

Hospital Cash

It's not easy to pay hospital bills, especially if you have a high deductible medical plan. Chubb Hospital Cash pays money directly to you if you are hospitalized so you can focus on your recovery. And since the cash goes directly to you, there are no restrictions on how you use your money.

\$30,000

average three-day hospitalization cost.¹

5.4 days

average hospital stay.²



	Plan 1	Plan 2	Plan 3
Hospitalization and Rehabilitation Benefits	Payable Benefit		
First Hospitalization Benefit This benefit is payable for the first covered hospital confinement per certificate.	<ul style="list-style-type: none"> • \$500 • Maximum Benefit Per Certificate: 1 	<ul style="list-style-type: none"> • \$500 • Maximum Benefit Per Certificate: 1 	<ul style="list-style-type: none"> • \$500 • Maximum Benefit Per Certificate: 1
Hospital Admission Benefit This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> • \$1,000 • Maximum Benefit Per Calendar Year: 3 	<ul style="list-style-type: none"> • \$1,500 • Maximum Benefit Per Calendar Year: 3 	<ul style="list-style-type: none"> • \$2,500 • Maximum Benefit Per Calendar Year: 3
Hospital Admission ICU Benefit This benefit is for admission to a hospital intensive care unit.	<ul style="list-style-type: none"> • \$2,000 • Maximum Benefit Per Calendar Year: 3 	<ul style="list-style-type: none"> • \$3,000 • Maximum Benefit Per Calendar Year: 3 	<ul style="list-style-type: none"> • \$5,000 • Maximum Benefit Per Calendar Year: 3
Hospital Confinement Benefit This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> • \$150 Per Day • Maximum Days Per Calendar Year: 30 	<ul style="list-style-type: none"> • \$200 Per Day • Maximum Days Per Calendar Year: 30 	<ul style="list-style-type: none"> • \$250 Per Day • Maximum Days Per Calendar Year: 30
Hospital Confinement ICU Benefit The benefit for confinement in a hospital intensive care unit.	<ul style="list-style-type: none"> • \$300 Per Day • Maximum Days Per Calendar Year: 30 	<ul style="list-style-type: none"> • \$400 Per Day • Maximum Days Per Calendar Year: 30 	<ul style="list-style-type: none"> • \$500 Per Day • Maximum Days Per Calendar Year: 30
Newborn Nursery Benefit This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease, or injury.	<ul style="list-style-type: none"> • \$500 Per Day • Maximum Days per Confinement - Normal Delivery: 2 • Maximum Days per Confinement - Caesarean Section: 2 	<ul style="list-style-type: none"> • \$500 Per Day • Maximum Days per Confinement - Normal Delivery: 2 • Maximum Days per Confinement - Caesarean Section: 2 	<ul style="list-style-type: none"> • \$500 Per Day • Maximum Days per Confinement - Normal Delivery: 2 • Maximum Days per Confinement - Caesarean Section: 2
Observation Unit Benefit This benefit is for treatment in a hospital observation unit for a period of less than 20 hours.	<ul style="list-style-type: none"> • \$500 • Maximum Benefit Per Calendar Year: 2 	<ul style="list-style-type: none"> • \$500 • Maximum Benefit Per Calendar Year: 2 	<ul style="list-style-type: none"> • \$500 • Maximum Benefit Per Calendar Year: 2

¹ www.healthcare.gov; accessed Jan. 2023 ² data.oecd.org; accessed Jan. 2023

	Plan 1	Plan 2	Plan 3
Hospitalization and Rehabilitation Benefits (Continued)	Payable Benefit		
Rehabilitation Unit Confinement Benefit This benefit is for confinement in a rehabilitation unit.	<ul style="list-style-type: none"> • \$100 Per Day • Payable Per Day for Days 2 through 31 • Maximum Days Per Calendar Year: 30 	<ul style="list-style-type: none"> • \$200 Per Day • Payable Per Day for Days 2 through 31 • Maximum Days Per Calendar Year: 30 	<ul style="list-style-type: none"> • \$300 Per Day • Payable Per Day for Days 2 through 31 • Maximum Days Per Calendar Year: 30
Wellness Benefit Payable once per insured per year.	• \$50	• \$50	• \$50
Specialty Care Benefits	Payable Benefit		
Mental & Nervous Disorder Facility Benefit This benefit is for confinement in a hospital or mental health facility as the result of a mental and/or nervous disorder.	<ul style="list-style-type: none"> • \$100 Per Day • Maximum Days Per Calendar Year: 30 	<ul style="list-style-type: none"> • \$200 Per Day • Maximum Days Per Calendar Year: 30 	<ul style="list-style-type: none"> • \$300 Per Day • Maximum Days Per Calendar Year: 30
Substance Abuse Facility The benefit is for treatment in a substance abuse facility following a confinement in a hospital or rehabilitation unit.	<ul style="list-style-type: none"> • \$100 Per Day • Maximum Days Per Calendar Year: 30 	<ul style="list-style-type: none"> • \$200 Per Day • Maximum Days Per Calendar Year: 30 	<ul style="list-style-type: none"> • \$300 Per Day • Maximum Days Per Calendar Year: 30
Waiver of Premium Benefit	Payable Benefit		
Waiver of Premium for Confinement This benefit waives premium when the employee or spouse is confined for more than 30 continuous days.	Included	Included	Included

Exclusions and Limitations*

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: 1) being intoxicated, or being under the influence of any narcotic or other prescription drug unless administered on the advice of a Physician and taken according to the Physician's instructions (the term "intoxicated" means the minimum blood alcohol level required to be considered operating an automobile under the influence of alcohol in the jurisdiction where the accident occurred); 2) 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); 3) committing or attempting to commit suicide or intentionally injuring himself or herself; 4) being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto; 5) alcoholism; 6) injury while sky diving, hang gliding, parachuting, bungee jumping, parasailing, or scuba diving; 7) 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; 8) 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.

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.

Rates

	Plan 1	Plan 2	Plan 3
Monthly Premiums			
Employee	\$12.94	\$20.14	\$30.09
Employee + Spouse	\$29.02	\$39.71	\$66.99
Employee + Children	\$21.90	\$31.12	\$50.84
Family	\$36.48	\$49.11	\$84.47

*Please refer to your Certificate of Insurance for a complete listing of available benefits, limitations and exclusions. Underwritten by ACE Property & Casualty Company, a Chubb company.

This information is a brief description of the important benefits and features of the insurance plan. It is not an insurance contract. 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.