

AF Hospital Assist®

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR EDUCATION

Help pay for your stay.

If you experienced a medical emergency, would you be prepared to cover the out-of-pocket medical expenses? And, what about everything else that adds up, like bills, groceries, and housing?

Major medical insurance plans are designed to pay a large portion of your medical costs. But with rising deductibles and copays, you're still paying out of your own pocket until you meet your deductible and plan maximum.

That's where AF™ **Limited Benefit Hospital Indemnity Insurance,** or AF Hospital Assist®, can help. It can be used with a low deductible or high deductible health plan (HDHP).

Health Savings Account Qualified Plan

Help offset high deductibles and copays, and give yourself a little protection for the unexpected . This Health Savings Account (HSA) qualified plan provides a way to help pay for large, out-of-pocket expenses, like a hospital stay, while also getting the tax benefit and potential savings from an HSA.

Plan Highlights

- No health questions required to apply
- Benefits paid directly to you
- Portable so you can take it with you even if you leave employment
- Coverage available for you, your spouse, and your children up to age 26
- Online claims filing process

Did you know?

The average cost for a hospital stay is $11,728.[1]

They're neither cheap nor predictable, but they happen. And often. In fact, over 36 million Americans were hospitalized in 2018.[2]



AF Hospital Assist™ Premiums*

MONTHLY PREMIUM	BASIC	ENHANCED	ENHANCED PLUS
Employee	$14.54	$24.54	$34.60
Employee + Spouse	$27.76	$46.80	$65.90
Employee + Child	$29.94	$49.66	$69.62
Family	$43.16	$71.92	$100.92

* The premium and amount of benefits provided vary based upon the plan selected.

This brochure highlights important features of the policy. Please refer to your certificate for complete details. If you reside in a state other than your employers state domicile, where required by law, policy provisions and benefits may vary.

Benefits

BENEFITS	BASIC	ENHANCED	ENHANCED PLUS
HOSPITAL			
Hospital Admission 1 day/Covered Person	$500	$1,000	$1,500
Hospital Confinement Pays up to 30 days/Covered Person	$100	$150	$200
ICU 10 days/Covered Person	$200	$300	$400
Rehab 10 days/ Covered Person	$50	$75	$100
ACCIDENT			
Accident Treatment - ER 3 days/Covered Person	$200	$300	$400
Accident Treatment - Physician's Office or Urgent Care 6 days/Covered Person	$50	$75	$100
Accident Surgery - Hospital or Ambulatory Surgical Center 3 days/Covered Person	$1,000	$1,500	$2,000
Accident Surgery - Physician's Office or Urgent Care 6 days/Covered Person	$125	$125	$250

Benefits are paid on a calendar year basis.

Refer to the Plan Benefit Highlights section for additional information.

Hospital Benefits

If hospitalized, you can get paid directly for the costs.

- Basic
- Enhanced
- Enhanced Plus

Hypothetical Example with Enhanced Plan You have a car accident and are rushed to the ER. You're admitted and stay 3 days for a back injury. Then, you complete 10 days of rehabilitation. *The deductible in this example is based on Preferred Provider Organization (PPO) plan option*

Cost of Care		Your Deductible $500	Payable Plan Benefits	
Confinement[3]	$11,728		Admission	$1,000
Rehab[4]	$1,620		Confinement	$450
			Rehab	$750
Total	**$13,348**	Total out of pocket cost[7] **$3,069**	Total benefit payment to you	**$2,200**

Accident Benefits

Weekend warrior? Active family? Or a long daily commute? No matter your situation, accidents happen.

- Basic
- Enhanced
- Enhanced Plus

Hypothetical Example with Enhanced Plan You are traveling in your car and are hit by a driver running a red light. Your arm is broken and requires an ER visit, surgery, admission to the hospital, and two nights' stay. *The deductible in this example is based on a 2020 IRS minimum family medical HSA High Deductible Health Plan (HDHP).*

Cost of Care		Your Deductible $2,800	Payable Plan Benefits	
ER Visit[5]	$827		ER Visit	$300
Surgery[6]	$16,000		Surgery	$1,500
			Hospital Admission	$1,000
			Hospital Confinement	$300
Total Cost of Care	**$16,827**	Total out-of-pocket cost[7] **$5,605**	Total benefit payment to you	**$3,100**

Plan Benefit Highlights

Hospital Admission Benefit: We will not pay this benefit for outpatient treatment, emergency room treatment, or a stay of less than 18 hours in an observation unit. Successive hospital admissions will be considered as one admission if they are due to the same or related accident or sickness and separated by less than 90 days.

