

Group Hospital Indemnity Benefits Hospitalization - Prepared by Aflac

Benefits – Base Plan

Benefits	Mid
<p>Hospital Admission (per confinement) – once per covered sickness or accident per calendar year for each insured</p> <p>We will pay the amount shown when an insured is admitted to a hospital and confined as an in-patient because of a covered accidental injury or because of a covered sickness. In order to receive this benefit for accidental injuries received in a covered accident, an insured must be admitted to a hospital within six months of the date of the covered accident.</p> <p>We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p> <p>We will not pay benefits for Hospital Admission of a newborn child following his birth. However, we will pay for a newborn’s admission to a hospital intensive care unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	<p>\$1,000</p>
<p>Hospital Confinement (per day) – maximum of 31 days per confinement for each covered sickness or accident for each insured</p> <p>We will pay this benefit in the amount shown for each day that an insured is confined to a hospital as an in-patient as the result of a covered accidental injury or because of a covered sickness. In order to receive this benefit for accidental injuries received in a covered accident, the insured must be confined to a hospital within six months of the date of the covered accident.</p> <p>If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p> <p>We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p>	<p>\$160</p>

Group Hospital Indemnity

Communications Workers of America Local 1109 - Monthly (12pp/yr)

Coverage	Rates
Employee	\$21.30
Employee & Dependent Spouse	\$47.48
Employee & Dependent Child(ren)	\$36.02
Family	\$62.20

Hospitalization Category:

Hospital Admission	\$1,000
Hospital Confinement	\$160