

# MANSFIELD I.S.D.

## HOSPITAL INDEMNITY PLAN

*Hospital Indemnity coverage provides an opportunity to add additional coverage, at no cost to you, to your present health insurance portfolio. This coverage is designed primarily to help pay for incidental and unforeseen expenses that may accompany a hospital stay.*

### **Plan Benefits Are Paid Directly To You!**

**A**s an employee of Mansfield I.S.D. you are eligible to participate in the Hospital Indemnity Plan offered, and paid for by your Employer.

**W**ith this Hospital Indemnity Plan you are eligible for a Daily Benefit Amount of \$150 for each day of a covered hospital confinement.

**C**overage begins with the first day of a covered hospital confinement for each day you are confined, as an inpatient, in a covered hospital for any period up to 365 days during each period of confinement.

### **Additional Plan Features Include...**

**Accidental Death Benefit** - Additional benefit of \$5,000 is payable in the event of an Accidental Death.

**Accidental Emergency Care** - Additional benefits are payable if you receive any combination of emergency care within 24 hours of a covered accident or injury - emergency room care, x-ray or ambulance service.

**Intensive Care/Cardiac Care** - Additional benefits are payable if you are confined, for up to 14 days, in an Intensive Care/Cardiac Care Unit.

**Maternity** - Benefits, equal to the daily benefit amount, are payable if coverage was in force at the time of conception and during the entire period of pregnancy.

This information is a brief description of important features of this Insurance Program. It is not a contract. Terms and conditions of coverage are set forth in policy number AGL-1065.

This plan is underwritten by Life Insurance Company of North America (LINA).