Hospital Confinement Benefit: We will not pay this benefit for outpatient treatment or a hospital stay of less than 18 hours. ***Hospital*** shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatric ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Rehabilitation Facility Confinement Benefit: Confinement to the facility must be physician authorized for at least 18 continuous hours and begin immediately following a hospital confinement. Successive rehabilitation facility stays will be considered as one confinement if they are due to the same or related accident or sickness and separated by less than 30 days.

Outpatient Accident Treatment Benefit: Pays a benefit when any covered person incurs an expense and receives treatment by a physician in an emergency room, physician's office or urgent care facility due to a covered accident. ***Accident*** means an event which results in bodily injury that is independent of disease or bodily infirmity or any other cause and occurs while coverage is in force.

Accident Surgical Procedure Benefit: Pays a benefit when any covered person incurs an expense and requires a surgical procedure due to a covered accident. The procedure must be performed by a Physician in a hospital, ambulatory surgical center, urgent care facility, or physician's office. We will pay for only one accident surgical procedure performed on the same day even if caused by more than one accident. We will not pay this benefit for colonoscopy or flexible sigmoidoscopy.

Exclusions: We will not pay benefits resulting from or caused by:
(a) suicide or any attempt, while sane or insane;
(b) any intentionally self-inflicted injury or Sickness;
(c) elective abortion. "Elective abortion" means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
(d) pregnancy of a Dependent child;
(e) participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
(f) commission of a felony;
(g) participation in a contest of speed in power driven vehicles, parachuting, or hang gliding;
(h) air travel, except:
(1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
(2) as a passenger for transportation only and not as a pilot or crew member;
(i) elective procedures or cosmetic surgery, including complications of elective procedures or cosmetic surgery;
(j) experimental treatment, drugs, or surgery, except in connection with an approved cancer clinical trial;
(k) performance of military, naval, or air force service of any country;
(l) dental or routine vision services, unless:
(1) resulting from an Accident occurring while the Covered Person's coverage is in force and if performed within 12 months of the date of such Accident; or
(2) due to congenital disease or anomaly of a covered newborn child;
(m) immunizations, sports and routine annual physicals;
(n) services, treatment or loss rendered in any Physician's office, Veterans Administration or Federal Hospital or any other Hospital, except if there is a legal obligation to pay;
(o) artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation, or vasectomy, and reversal thereof;
(p) loss that takes place outside of North America;
(q) participation in any sport for pay or profit;
(r) alcoholism or drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed;
(s) mental or emotional disorders without demonstrable organic disease;
(t) air or ground ambulance;
(u) Pre-Existing Conditions, unless the Covered Person has satisfied the Pre-Existing Condition Exclusion period of 12 months.

Pre-Existing Condition: means a disease, Sickness, Accident, or physical condition for which you: had treatment; incurred expense; took medication; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, Sickness, Accident, or physical condition.

Pregnancy Limitation:
For the Pregnancy Limitation Period, 10 months, the Company will not pay benefits due to any Covered Person giving birth as a result of a normal pregnancy, including cesarean section. Complications of Pregnancy will be covered to the same extent as any other covered benefit. Complications of Pregnancy includes but is not limited to, conditions requiring Confinement (when pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, ectopic pregnancy which is terminated, spontaneous termination of pregnancy which occurs during a period of gestation in which a viable birth is not possible, puerperal infection, eclampsia and toxemia.

Complications of Pregnancy shall not include false labor, occasional spotting, Physician prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a classifiable or distinct Complication of Pregnancy.

This product may contain limitations, exclusions and waiting periods.
This product is inappropriate for people who are eligible for Medicaid coverage. [1]AHRQ Healthcare Cost and Utilization Project, National Inpatient Sample as of February 5, 2019. [2]American Hospital Association: Fast Facts on U.S. Hospitals, January 2020. [3]AHRQ Healthcare Cost and Utilization Project, National Inpatient Sample as of February 5, 2019. [4]MD Save: Procedures A to Z; accessed 10/3/2018 from MDsave.com. [5]Healthcare Bluebook: Emergency Room Visit – Moderate Problem; Accessed from www.healthcarebluebook.com on April 3, 2020. Figures from Oklahoma City, OK. https://www.healthcarebluebook.com/ui/proceduredetails/239. [6]CostHelper: How Much Does a Broken Arm Cost?; accessed 10/3/2018 from health.costhelper.com. CostHelper: How Much Does a Broken Arm Cost? [7]Total out of pocket costs assumes a 20% coinsurance amount.

Plan Benefit Highlights (cont.)

Termination of Insurance
Coverage for you and your covered dependent(s) may be continued during a layoff or leave of absence for up to a maximum period of 3 months. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated or premiums may be increased on any premium due date with 31 days advance notice.

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