

# Hospital Indemnity Insurance

## EMPLOYEE GUIDE

Plan features and benefits specially prepared for  
<Company Name>

Underwritten by Fidelity Security Life Insurance Company®  
Kansas City, MO 64111

KH-EG-HI (10/20)



### Preparing for the unexpected

A severe injury or illness requiring hospitalization can strike you or a loved one at any time. Even if you're covered by major medical insurance, a hospital stay of any duration can lead to significant out-of-pocket expenses. Having additional coverage on your side will help to limit those costs.

### How it Works

1. Select a plan.
2. When you or a covered family member is admitted to the hospital, the plan pays a cash benefit directly to you with no restrictions on how the funds can be used. This includes non-medical costs like child care, rent or even groceries.
  - Benefit amount is fixed per day of hospitalization, up to a maximum number of days.
  - If more than 30 days pass between periods of hospitalization for the same condition, the subsequent occurrence is treated as a new confinement.
3. Optional Emergency Room (ER) for Injuries: Pays a fixed benefit amount for each day of treatment in a hospital emergency room due to an injury up to a maximum number of days.

### Features & Extras

- No health questions or pre-existing limitations.
- Fixed daily benefit for hospital stays.
- Benefits paid directly to you.
- Optional Intensive Care Unit (ICU) benefit.
- Optional Emergency Room benefit for Injuries.

**Benefits are paid directly to the insured with no restrictions on how the funds can be used.**

<(HSA only- remove if Hospital Admission is chosen) This insurance plan will work with your Health Savings Account (HSA) allowing you to grow and protect your savings.>

<This plan also provides benefits for <Hospital Admission,> <Intensive Care Unit (ICU) confinement> <and Emergency Room (ER) for Injuries>.

PRODUCT FEATURES AND BENEFITS <sup>1</sup>		
Required Benefits	<Plan 1>	<Plan 2>
<b>Hospital Confinement (HC)</b> – Pays a fixed benefit amount per day of hospital confinement up to a maximum number of days per confinement		
Maximum number of days payable per confinement	<1-10, 30 or 31 (PA only)>	<1-10, 30 or 31 (PA only)>
1 <sup>st</sup> duration of hospital confinement	<Day 1, Day 1 through 2-10 or Day 1 through 30>	<Day 1, Day 1 through 2-10 or Day 1 through 30>
Benefit amount for 1 <sup>st</sup> duration of hospital confinement	<\$100–\$1,500>	<\$100–\$1,500>
2 <sup>nd</sup> duration of hospital confinement	<None, Day 2 through last day of confinement, Day 2 through 3/4/5/6/7/8/9/10, Day 3 through 4/5/6/7/8/9/10, Day 30, Day 2 through 31 (PA only)>	<None, Day 2 through last day of confinement, Day 2 through 3/4/5/6/7/8/9/10, Day 3 through 4/5/6/7/8/9/10, Day 30, Day 2 through 31 (PA only)>
Benefit amount for 2 <sup>nd</sup> duration of hospital confinement (Amount for 2nd duration cannot exceed the benefit amount from 1st duration period)	<\$100–\$1,500>	<\$100–\$1,500>
Maximum confinements per benefit period*	<1, 2, 3 or Unlimited>	<1, 2, 3 or Unlimited>
Other Benefits	<Plan 1>	<Plan 2>
<b>&lt;Hospital Admission</b> – Pays a fixed benefit amount for the day a covered person is admitted to a hospital as a registered bed patient, payable in addition to any other benefit provided by the policy>		
<Benefit per day>	<\$100–\$1,500>	<\$100–\$1,500>
<Maximum number of days per benefit period <sup>2</sup> >	<None or 1>	<None or 1>
<b>&lt;Intensive Care Unit (ICU) Confinement</b> – Pays a fixed benefit amount for each day of confinement in an ICU up to a maximum number of days per benefit period, payable in addition to the Daily Hospital Confinement benefit>		
Benefit per day	<\$100–\$1,500>	<\$100–\$1,500>
Maximum number of days per benefit period <sup>2</sup>	<1-10, 30 or None>	<1-10, 30 or None>
<b>&lt;Emergency Room (ER) for Injuries</b> – Pays a fixed benefit amount for each day a covered person receives treatment in a hospital emergency room due to an injury up to a maximum number of days per benefit period. The treatment must begin within 72 hours of the accident.>		
Benefit per day	<\$100–\$1,000>	<\$100–\$1,000>
<Maximum number of days per benefit period <sup>2</sup> >	<2, 3, 4, 5 or None>	<2, 3, 4, 5 or None>

<sup>1</sup>All benefits are per insured person.

