

## ABOUT HOSPITAL INDEMNITY

This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance.

For full plan details, please visit your benefit website:  
[www.mybenefitshub.com/redoakisd](http://www.mybenefitshub.com/redoakisd)



Hospitalization Benefits	Payable Benefits	
	Plan 1	Plan 2
<b>Hospital Admission Benefit</b> This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> <li>\$1,500</li> <li>Maximum Benefit Per Calendar Year: 2</li> </ul>	<ul style="list-style-type: none"> <li>\$2,500</li> <li>Maximum Benefit Per Calendar Year: 2</li> </ul>
<b>Hospital Confinement Benefit</b> This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> <li>\$100 Per Day</li> <li>Maximum Days Per Calendar Year: 31</li> </ul>	<ul style="list-style-type: none"> <li>\$250 Per Day</li> <li>Maximum Days Per Calendar Year: 31</li> </ul>
<b>Hospital Confinement ICU Benefit</b> The benefit for confinement in a hospital intensive care unit.	<ul style="list-style-type: none"> <li>\$150 Per Day</li> <li>Maximum Days Per Calendar Year: 10</li> </ul>	<ul style="list-style-type: none"> <li>\$250 Per Day</li> <li>Maximum Days Per Calendar Year: 10</li> </ul>
<b>Hospital ICU Admission Benefit</b> This benefit is for admission to a hospital intensive care unit.	<ul style="list-style-type: none"> <li>\$1,500</li> <li>Maximum Benefit Per Calendar Year: 2</li> </ul>	<ul style="list-style-type: none"> <li>\$2,500</li> <li>Maximum Benefit Per Calendar Year: 2</li> </ul>
<b>Newborn Nursery</b> This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease or injury.	<ul style="list-style-type: none"> <li>\$150 Per Day</li> <li>Maximum Days per Confinement-Normal Delivery: 5</li> <li>Maximum Days per Confinement-Caesarean Section: 10</li> </ul>	<ul style="list-style-type: none"> <li>\$250 Per Day</li> <li>Maximum Days per Confinement-Normal Delivery: 5</li> <li>Maximum Days per Confinement-Caesarean Section: 10</li> </ul>
<b>Observation Unit</b> This benefit is for treatment in a hospital observation unit for a period of less than 20 hours.	<ul style="list-style-type: none"> <li>\$200</li> <li>Maximum Days Per Calendar Year: 2</li> </ul>	<ul style="list-style-type: none"> <li>\$200</li> <li>Maximum Days Per Calendar Year: 2</li> </ul>

Hospital Indemnity Monthly Premiums		
	Plan 1	Plan 2
Employee Only	\$17.26	\$30.05
Employee and Spouse	\$38.36	\$66.72
Employee and Child(ren)	\$31.90	\$55.60
Employee and Family	\$53.00	\$92.26