AIM INC
Summary of Benefits: Hospital Indemnity Protection Plan
Plan Effective Date: 10/01/2024

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

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Help protect yourself from the high costs of hospital care with UnitedHealthcare.

Hospital Indemnity Protection Plan helps protect employees from costly hospital expenses. All benefits are paid directly to the insured and can be used towards any expense.

Your Hospital Indemnity Protection Plan highlights:

Eligibility: All Active Full Time Employees working a minimum of 30 hours per week.

Plan Benefits	Benefit Amount
Hospital Admission *Payable once per Injury or sickness, on the day of admission.* ***(1 Day per plan year)***	$1,000
Hospital Confinement *Payable once per day of confinement for an injury or sickness. Confinement begins on day 2.* ***(up to 364 Days per plan year)***	$150
ICU Confinement *Payable once per day of confinement for an injury or sickness. Confinement begins on day 2.* ***(up to 364 Days per plan year)***	$150
ICU Admission *Payable once per Injury or sickness, on the day of admission.* ***(1 Day per plan year)***	$1,000

Additional Benefits	Benefit Amount
Wellness Benefit	$50

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Wellness Benefits Covered Exams
Blood test for triglycerides
Bone marrow testing
Breast ultrasound
CA 15-3 (blood test for breast cancer)
CA 125 (blood test for ovarian cancer)
CEA (blood test for colon cancer)
Chest X-ray
Colonoscopy
Fasting blood glucose test
Flexible sigmoidoscopy
Hemoccult stool analysis
Mammography
Pap smear
PSA (blood test for prostate cancer)
Serum Protein Electrophoresis (blood test for myeloma)
Serum cholesterol test to determine level of HDL and LDL
Stress test on a bicycle or treadmill
Thermography
Virtual Colonoscopy

Benefit paid upon completion of a covered wellness exam or health screening test. One covered test per calendar year per covered member. Children are excluded from Wellness

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Frequently Asked Questions about your Hospital Indemnity Protection Plan (HIPP)

What does HIPP Coverage provide me?	Hospital Indemnity coverage provides protection against the expense of hospital care as a result of an illness or injury.
Who pays for my Hospital Indemnity coverage?	Your employer has made HIPP coverage available to all eligible employees on a voluntary basis, which means you pay your premiums if you elect the coverage. You may also have the option to purchase coverage for your Spouse or Child.
Am I eligible for coverage?	You are eligible if you are working a minimum of 30 hours per week and considered benefit eligible by your employer.
When does my coverage go into effect?	You must be Actively at Work with your employer, as defined in your plan, on the date your coverage is scheduled to take effect. Otherwise, your coverage takes effect when you return to Active Work.
Is pregnancy covered under my HIPP plan?	Yes, hospitalization for routine labor and delivery is included with your HIPP coverage. Childbirth occurring within the first 9 Months of the Effective Date of Coverage is excluded. Complications of Pregnancy are covered to the same extent as any other sickness.
How do I cover a newborn child?	Newborn children are covered from the moment of live birth for the first 31 days. You would need to notify us within 31 days of the birth if you want to enroll that child, regardless of whether there are existing dependent children covered.
Is newborn/nursery care covered under my HIPP plan?	A newborn child's routine nursing or routine well baby care is not included. If the newborn is admitted and confined to the hospital due to complications, it would be covered as any other sickness.
Are Confinement benefits payable on the day I am admitted to the hospital or ICU?	Confinement benefits begin on the day following admission. For a confinement benefit to by payable, a room and board charge must be incurred for that day.

