

Hospital Indemnity Plan Options

Class Description		All FT Active Outfitters	
Provision	Discussion Points	Base Plan	Enhanced Plan
Hospital Care			
What do you want to call the plan?		Plan 1	Plan 2
Is the plan HSA compatible?		Yes	Yes
First Day Hospital Confinement		\$1,100	\$2,200
Benefit Day(s) per Year		5 days	5 days
Days from Covered Event		90 days	90 days
Daily Hospital Confinement		\$100	\$200
Benefit Day(s) per Year		60 days	60 days
Days from Covered Event		90 days	90 days
Daily ICU Confinement		\$200	\$400
Benefit Day(s) per Year	Updated to 15 days per proposal	15 days	15 days
Days from Covered Event		90 days	90 days
First Day ICU Confinement		Not Included	Not Included
Other Medical Care Facility			
Continuous Care Confinement		\$100	\$200
Benefit Day(s) per Year		30 days	30 days
Days from Hospital Confinement		30 days	30 days
Days from Covered Event		Not Included	Not Included
Hospice Facility		Included	Included
Skilled Nursing Facility		Included	Included
Rehabilitation Facility		Included	Included
Mental/Nervous Confinement		\$100	\$200
Benefit Day(s) per Year		30 days	30 days
Substance Abuse Confinement		\$100	\$200
Benefit Day(s) per Year		30 days	30 days
Newborn Routine Hospital Care		\$300	\$300
Benefit Day(s) per Year		Once/Live Birth	Once/Live Birth