

Unexpected Hospital Visit? Be Financially Ready

CHUBB®

Hospital Cash



Cash Benefits Paid in Addition to Any other Coverage You Have

Chubb Hospital Cash is hospital indemnity insurance that pays benefits directly to you regardless of other coverage you have, and if your medical plan has a high deductible, you may need the cash. It's not easy to afford hospitalization, but with Hospital Cash, we've got you covered.

4 Days

**Average hospital
Stay¹**

\$12,000

**Average
Hospitalization Cost¹**

**If you were
hospitalized, could
you pay your
deductible?**

For Employees of

HuVee
EMPLOYEE OWNED

Hospital Cash



Let Chubb Put Money in Your Pocket if You Get Hospitalized

When You Need it Most

Chubb Hospital Cash pays money directly to you if you get hospitalized due to an injury or an illness. It's not easy to pay hospital bills, especially if you have a high-deductible medical plan. With Hospital Cash, you can focus on your recovery instead of wondering how you are going to afford the bills. And since the cash goes directly to you, there are no restrictions on how you use your money.

Features

Guaranteed Issue for the Whole Family

As long as you are an active employee aged 19 or older, you and your spouse/partner aged 19 or older, and your kids through age 26 are eligible for coverage. No medical history is required. Even dependent grandchildren can be covered.

Renewable & Portable

Your coverage will renew automatically as long as you are an eligible employee, premiums are paid as due, and your employer's policy is in force.

You can keep your coverage even if you change jobs or retire while the policy is in force. Once ported, coverage cannot be canceled as long as premiums are paid as due. You may not port coverage while you are actively employed by Hy-Vee Inc.

Pre-Existing Conditions

There are no pre-existing condition exclusions.

Valuable Benefits

Chubb Hospital Indemnity is designed to help employees deal with the cost of a hospitalization by providing benefits that can be used to offset out-of-pocket costs associated with hospital admission and confinement.

Hospital Cash Benefits and Features				
	Plan 1	Plan 2	Plan 3	Plan 4
Hospital Admission & Confinement <i>Pays a fixed Benefit amount per day for admission, confinement, ICU confinement, or newborn nursery benefits up to a maximum number of days per confinement</i>				
	*Must be admitted for 20 hours or more			
*Hospital Admission Benefit	\$550	\$1,100	\$1,650	\$2,200
Hospital Admission Benefit maximum days per calendar year	2	2	2	2
Hospital Confinement Daily Benefit	\$110	\$220	\$220	\$330
Hospital Confinement Daily Benefit maximum days per calendar year	20	20	20	20
ICU Confinement Daily Benefit	\$210	\$420	\$420	\$630
ICU Confinement Daily Benefit maximum days per calendar year	10	10	10	10
Newborn Nursery Confinement Benefit	\$100	\$100	\$100	\$100
Newborn Nursery Confinement Benefit maximum days per calendar year	2	2	2	2
Specialty Care Benefits				
	Plan 1	Plan 2	Plan 3	Plan 4
Mental & Nervous and Substance Abuse Facility Benefits <i>Pays a fixed benefit amount per day for confinement in a specialty care or rehab facility</i>				
Mental & Nervous Disorder Benefit	\$110	\$220	\$220	\$330
Mental & Nervous Disorder Benefit confinement maximum days per calendar year	20	20	20	20
Substance Abuse Facility Benefit	\$110	\$220	\$220	\$330
Substance Abuse Facility Benefit confinement maximum days per calendar year	20	20	20	20
Wellness Benefits				
	Plan 1	Plan 2	Plan 3	Plan 4
Pays Once Per Insured Per Calendar Year for the following Screenings or Tests:				
<ul style="list-style-type: none">Blood test for TriglyceridesBone Marrow aspiration or biopsyCA 15-3 (blood test for breast cancer)CA-125 (blood test for ovarian cancer)Carotid DopplerCEA (carcinoembryonic antigen - blood test for colon cancer)Chest x-rayColonoscopyDoppler screening for carotidsDoppler screening for peripheral vascular disease	<ul style="list-style-type: none">EndoscopyFasting blood glucose testFasting plasma glucose (FPG)Hemoglobin A1C (HbA1c)Flexible sigmoidoscopyHemoccult stool analysisHuman Papillomavirus (HPV) TestingLipid PanelMammographyPap SmearPSA (blood test for prostate cancer)	<ul style="list-style-type: none">Serum cholesterol test to determine HDL and LDL levelsSerum protein electrophoresis (blood test for myeloma)Skin cancer biopsyStress test on a bicycle or treadmillThermographyThin prep pap testTwo-hour post-load plasma glucoseVirtual colonoscopyWhole body skin cancer screening		
Health Screening Benefit	\$50	\$50	\$50	\$50

