

# Put Your Recovery First. Choose Hospital Champion.

Even with health insurance, you could still face the average annual healthcare deductible of \$1,644.<sup>1</sup>

Hospital Champion is a cost-effective way to make sure that if you're facing an unexpected hospitalization, you have extra insurance protection. We'll pay cash benefits, straight to you, to help you get back on your feet.



## Your Agent

Deb Stotler  
231-750-9266  
[deb.stotler@combined.com](mailto:deb.stotler@combined.com)



# Benefits Offered by Hospital Champion

Hospital Champion pays cash benefits directly to you, which you can spend however you like. Benefits are paid for covered accidents and sicknesses and are payable per covered person. **Here's what's offered by the Enhanced Plan:**



## HOSPITAL ADMISSION

Pays **\$1500** when you're first admitted to hospital. (One admission per calendar year)



## HOSPITAL CONFINEMENT

Pays **\$100 per day**, for up to 365 days for each covered person.  
(The stay must result from injuries or illness relating to a covered accident or sickness and last 20 hours or longer.)



## ICU CONFINEMENT

Pays an extra **\$100 per day**, on top of a Hospital Confinement Benefit. (Up to 15 days per ICU admission and 30 days per calendar year.)



## OBSERVATION ROOM

Pays **\$100 per visit** for a stay of up to 20 hours in an Observation Unit for treatment of a covered accident or sickness (up to two visits per calendar year)



## X-RAY/LAB SERVICES

Pays **\$35 per service**. (Up to two services per year)



## HEALTH TEST/SCREENING

Pays **\$50 per covered screening or test**. (Up to one screening or test per year)



## PHYSICIAN'S OFFICE VISITS

Pays **\$25 per visit**.  
(Up to three visits per year)



## WAIVER OF PREMIUM

If you've been hospitalized, no premiums are due until you're discharged.



## DIAGNOSTIC TEST BENEFIT

Up to \$250 per year for each covered person.



## SURGERY BENEFIT

**\$500** per year for outpatient surgery for each covered person.

## What Else?

- No medical exam is required.
- We offer optional coverage for your spouse and/or children.
- We pay benefits on top of any other coverage that you might have.

# Pick the Plan That Works for You

We've teamed up with Detroit Public School Community District to offer you valuable coverage, to give you the help you need, when you need it most.



## Hospital Champion

Hospital Admission Benefit

\$1500

### Benefits are paid for:

HOSPITAL  
ADMISSION



OBSERVATION  
ROOM



WAIVER OF  
PREMIUM



HEALTH TEST/  
SCREENING



HOSPITAL  
CONFINEMENT



ICU  
CONFINEMENT



PHYSICIAN'S  
OFFICE VISITS



X-RAY/LAB  
SERVICES



DIAGNOSTIC  
TEST BENEFIT



SURGERY  
BENEFIT



### Coverage is for:

EMPLOYEE  
ONLY

☐

EMPLOYEE  
AND SPOUSE

☐

EMPLOYEE AND  
CHILD(REN)

☐

FAMILY

☐



# Find Out More About Hospital Champion

**I'm here to help**

Deb Stotler  
231-750-9266  
deb.stotler@combined.com



## LIMITATIONS

### Childbirth Limitation

Loss due to Hospital Admission and/or Hospital Confinement due to pregnancy, childbirth or Complications of Pregnancy during the first 10 months of the Policy are not covered.

A Pre-Existing Condition is not covered unless the date of diagnosis for such condition is at least 12 months after the Policy Effective Date. Pre-Existing Condition means a condition for which a Covered Person received medical advice or treatment within the 12 months preceding the Policy Effective Date.

## EXCLUSIONS

No benefits will be paid for services rendered by a member of the Immediate family of a Covered Person.

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:

- Commission of or attempt to commit a felony or being engaged in an illegal occupation or other Willful Criminal Activity;
- Committing or attempting to commit suicide or intentionally injuring himself or herself;
- Having dental treatment, except for such care or treatment due to Injury to sound natural teeth within twelve (12) months of the Covered Accident;
- Being exposed to war or any act of war, declared or undeclared, or serving in any of the armed forces or units auxiliary thereto;
- Services performed by a family member;
- Participation in any contest using any type of motorized vehicle;
- Alcoholism;
- Loss that occurs while an Covered Person is legally incarcerated in a penal or correctional institution;
- 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;
- 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;

- Participating in any organized sport in a professional or semi-professional capacity;
- Mental and nervous disorders (except as provided in the Policy);
- Surgery to correct vision or hearing, unless medically necessary surgery for glaucoma, cataracts or other sickness or injury;
- Elective surgery;
- Any pregnancy or childbirth of a Dependent Child, including services rendered to the child after birth;
- Routine newborn care;
- Rest or custodial care.
- No benefits will be payable for sickness or infection, including physical or mental condition, that is not caused solely by or as a direct result of a Covered Accident or Covered Sickness.

Diagnostic Test Benefit—Covered tests are listed in the rider document for "Advanced" and "Invasive" tests. Outpatient surgery benefit—up to \$500 per year, Per covered person.

The Surgery can be performed in the following:

- Hospital on an outpatient basis;
- Ambulatory Surgical Center;
- Physician's office;
- Urgent Care Facility; or
- Emergency Room

This product is a supplement to health insurance and is not a substitute for Major Medical or other minimal essential coverage.

This document is a brief description of Policy 32100 (or applicable state version). Refer to your policy for complete details on benefits, exclusions and limitations that may vary by state.

Underwritten by Combined Insurance Company of America, Chicago, Illinois, a Chubb company.

1. For single coverage; KFF Report, Employer Health Benefits 2020 Annual Survey, Oct. 2020.]