PARTNER LOGO FPO

Putting Benefits To Work For People℠

Don't let the cost of a hospital stay derail your recovery

New York Life Group Benefit Solutions
Hospital Indemnity insurance



Worried about surprise medical bills after a hospital stay? Hospital indemnity insurance can help. It pays you a fixed cash benefit directly if you're admitted to the hospital, regardless of your other health insurance coverage. It can be used for out-of-pocket expenses or anything you need during your recovery.

Who is eligible for hospital indemnity insurance?
[All active [full-time [employees][associates][members][participants] regularly working a minimum of [30] hours per week are eligible for coverage.]

What are some of the covered hospital services under this plan?

	[Plan Design Name]	[Plan Design Name]	[Plan Design Name]
Coverage Tier	[Employee], [Employee + [[Spouse] /[Domestic Partner*]], [Employee + 1], [Employee + Child(ren)], [Employee + Family]	[Employee], [Employee + [[Spouse] /[Domestic Partner*]], [Employee + 1], [Employee + Child(ren)], [Employee + Family]	[Employee], [Employee + [[Spouse] /[Domestic Partner*]], [Employee + 1], [Employee + Child(ren)], [Employee + Family]
Admission benefits			
[Hospital admission benefit] [included for newborn/healthy baby benefit]	[$1,000]	[$1,000]	[$1,000]
[Intensive Care Unit (ICU) admission benefit] [included for confinement to a NICU due to birth]	[$1,500]	[$1,500]	[$1,500]
[Rehabilitation facility admission benefit]	[$500]	[$500]	[$500]
Confinement benefits			
[Daily Inpatient Hospital Confinement Benefit]	[$100]	[$100]	[$100]
[Newborn/Healthy Baby Confinement Benefit]	[$100]	[$100]	[$100]
[Intensive Care Unit (ICU) Confinement Benefit]	[$200]	[$200]	[$200]
[Intensive Care Unit (ICU) Step-Down Confinement Benefit]	[$150]	[$150]	[$150]
[Rehabilitation Facility Confinement]	[$50]	[$50]	[$50]
[Short Stay/Observation Unit]	[$200]	[$200]	[$200]

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NEW YORK LIFE GROUP BENEFIT SOLUTIONS

[Affiliated health care provider]
[If your hospital stay is in a facility owned by your employer your benefit amount will be increased as outlined below.]

	[Plan Design Name]	[Plan Design Name]	[Plan Design Name]
[Admission benefit]	[Benefit amounts will be increased by [25%]]	[Benefit amounts will be increased by [25%]]	[Benefit amounts will be increased by [25%]]
[Confinement benefit]	[Benefit amounts will be increased by [25%]]	[Benefit amounts will be increased by [25%]]	[Benefit amounts will be increased by [25%]]

[Additional benefits]
[Some additional benefits under this plan include, [air ambulance benefit], [ground ambulance benefit-including water], [doctor visit benefit], [follow-up doctor visit benefit], [urgent care visit benefit], [emergency room benefit], [pet boarding benefit] [and] [companion lodging benefit]. Please review your certificate for a complete list of additional benefits.]

[Health screening [benefits][incentives]]
[Our health screening [benefit][incentive] provides a payment if you, [your covered spouse, and covered dependent child(ren)] complete a health screening test. This [benefit][incentive] pays [$50] per screening limited to [10] per calendar year.[1]]

[Affiliated health care provider health screening [benefit][incentive]
The affiliated health care provider health screening [benefit][incentive] provides a payment of [$150] if you receive a health screening test at a facility that is owned by your employer.]

[What other benefits are offered as part of my coverage?
Your hospital indemnity insurance may include access to benefits that can help in certain scenarios, available on your first day of coverage.]

- **[No premium payments in certain situations (also known as "Waiver of Premium")]**
  If you are unable to work due to a disability [prior to age [Waiver of Premium – disabled before age]], and you have been unable to work [for [Waiver of Premium – Elimination Period] months], we will waive the premium for hospital indemnity insurance for you [and your dependents] while you are unable to work due to a covered loss for up to [Waiver of Premium – Disability Duration] months.
- **[Take your accident coverage with you if you leave your job (also known as "Portability")[2]]**
  If your employment is terminated, you can continue your hospital indemnity insurance, [and hospital indemnity insurance for your insured [spouse] [and] [dependent children],] on a direct-bill basis.
- **[Support for your health care questions.]**
  Through our Health Care Support program, you'll have access to trained advocates and registered nurses to help you effectively navigate your health care plan and provide support for your questions and concerns.[3]

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[Contact [contact name/department] to] review the hospital indemnity insurance benefits summary and policy documents to learn more about plan details, exclusions, and limitations.]

[For more information, [call [Phone Number] to speak with [contact name/department]/ [email [abc@abc.com] / visit [www.companyintranetsite.com]].

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[* Domestic partner is defined in the group policy. For purposes of this brochure, wherever the term spouse appears, it shall also include domestic partner registered under any state which legally recognizes domestic partnerships or civil unions. Additional information is available from your benefit services representative.]

[1] The benefit is only payable once per day even if multiple Health Screenings are provided in a single day.

[2] Portability is referred to as Continuation due to loss of Eligibility in some states. Refer to your certificate.

[3] These programs are NOT insurance and do not provide reimbursement for financial losses. Some restrictions may apply. This service is provided exclusively by ComPsych® Corporation. Customers are required to pay the entire discounted charge for any discounted products or services available through these programs. Some services are available at the option of the employer for an additional cost. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description and are subject to change. Program availability may vary by plan type and location and are not available where prohibited by law. Not available for individuals who reside in Washington.

Hospital Indemnity Insurance is a limited benefit policy. This product is not health care insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. New York Life Group Benefit Solutions' Hospital Indemnity Insurance is underwritten by New York Life Insurance and Annuity Corporation, a subsidiary of New York Life Insurance Company. Policy provisions and product availability may vary by state. Policy form: Hospital Indemnity: GBS-HI-1000.00.

New York Life Insurance Company
51 Madison Avenue, New York, NY 10010

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Alternate Waiver of Premium Language

[If you are unable to work due to a disability and you have been unable to work [for [Waiver of Premium - Elimination Period] months,] we will waive the premium for hospital indemnity insurance for you [and your dependents] while you are unable to work due to a covered loss for up to [Waiver of Premium - Disability Duration]months.]

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