

Policyholder: VitalCare Corporation

Group hospital indemnity

Benefit summary for ALL MEMBERS

Effective date: January 1, 2024

What's available to me?

Be better prepared financially for the unexpected before it happens. This coverage pays a benefit that helps cover your unplanned expenses but is not a replacement for medical insurance.

Features	ALL MEMBERS	Details
Your benefit	Benefits payable as listed below	Coverage for you is on and off-the-job
Spouse benefit	100% of employee of your benefit	Coverage for your spouse is on and off-the-job
Child(ren) benefit	100% of employee of your benefit	

Hospital confinement	Benefit payable	Up to a maximum of:
To qualify for a benefit under this policy, you must incur a sickness or injury while covered under the Hospital Indemnity policy, and policy provisions must be met. Hospital confinement benefits may vary by benefit payable amount for sickness or injury; however, the maximum days per year is not a separate days payable by hospital confinement type.		
First day hospital - sickness	\$1,000	1 day per year
First day hospital - injury	\$1,000	1 day per year
First day ICU - sickness	\$2,000	1 day per year
First day ICU - injury	\$2,000	1 day per year
Daily hospital - sickness	\$100	30 days per year
Daily hospital - injury	\$100	30 days per year
Daily ICU - sickness	\$200	30 days per year
Daily ICU - injury	\$200	30 days per year
Newborn nursery	\$100	1 day per year

Once enrolled, you'll receive a booklet with more details.

Who can buy coverage?

- You may buy coverage if you’re an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees can’t purchase.
 - o If you’re on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you’re still considered actively at work, if you’re fulfilling your regular duties and were working the day immediately prior to your time off.
 - o You must enroll within 31 days of being eligible. If you don’t, you’ll have to wait until the next open enrollment period, unless you have a qualifying life event (marriage, birth of a child, etc.).
- If you’re covered, you may buy coverage for your dependents, if they’re not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

Am I eligible for benefits if I’m pregnant?

If you or your covered dependent experience complications because of your pregnancy or childbirth, benefits will be treated as any other sickness. Benefits would not be payable for a normal pregnancy or childbirth unless you or your covered dependent, have coverage in force for one full day after completion of 10 consecutive months.

I’ve already received a benefit. Can I receive another benefit?

If you’re hospitalized again for the same or related condition and a confinement benefit was paid, your benefit may be payable again.

If you’re confined to the ICU again for the same or related condition and your confinement benefit was paid, your benefit may be payable again.

Additional features	
Health screening benefit	If you or your covered dependent have a covered screening test performed, you each may be eligible for a \$50 benefit, once per calendar year. Make sure to file your claim within a year of the date of service.

How do I know if this plan is Health Savings Account (HSA) compatible?

This plan is considered HSA compatible.

We offer plans that are both HSA and non-HSA compatible. The IRS (Internal Revenue Service) limits the types of supplemental insurance that an individual who participates in an HSA may have while maintaining the tax-exempt status of HSA contributions. If you have or plan to open an HSA, please consult your tax and legal advisors about the features offered in this plan as there may be tax implications of combining these plans.

What are the limitations and exclusions of my coverage?

There are limitations and exclusions to your coverage. A complete list is included in your booklet.

HOSPITAL INDEMNITY INSURANCE PROVIDES LIMITED BENEFITS.

This is a summary of group hospital indemnity coverage insured by or with administrative services provided by Principal Life Insurance Company®. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations, and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

Principal®, Principal Financial Group® and the Principal logo design are registered trademarks of Principal Financial Services, Inc., a Principal Financial Group company, in the United States and are trademarks and service marks of Principal Financial Services, Inc., in various countries around the world.