

## **Hospital Indemnity Insurance**

## **Kansas Policy Highlights**

Even with the best primary insurance plan, when you're hospitalized for an injury or illness there will probably be medical expenses and out-of-pocket costs that aren't covered. A hospital indemnity insurance plan provides cash benefits to use as you see fit. The benefits are predetermined and paid regardless of any other insurance you may have, and you have a choice of applying for basic or a more robust plan. Whether you want a plan that provides hospitalization benefits only, or one that also covers ambulance transportation, lump sum cancer and accidental death and dismemberment, Medico can help.

Issue Ages	50 – 85 age
Simplified Issue	A short application is used. No Telephone Interview, No Prescription Drug Screen or
	Medical Exams Required.
Rates	Male/Female rate calculation
Premiums	Automatic Bank Withdrawal: Monthly & Quarterly,
	Direct Bill: Quarterly, Semi-Annual and Annual
	Credit/Debit Card: Monthly, Quarterly, Semi-Annual and Annual
	No Application or Policy Fee
Household Discount	7% Household Discount is available when the applicant lives in the same household with
	another person over 18 years of age, regardless of whether they sign up for coverage with
	Medico.
Hospital Confinement	Option 1:
Benefit Options	Pays for each day of confinement in a hospital. Choose the number of days per period of
	confinement (6 through 10 days) and the amount per day from \$250 - \$600 in \$25
	increments.
	(Included in Option 1)
	Observation Unit Benefit:
	Pays 50% of the Hospital Confinement Benefit amount per day for a maximum of 3 days
	per calendar year while receiving services in an Observation Unit of a Hospital as a result of a covered loss due to sickness or injury.
	Mental Health and Substance Abuse Benefit:
	Pays \$25 per day of confinement in a hospital due to a covered Mental or Nervous
	Disorder for a maximum of 45 days per calendar year. Pays \$25 per day of confinement in
	a hospital due to Substance Abuse for a maximum of 30 days per calendar year.
	Emergency Room Benefit:
	Pays \$150 per day for a maximum of 3 days per calendar year while receiving services in a
	hospital emergency room as a result of a covered loss due to an injury if admitted to a
	hospital within 24 hours.
	Included is a \$1,000 Accidental Death & Dismemberment Benefit
	Option 2:
	Pays a Lump Sum benefit per confinement in a hospital. You choose the amount per
	confinement of \$1,500, \$2,000 or \$2,500 and are covered up to 3 confinements per
	calendar year.
	Included is a \$1,000 Accidental Death & Dismemberment Benefit
	Option 3:
	Pays a Lump Sum benefit of \$5,000 day 1 for 1 confinement per calendar year.
	Included is a \$1,000 Accidental Death & Dismemberment Benefit

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Ambulance Benefit Rider	Pays \$250 for ground or air transportation for a combined maximum of 3 days per calendar year (Not available age 81 or over)
Lump Sum Cancer	Pays a lump sum of \$1,000, \$2,500, \$5,000, \$7,500 or \$10,000
Benefit Rider	(One benefit per lifetime. Not available age 80 or over)
Accidental Death &	Pays \$5,000, \$10,000 or \$20,000 for loss of life, two limbs or both eyes
Dismemberment	Pays 50% of benefit for loss of one limb or eye
Rider	(One benefit per lifetime. Not available age 81 or over)
Period of Care	Begins with the first day of Confinement as an inpatient in a Hospital. It ends when an insured has been out of the Hospital 60 continuous days.
Pre-Existing Conditions Limitations	Pre-Existing Conditions are not covered during the first six months after the Policy Date.
Exclusions & Limitations	Please refer to the policy for information concerning Exclusions and Limitations.
30-Day Right to	The policyholder has 30 days after they have received the policy to examine it and return it
Examine	to Medico or to the Producer if they are dissatisfied. Medico will refund the premium and void the policy.

This highlight sheet is intended to provide a general description of the policy benefits. Policy provisions and benefits may vary from state to state. Please see the policy and riders for further details. For cost and further details of the coverage, including exclusions, any restrictions or limitations and terms under which the policy may be continued in force, please contact Medico Insurance Company.

This policy has limitations and exclusions. For complete details of the coverage, please review the policy contract. Policy availability features and rates may vary by state. Hospital Indemnity Benefit insurance is not a substitute for health insurance. This policy may not be appropriate for Medicaid recipients.

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