Hospital Cash - Weekly Premium

	Plan 1	Plan 2	Plan 3	Plan 4
Employee	\$1.74	\$3.48	\$4.35	\$6.09
Employee + Spouse	\$4.50	\$9.00	\$11.67	\$16.17
Employee + Child(ren)	\$3.00	\$6.00	\$7.53	\$10.53
Family	\$4.89	\$9.81	\$12.63	\$17.52

Limitations & Exclusions

No benefits will be paid for services rendered by a member of the immediate family.

No benefits will be paid for any Covered Accident or Covered Sickness that is caused by, or occurs as a result of a Covered Person's:

- Participating in an illegal occupation or attempting to commit or actually committing a felony ("illegal occupation" and "felony" is as defined by the law of the jurisdiction in which the activity takes place);
- Committing or attempting to commit suicide or intentionally injuring himself or herself;
- Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident;
- Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto;
- Participation in any contest using any type of motorized vehicle;
- Aviation, except flight in a regularly scheduled passenger aircraft;
- Loss that occurs while a Covered Person is legally incarcerated in a penal or correctional institution;
- Voluntary inhalation of or asphyxiation by gas or fumes;
- Injury while practicing for or participating in competitive rodeo;
- Injury while sky diving, hang gliding, parachuting, bungee jumping, parasailing, or scuba diving;

A Physician cannot be You or a member of Your Immediate Family, Your business or professional partner, or any person who has a financial affiliation or business interest with You.

- Cosmetic surgery, except when due to reconstructive surgery needed as the result of an Injury or Sickness, or is related to or results from a congenital disease or anomaly of a covered Dependent Child; and congenital defects in newborns;
- Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness;
- Active participation in a riot or insurrection;
- Participating in any organized sport in a professional or semi-professional capacity;
- Injury to a covered person resulting from that person's willful violation of the policyholder's rules or regulations. Willful violation includes, but is not limited to: a) working without protective clothing, helmets, gloves, etc. that are required by the policyholder's rules or regulations; or b) competing in a race vehicle that is in violation of the policyholder's rules and regulations;
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications;
- Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;
- Elective surgery;
- Any pregnancy or childbirth of a dependent child, including services rendered to the child after birth;
- Rest or custodial cures.

Chubb. Insured.™

1. This is a supplement to health insurance and is not a substitute for Major Medical or other minimal essential coverage. Hospital indemnity coverage provides a benefit for covered loss; neither the product name nor benefits payable are intended to provide reimbursement for medical expenses incurred by a covered person or to result in any payment in excess of loss.
2. HCUP Statistical Brief #246. December 2018. Agency for Healthcare Research and Quality, Rockville, MD. www.hcup-us.ahrq.gov/reports/statbriefs/sb246-Geographic-Variation-Hospital-Stays.pdf.

This document is a brief description of Form No. C82000 (or applicable state version). Refer to your certificate of insurance for specific details about benefits, exclusions, and limitations.

Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. This insurance product is underwritten by ACE Property & Casualty Insurance Company.