

# GROUP HOSPITAL INDEMNITY INSURANCE



## Everyone deserves protection against hospital bills

Hospital stays can be pricey and often unexpected. Even the best medical plans can leave you with extra expenses to pay or services that just aren't covered, i.e. plan deductibles, copays, extra costs for out-of-network care, or non-covered services. Many people aren't prepared to handle these extra costs, so having extra financial support when the time comes may mean less worry for you and your family.

## Value of Hospital Indemnity insurance

- Cash benefit for unplanned or uninsured expenses resulting from a hospitalization due to sickness or injury
- Premiums are convenient and paid through payroll deduction
- Coverage is guaranteed with no medical questions asked
- There are no deductibles, no copayments and no network restrictions
- Benefits are portable – take it with you if you leave or change jobs



**16.2  
million**

ER visits that become  
hospital admissions

<https://bit.ly/2UfpFug>

## How can Hospital Indemnity Insurance help?



Deductibles  
and copays  
left by major  
medical  
insurance



Lost income  
while receiving  
care or replace  
a spouse's  
income while  
they're by your  
side



Out-of-network  
costs for  
alternative  
treatment



Travel for care  
and treatment,  
or even a  
second opinion



Fees for  
contractor or  
handyman  
to make  
modifications to  
your home, such  
as a wheelchair  
ramp, due to  
an illness

## How does Hospital Indemnity insurance work?

With Atlantic American Employee Benefits' Hospital Indemnity insurance, you can receive benefits when you're admitted to the hospital for a covered accident or illness. It can complement your health insurance to help you bridge the gap for those expenses your major medical plan may not cover.



You or a covered family member has an illness or injury that requires medical care in the hospital.



With approval of your claim, Atlantic American Employee Benefits will pay benefits directly to you, even if you don't incur any out-of-pocket medical bills. Then you can decide how to spend the money.



With Atlantic American Employee Benefits helping to pay for everyday expenses, covering non-reimbursed medical costs or replacing savings borrowed, you can focus on your recovery—not on your finances.

### What are some common charges associated with a hospital stay?

- Prescriptions and pharmacy items
- Durable medical equipment
- Parking & transportation
- Extended childcare expenses
- Lost wages

You are not alone when you have Atlantic American Employee Benefits' protection. Care is important. And so is your Atlantic American Employee Benefits' Hospital Indemnity insurance.

# GROUP HOSPITAL INDEMNITY INSURANCE

## Coverage details

Atlantic American Employee Benefits' Group Hospital Indemnity insurance plan includes the benefits listed below. Each benefit is subject to conditions for payment as detailed in the certificate.



### PLAN INFORMATION

Available To	Employee: 16-70 Spouse: 16-65 Dependent(s): through age 25
Spouse Coverage* (excluding Wellness Benefit)	100%
Dependent Coverage* (excluding Wellness Benefit)	100%

### ADDITIONAL PLAN DETAILS

Employee Termination Age	None
Pre-Existing Conditions Limitation	None
Maternity	Included
Mental/Nervous & Substance Abuse	Included
Portability	Included
Waiver of Premium	Excluded

All benefit amounts are Guarantee Issue

\* Employee coverage is required in order to elect spouse and/or dependent coverage.

**\$6,940**

average cost of giving  
birth even with insurance

<https://bit.ly/38QLUOH>



**\$2,607** average  
hospital cost per day,  
**\$11,700** average cost  
of hospital stay with  
Medicare

<https://bit.ly/3i5dGry>

CONFINEMENT		BENEFIT AMOUNT
Hospital Admission		\$2,000
Days per Year		1 Day
Hospital Confinement		\$150
Days per Year		60 Days
ICU Admission		\$4,000
Days per Year		1 Day
ICU Confinement		\$300
Days per Year		60 Days
Newborn Routine Care		\$250
OUTPATIENT TREATMENT		
Observation Room Treatment		\$150
Days per Year		1 Days
BOOSTERS & MISCELLANEOUS BENEFITS		
Wellness Screening Benefit		\$50
Individual Limit		1 per Year
Family Limit		6 per Year

## Rates

MONTHLY PREMIUM RATES			
EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
\$41.72	\$94.48	\$52.75	\$114.55

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## Importance of health and wellness checks

Health screenings are an important part of maintaining good health. Annual wellness visits, also called check-ups or physicals, typically include height and weight, blood pressure and pulse reading. Starting a dialogue about your health greatly improves the quality of your health care.



