



## **Announcement: Required Hospital Indemnity Disclosure**

The Departments of Labor, Treasury and Health and Human Services (the “Tri-Agencies”) now require a consumer notice be incorporated into materials related to both Group and Individual Hospital Indemnity Insurance. This federal mandate applies to all carriers offering these products.

## **IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you’re sick or hospitalized. You’re still responsible for paying the cost of your care.

- The payment you get isn’t based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn’t a substitute for comprehensive health insurance.
- Since this policy isn’t health insurance, it doesn’t have to include most Federal consumer protections that apply to health insurance.

## **Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596 (TTY: 1-855-889-4325)** to find health coverage options.
- To find out if you can get health insurance through your job, or a family member’s job, contact the employer.

## **Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners’ website ([naic.org](https://www.naic.org)) under “Insurance Departments.”
- If you have this policy through your job, or a family member’s job, contact the employer.



Scan to learn more about your Hospital Indemnity Protection Plan.

# Summary of Benefits – Compass Group USA, Inc.

## Hospital Indemnity Protection Plan

Supplemental Health customer service number: **1-877-624-8390**

Effective date	Jan. 1, 2025	
Eligibility	All active associates residing in New Mexico, working a minimum of 20 hours per week	
Pre-existing conditions exclusion	None	
Portability	Included	
Maternity	Covered with 9 months waiting period	
Benefits payable		
	Low option	High option
Hospital admission (up to 3 days/plan year)	\$1,100	\$2,200
Hospital confinement (up to 29 days/plan year)	\$100	\$200
ICU admission (up to 3 days/plan year)	\$1,100	\$2,200
ICU confinement (up to 29 days/plan year)	\$100	\$200
Inpatient drug & alcohol (up to 30 days/plan year)	\$100	\$100
Inpatient mental & nervous disorder (up to 30 days/plan year)	\$100	\$100
Inpatient rehab/therapy (up to 30 days/plan year)	\$50	\$50
Short stay & observation (up to 23 hours/plan year)	\$200	\$200

### Important details

**This Summary of Benefits sheet is an overview of the Hospital Indemnity Protection Plan Insurance being offered and is provided for illustrative purposes only and is not a contract.** It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail. Dependent children are covered to age 26.

The associate must be enrolled in coverage in order for dependent coverage to be available.

Benefits for a dependent’s congenital defects or anomalies (such as, but not limited to, cleft lip or palate) are not subject to pre-existing condition or waiting period restrictions.

### Exclusions and limitations

**This certificate does not cover any loss caused by or resulting from (directly or indirectly):**

1. An act or accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
2. Loss sustained while on active duty as a member of the armed forces of any nation (except during any time period coverage is extended under the Continuation During Leave of Absence provision)
3. Any intentionally self-inflicted injury
4. Active participation in a riot
5. Committing or attempting to commit a felony, or participating or attempting to participate in a felony
6. Taking part in the commission of an assault or being engaged in an illegal activity

7. Use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a physician; this exclusion does not apply to the drug and alcohol treatment benefit (inpatient) if covered under this policy
8. Cosmetic or elective surgery; or except for cosmetic surgery performed on a dependent who is a child, to correct a congenital defect or anomaly
9. Treatment received outside the United States or its territories
10. The reversal of a tubal ligation or vasectomy
11. Artificial insemination, in vitro fertilization and test tube fertilization, including any related testing, medications or physician services, unless required by law
12. Participation in any form of aeronautics (including parachuting and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports
13. A newborn child's routine nursing or routine well-baby care during the initial confinement in a hospital
14. Driving in any organized or scheduled race or speed test or while testing an automobile or any motorized vehicle on any racetrack or speedway
15. Mental and nervous disorders; this exclusion does not apply to the mental and nervous disorder treatment benefit (inpatient) if covered under this policy
16. Dental or plastic surgery for cosmetic purposes except when such surgery is required to: (a) treat an Injury; or (b) correct a disorder of normal bodily function
17. Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received

Cosmetic surgery means surgery performed to modify or improve the appearance of a physical feature or defect. For purposes of excluding benefits, cosmetic surgery does not mean reconstructive surgery performed to correct or repair abnormal structures of the body caused by:

1. Congenital defects
2. Developmental abnormalities
3. Trauma
4. Infection
5. Tumors
6. Disease (when intended to either improve function or create a normal appearance to the extent possible)

**Reconstructive surgery includes:**

1. Dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures
2. Surgery and prosthetic devices to restore and achieve symmetry incident to a mastectomy

**Elective surgery means:**

1. Cosmetic surgery
2. Any other surgery that is:
  - a. Not for the purpose of correcting or repairing abnormal structures of the body
  - b. Not for the purpose of improving function
  - c. If intended to improve appearance or create a normal appearance, is not caused by a condition listed in 1-6 above

**For purposes of excluding benefits, elective surgery does not include:**

1. Caesarean section
2. Any surgery related to complications of pregnancy; or bariatric surgery performed in conjunction with a diagnosis of morbid obesity



**THIS IS A LIMITED BENEFIT POLICY.**

UnitedHealthcare Hospital Indemnity Protection product is provided by UnitedHealthcare Insurance Company on policy forms UHIHIP-POL-TX, et al., and UHIHIP-CERT-TX, et al., in Texas and UHIHIP-POL-VA, et al., and UHIHIPCERT-VA, et al., in Virginia. The product provides a limited benefit for certain hospital indemnity protection plan benefits. Please note: Hospital Indemnity coverage is NOT considered minimum essential coverage under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.