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If I am admitted to the ICU will I also get the Hospital Admission benefit?	Each covered person may receive 1 Day Hospital and 1 Day ICU Admission benefit per plan year. If a covered person is admitted to the ICU, and has not exhausted their Hospital Admission benefit, the Hospital Admission benefit would be payable in addition to the ICU Admission benefit.
If I am confined to the ICU will I also get the Hospital Confinement benefit for those days?	Each covered person may receive benefits for up to 364 Days of confinement in a Hospital and up to 364 Days of confinement in ICU, per plan year. If a covered person is confined to the ICU, and has not exhausted their Hospital Confinement benefits, the Hospital Confinement benefit would be payable in addition to the ICU Confinement benefit.
Can I keep my HIPP coverage if I leave my employer?	Your policy contains the following. See your HR Representative or your Certificate of Coverage for your specific provisions. Your Employer will provide the initial paperwork. Portability • May be available for spouse and children when the employee elects portability. • You can continue all or a portion of your HIPP insurance. • Evidence of Insurability is not required. • Must apply and pay premium within 31 days of termination of your HIPP insurance*. *Some state variations may apply

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Other Important Details:

This Summary of Benefits sheet is an overview of the coverage being offered and is provided for illustrative purposes only. This is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

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If you need to file a claim:

- Contact the employer
- Complete, sign and date the necessary forms.
- Send the completed forms via fax or mail to the contact details listed on the claim form. You may also email the completed forms to fpcustomersupport@uhc.com.

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Exclusions:

Pre-Existing Conditions Exclusion:
We will not cover any Injury or Sickness that begins during the first 12 months after the Covered Person's or Dependent's Effective Date of insurance that is caused or contributed to by a Pre-Existing Condition.

Pre-Existing Condition:
means any condition for which the Covered Person or Dependent within 12 months prior to his Effective Date of insurance was diagnosed by or received Treatment from a legally qualified Physician.

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Exclusions and Limitations *:

This Policy does not cover any loss caused by or resulting from (directly or indirectly):

1. an act or Accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature;
2. loss sustained while on active duty as a member of the armed forces of any nation [except during any time period coverage is extended under the Continuation during Leave of Absence provision];
3. any intentionally self-inflicted Injury;
4. active participation in a riot;
5. committing or attempting to commit a felony, or participating or attempting to participate in a felony;
6. taking part in the commission of an assault or being engaged in an illegal activity;
7. use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a Physician; this exclusion does not apply to the Drug and Alcohol Treatment Benefit (Inpatient) if covered under this Policy;
8. cosmetic or elective surgery; or
9. treatment received outside the United States or its territories;
10. the reversal of a tubal ligation or vasectomy;
11. artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or Physician services, unless required by law;
12. participation in any form of aeronautics (including parachuting and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports;
13. a newborn child's routine nursing or routine well baby care during the initial Confinement in a Hospital;
14. driving in any organized or scheduled race or speed test or while testing an automobile or any
15. childbirth occurring within the first 9 months of the Covered Person's [or Dependent's] Effective Date of insurance; Complications of Pregnancy are covered to the same extent as a Sickness;
16. mental and Nervous Disorders; this exclusion does not apply to the Mental and Nervous Disorder Treatment Benefit (Inpatient) if covered under this Policy;
17. dental or plastic surgery for Cosmetic purposes except when such surgery is required to: (a) treat an Injury; or (b) correct a disorder of normal bodily function; and
18. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or renumeration is received

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**The above list is intended for illustrative purposes only. State specific exclusions and language may apply. Please refer to your Certificate of Coverage for detailed information.*

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Hospital Indemnity Cost Summary (Current Monthly rates)

Monthly Rates	Voluntary *
Quoted Rates - Per Employee Per Month	Option A
Employee Only	$20.41
Employee & Spouse	$44.11
Employee & Children	$31.83
Employee & Spouse & Children	$58.11

*Cost Includes Wellness Benefit

UnitedHealthcare Hospital Indemnity product is provided by UnitedHealthcare Insurance Company on policy forms UHIHIP-POL-TX, et al. and UHIHIP-CERT-TX, et al. in Texas and UHIHIP-POL-VA, et al. and UHIHIP-CERT-VA, et al. in Virginia. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

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