### WELLNESS TEST: Any of the following:

- Abdominal aortic aneurysm ultrasonography
- Blood test for lipids including total cholesterol, LDL, HDL, and triglycerides
- Bone marrow testing
- Bone density screening
- Carotid doppler
- Chest x-ray
- Electrocardiogram
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Serum cholesterol test to determine level of HDL and LDL
- Stress test
- Thermography
- CT angiography
- Smoking cessation program
- Weight reduction program

**XRAY(S):** A form of electromagnetic radiation that passes through structures within the body and result in images of the structure, This definition does not include a Major Diagnostic Exam or Lab Test.

The total number of claims payable as a wellness benefit in any one plan year is subject to the maximum number of Wellness Benefits shown in the Schedule of Benefits.



# 670,000

In 2020, total deaths in the U.S. had hypertension as a primary or contributing cause.

<https://bit.ly/3x0coUN>

The Health Screening Benefit, as shown in the Schedule of Benefits, is paid when an insured receives one or more of the following tests, on an outpatient basis, rendered by a physician. This includes a Wellness Test, physical exam or any additional generally medically accepted screening test received as an outpatient and used to evaluate risk or promote prevention of a covered condition.



## Benefit Details

# GROUP HOSPITAL INDEMNITY INSURANCE

### CONFINEMENT

No more than one Confinement benefit is payable per day per Insured. If more than one Confinement occurs on the same day, only the highest applicable benefit is payable.

**HOSPITAL ADMISSION** – We will pay the Hospital Admission Benefit Amount shown in the Schedule of Benefits for the first day an Insured is Confined to a Hospital as an Inpatient or has an Observation Unit Long Stay as the result of a Covered Accident or Covered Sickness. The Confinement or Observation Unit Long Stay must begin within 90 days after a Covered Accident occurs. This benefit is payable once per Covered Accident or Covered Sickness. This benefit is payable up to 1 day per Plan Year for each Insured. This benefit is only payable once per 90 days, even if the Confinement or Observation Unit Long Stay is the result of more than one Injury or Sickness.

**HOSPITAL CONFINEMENT** – We will pay the Hospital Confinement Benefit Amount shown in the Schedule of Benefits for each day an Insured is Confined to a Hospital as an Inpatient or each day of an Observation Unit Long Stay as the result of a Covered Accident or Covered Sickness. The Confinement or Observation Unit Long Stay must begin within 90 days after a Covered Accident occurs. This benefit is payable for up to 60 days per Plan Year for each Insured.

**ICU ADMISSION** – We will pay the ICU Admission Benefit Amount shown in the Schedule of Benefits for the first day an Insured is Confined to an Intensive Care Unit (ICU) as an Inpatient as the result of a Covered Accident or Covered Sickness. The Confinement must begin within 90 days after a Covered Accident occurs. This benefit is payable once per Covered Accident or Covered Sickness. This benefit is payable up to 1 day per Plan Year for each Insured. This benefit is only payable once per 90 days, even if the Confinement is the result of more than one Injury or Sickness.

**ICU CONFINEMENT** – We will pay the ICU Confinement Benefit Amount shown in the Schedule of Benefits for each day an Insured is Confined to an Intensive Care Unit (ICU) as an Inpatient as the result of a Covered Accident or Covered Sickness. The Confinement must begin within 90 days after a Covered Accident occurs. This benefit is payable for up to 60 days per Plan Year for each Insured.

**NEWBORN ROUTINE CARE** – We will pay the Newborn Routine Care Benefit Amount shown in the Schedule of Benefits for the first day an Insured's newborn Dependent Child is Confined to a Hospital as an Inpatient for routine care following birth.

### OUTPATIENT TREATMENT

No more than one Outpatient Treatment benefit is payable per day. If an Insured meets the conditions for more than one Outpatient Treatment benefit on the same day, only the highest applicable benefit is payable. Outpatient Treatment benefits are not payable for routine health examinations, immunizations, Physical Therapy, or other therapy services.

**OBSERVATION ROOM TREATMENT** – We will pay the Observation Room Treatment Benefit Amount shown in the Schedule of Benefits for each day an Insured has an Observation Room Short Stay as the result of a Covered Accident or Covered Sickness. The Treatment must begin within 90 days after a Covered Accident occurs. This benefit is payable once per Covered Accident or Covered Sickness. This benefit is payable up to 1 day per Plan Year for each Insured.

**OBSERVATION UNIT LONG STAY:** Continuous Treatment of an Insured within an Observation Unit for a time period that is 24 hours or longer.

**OBSERVATION UNIT SHORT STAY:** Continuous Treatment of an Insured within an Observation Unit for a time period that is less than 24 hours.

# Limitations and Exclusions

## GROUP HOSPITAL INDEMNITY INSURANCE

**EXCLUSIONS** – We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

1. Voluntary intoxication (as defined by the law of the jurisdiction in which such intoxication occurred) or while under the influence of any narcotic, drug, or controlled substance, unless administered by or taken according to the instructions of a Physician or Medical Professional;
2. Voluntary intoxication through use of poison, gas, or fumes, whether by ingestion, injection, inhalation, or absorption;
3. Committing or attempting to commit a felony, or active participation in a riot, insurrection, or terrorist activity;
4. Intentional self-harm or attempting or committing suicide, whether sane or not;
5. Treatment for termination of pregnancy, except for Medically Necessary procedures as determined by a Physician;
6. Treatment for contraception, sterilization, tubal ligation, vasectomy, reversal of vasectomy, reversal of tubal ligation, and any incidental Treatment, including follow up care and Treatment due to complications;
7. Treatment for infertility such as artificial insemination, in vitro fertilization, zygote or gamete intrafallopian transfer, Cryopreserved embryo transfers, test tube fertilization, and any incidental Treatment, including follow up care and Treatment due to complications;
8. Treatment for sex reassignment therapy, including hormone therapy to modify secondary sex characteristics, sex reassignment surgery to alter primary sex characteristics, and other procedures altering appearance, including permanent hair removal;
9. The initial Confinement of a newborn following Childbirth for routine post-natal care, including any Confinement at a different Hospital or facility to which a newborn was transferred;
10. Childbirth;
11. Treatment for Substance Abuse;
12. Treatment for Mental or Nervous Disorders, except for the following disorders which meet the definition and criteria set forth in the current Diagnostic and Statistical Manual of Mental Health Disorders (DSM), published by the American Psychiatric Association (APA):
  - a. Mental Retardation;
  - b. Pervasive Developmental Disorders;
  - c. Motor Skills Disorder;
  - d. Delirium, Dementia, and Amnesic and Other Cognitive Disorders; and
  - e. Narcolepsy and Sleep Disorders related to a General Medical Condition.
13. An Injury or Sickness incurred while an Insured is an active member of the armed forces of any nation or authority;
14. An Injury or Sickness that occurs while an Insured is engaged in an illegal occupation or activity, or legally incarcerated in a penal or correctional institution;
15. Cosmetic Surgery or other elective procedure that is not Medically Necessary, except for reconstructive surgery incidental to or following surgery for trauma to the affected body part;
16. Treatment received outside the United States or Canada;
17. Treatment provided at a facility, office, or other location owned or operated by an Insured or a Family Member;
18. Treatment for dental care or dental care procedures;
19. Operating, learning to operate, serving as a crew member of any aircraft or hot air balloon, including those which are not motor-driven, unless flying as a fare paying passenger;
20. Travel or flight in any aircraft or hot air balloon, including those which are not motor-driven, if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere;
21. Participation in any Organized Sport in a professional or semi-professional capacity;

## Limitations and Exclusions (cont'd)

# GROUP HOSPITAL INDEMNITY INSURANCE

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- 22. Riding or driving an air, land, or water vehicle in any organized and scheduled race, speed, or endurance contest;
- 23. Participation in base jumping, bungee jumping, cliff jumping, kite surfing, kiteboarding, luging, parachuting, paragliding, parakiting, parasailing, ski jumping, skydiving, spelunking, tricking, or wingsuit flying; or
- 24. an On the Job Injury.

Additionally, no benefits will be paid for an Injury that occurs prior to an Insured being covered under the Certificate.

Group Hospital Indemnity policy form GHIP21AAEB underwritten by Bankers Fidelity Life Insurance Company®. Limitations and exclusions apply; the terms and conditions in the actual policy and certificate provisions control. Rates are subject to change. Refer to the specific policy and certificate for details. Application to determine eligibility may be required. The Policy, any optional Riders and the benefits therein are subject to availability and may vary by state. This is only a summary of products and services offered; actual offerings may vary by group size and other underwriting or legal considerations. This is a solicitation of insurance and an independent agent may call on you.

**HOSPITAL INDEMNITY INSURANCE IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.**

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### Group Customer Care

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**[aaemployeebenefits.com](http://aaemployeebenefits.com)**



### Easy access to coverage and filing claims

MyCoverage is an easy-to-use website that allows you to view coverage and benefit information, file claims and download forms 24/7.

**[mycoverage.atlam.com](http://mycoverage.atlam.com)**