

# GROUP LIMITED BENEFIT HOSPITAL INDEMNITY INSURANCE



**SMITH**  
www.ejsmith.com

When the insured receives services for a covered Accident or Sickness under the policy, the Company will pay indemnity benefits subject to limits specified in the policy.

A charge will be considered incurred on the date the service is performed. The benefit payable for Covered Charges will be determined by the plan level in effect at the time each charge is incurred.



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INDEMNITY BENEFITS		Plan I	Plan II
Daily In-Hospital Indemnity Benefit		\$150 per Day, 31 Days max per Confinement	\$400 per Day, 31 Days max per Confinement
<b>Additional Benefits</b>			
Outpatient Physician Office Visit Indemnity Benefit		\$30 per Day, 10 Days max	\$50 per Day, 10 Days max
Outpatient Diagnostic Laboratory Test Indemnity Benefit		\$20 per Day, 2 Days max	\$35 per Day, 2 Days max
Outpatient Select Diagnostic Indemnity Benefit		\$100 per Day, 1 Day max	\$175 per Day, 1 Day max
Outpatient Advanced Studies Diagnostic Test Indemnity Benefit		\$400 per Day, 1 Day max	\$700 per Day, 1 Day max
Hospital Confinement Indemnity Benefit		\$500 per Day, 1 Day max	\$1,000 per Day, 1 Day max
Wellness Indemnity Benefit		\$150 per Day, 1 Day max	\$200 per Day, 1 Day max
Emergency Room Sickness Indemnity Benefit		\$100 per Day, 2 Days max	\$250 per Day, 2 Days max
Surgical and Anesthesia Indemnity Benefit	Inpatient Surgery	\$300 per Day, 1 Day max	\$800 per Day, 1 Day max
	Outpatient Surgery	\$150 per Day, 1 Day max	\$400 per Day, 1 Day max
	Outpatient Minor Surgery	\$30 per Day, 1 Day max	\$80 per Day, 1 Day max
	Anesthesia Percentage	20%	20%
Off-the-Job Accidental Injury Indemnity Benefit		\$100	\$200
Inpatient Mental & Nervous Disorder Indemnity Benefit		\$150	\$400
Inpatient Drug & Alcohol Addiction Indemnity Benefit		\$150	\$400
Ambulance Indemnity Benefit		\$100	\$250
<b>Additional Optional Coverages</b>			
Group Term Life with Accidental Death & Dismemberment Rider - Student / Spouse / Child(ren) (Life Only)		\$10,000 / \$5,000 / \$2,500	\$10,000 / \$5,000 / \$2,500
<b>Non-Insurance Discount Programs</b>			
Prescription Drug Discount Card offered by ProCare		Included	Included
Student Discount Card offered by New Benefits, Ltd.		Included	Included
PPO Network offered by WebTPA		Included	Included

**THIS IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT**