

# HIGH DEDUCTIBLE BUFFER | CHAMPION

Group limited hospital admission & confinement insurance

The High Deductible Buffer Plan is designed to help you deal with the financial exposure that being hospitalized can bring. It provides benefit payments you can use towards the out-of-pocket costs associated with a hospital admission and confinement.



## Coverage Features

- No health questions are asked and no health exam is required.
- No pre-existing condition exclusions (except for pregnancy and childbirth when conception occurred prior to the employee's effective date).
- Spouse and children's coverage is available.
- Indemnity benefits are paid in addition to any other medical coverage you may have.



## Policy Benefits

**Initial Hospital Confinement Benefit** of \$500 is payable for the first day of hospital confinement per Plan Year, limited to one day per Plan Year.

**Additional Hospital Confinement Benefit** of \$100 per day is payable for the 2nd through the 180th day of Hospital Confinement per Plan Year.

**Intensive Care Unit Benefit** of \$125 per day is payable for up to 30 days per Plan Year and is paid in addition to any of the Hospital Confinement benefits paid.

The following conditions must be met:

- The hospital stay is a direct result, from no other causes, of injuries or illness sustained in a covered accident or sickness and lasts for at least 24 hours

*Note: The Maximum Hospital Confinement Benefit under this Plan is 180 days per covered person per Plan Year.*

**Ambulance.** A \$250 benefit payable for ambulance transportation to a hospital for either an injury or a sickness. One trip per day limited to two days per Plan Year.

**Outpatient Surgery.** A benefit amount of \$250 per day on the day the surgery is performed limited to one benefit per 24-hour period. One day maximum per Plan Year.

**Wellness Visits.** A \$25 benefit payable for an annual routine examination or well-child visit. One visit per day limited to one day per Plan Year.

	Initial Hospital Confinement Benefit \$500 per day limited to one day per Plan Year		Hospital Confinement Benefit \$100 per day limited to Days 2-180 per Plan Year	
Premium Rates	Employee only	Employee + Spouse	Employee + Child(ren)	Family
Monthly	\$29.84	\$66.18	\$56.40	\$90.82

*Premiums are paid through payroll deduction.*

## Exclusions

We will not pay any benefits for expenses incurred for, or injuries resulting from, any of the following:

- Intentionally self-inflicted Injury; suicide or attempted suicide.
- War or any act of war, whether declared or not.
- Service in the military, naval or air service of any country or international organization.
- Commission of, or attempt to commit, a felony.
- Bungi-cord jumping, parachuting, skydiving, parasailing, hang-gliding;
- An accident if the Covered Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participating in Driver's Education Program.
- The Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which the injury occurred or while under the influence of any drug unless administered under the advice and consent of a Doctor. .
- Alcoholism, drug addiction or the use of any drug or narcotic except as prescribed by a Doctor Unless specifically provided herein.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness.
- Experimental or Investigational drugs, services, supplies or any procedure held to be Experimental or Investigatory by the Company at the time the procedure is done. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The covered service will also be considered Experimental or Investigational if the Covered Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption.

- 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.
- Pregnancy or childbirth unless conception occurred while coverage was in force under the policy.
- 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.
- Services, supplies or a period of confinement ordered by persons employed or retained by a Policyholder, or by any Immediate Family or member of the Covered Person's household.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

This policy provides limited benefits on a fixed indemnity basis. It does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy a person's individual obligation to secure the requirement of minimum essential coverage under the Affordable Care Act (ACA). For more information about the ACA, please refer to <http://www.HealthCare.gov>.

This information is a brief description of the important features of this insurance plan. It is not an insurance contract. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law.

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If you have questions about this product or need to file a claim, contact Administrative Concepts, Inc. at 855-672-1274 or <https://secure.visit-aci.com>.

This plan of insurance is underwritten by ACE American Insurance Company and marketed by Combined Worksite Solutions, a division of Combined Insurance Company of America. Both companies are U.S. based operating divisions of Chubb (NYSE: CB). Insurance products and services are provided by Chubb underwriting companies and not by the corporation itself.