefit when an Insured incurs charges for and undergoes outpatient X-rays that are ordered by a Physician and performed on an outpatient basis in a Hospital, Physician's office, Urgent Care Facility, Emergency Room or other appropriately licensed stand-alone healthcare facility that provides diagnostic services.
- **Outpatient Major Diagnostic Testing Benefit:** Pays out a benefit when an Insured incurs charges for and undergoes an outpatient major diagnostic test that is ordered by a Physician and performed on an outpatient basis in a Hospital, Physician's Office, Urgent Care Facility, Emergency Room or other appropriately licensed stand-alone healthcare facility that provides diagnostic services. Outpatient Major Diagnostic tests include an MRI, an MRA, a CT scan, or a PET scan.

These definitions are not intended to replace definitions contained in the Master Policy. For full description, please request the master policy definitions from the agent/broker.



PROVIDER NETWORKS & CONTACT INFORMATION

Understanding Your Provider Networks and Who to Contact

Medical

Network: PHCS Network through Multiplan
www.multiplan.com

Once enrolled: For Questions Please call your Plan Administrator
Tall Tree Administrators
1-877-453-4201

Hospital Indemnity

Carrier: Beazley - www.Beazley.com
To File a Claim: 1.888.222.1123