<sup>2</sup>>Benefit period means the period of time when benefits are payable. A benefit period is a calendar year, unless stated otherwise in the Policy/Certificate's schedule of benefits.

# Exclusions and Limitations

## Limitations

Recurrent Confinements – If the company pays benefits for a period of confinement, and the insured person is readmitted within 30 days of that confinement for the same condition, the later confinement will be treated as a continuation of the prior confinement. If more than 30 days have passed between periods of confinement for the same condition or the successive confinement is for an unrelated cause, the company will treat the later confinement as a new confinement.

## Exclusions

The policy does not provide any benefits for the following:

1. Suicide or any attempt of suicide, while sane or insane (in Colorado, Missouri or Montana, while sane);
2. Any intentionally self-inflicted injury or sickness or any attempt thereof (in Colorado, Missouri or Montana, while sane);
3. Rest care or rehabilitative care and treatment;
4. Dependent child pregnancy, except complications of pregnancy;
5. Routine newborn care;
6. Voluntary abortion, except where medically necessary to save the insured person's life;
7. Participation in a riot, insurrection, rebellion, civil commotion, civil disobedience or unlawful assembly. For purposes of this exclusion, "participation" means to take an active part in common with others; "riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss that occurs while acting in a lawful manner within the scope of authority;
8. Committing, attempting to commit or taking part in a felony, battery, assault or engaging in an illegal occupation;
9. Any injury occurring while the insured person is intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the injury took place);
10. Treatment for the voluntary taking of any poison or inhalation of gas, or voluntary taking of any drug, sedative or narcotic, unless prescribed by a physician and taken according to the prescribed dosage;
11. Dental care or treatment, except:
  - a. Care or treatment due to an injury to sound, natural teeth treated within 12 months of the accident;
  - b. Treatment necessary due to congenital defects or birth abnormalities;
  - c. Excision of impacted third molars; or
  - d. Closed or open reduction of fractures or dislocation of the jaw;
12. Sex changes;
13. The reversal of tubal ligation or the reversal of vasectomies;
14. Flying or descending from any aircraft or air conveyance, except as a fare-paying passenger in any regularly scheduled commercial aircraft flying between established airports on a regularly scheduled route;
15. Accidental bodily injury occurring while serving on full-time active duty in any armed forces of any country or international authority (any premium paid will be returned by the company pro rata for any period of active duty);
16. Declared or undeclared war or acts thereof;
17. Injury or sickness arising out of or in the course of any occupation for compensation, wage or profit or benefits that the insured person is entitled to under any occupational disease law or similar law, whether or not application for such benefits have been made;
18. Medical care, services or supplies provided outside of the United States of America or its territories;
19. Treatment of obesity, weight reduction or dietetic control; except morbid obesity or disease etiology;
20. Confinement, care or services incurred prior to the insured person's effective date or that begin after termination of coverage;
21. Confinement, care or services furnished by any agency or program funded by federal, state or local government. This does not apply to Medicaid or where prohibited by law;
22. Confinement or treatment that is not medically necessary; or
23. Any confinement or treatment not specifically covered in the schedule of benefits.

Continuation of Coverage: Coverage will continue as long as the group policy remains in force; the premiums are paid and the insured remains an employee of the Policyholder. If the insured submits a fraudulent claim, the insured's coverage will end.

Some provisions, benefits, exclusions or limitations listed herein may vary by state. Not available in all states.

Policy No. HP-51/HP-52  
Policy Form M-6015

# Affordable protection in an ever-changing world.

At Kemper Health, we understand the changes that affect our customers' lives and their need for affordable insurance. Our voluntary benefits play a critical role in employees' financial well-being by helping fill the gaps in major medical plans, preparing for retirement and providing financial protection from the unexpected.

**kemperbenefits.com**

Policies marketed by **Reserve National Insurance Company, a subsidiary of Kemper Corporation.**

Policies underwritten by **Fidelity Security Life Insurance Company®(FSL), Kansas City, MO 64111.**

FSL is rated A ("Excellent") based on an analysis of financial position and operating performance by A. M. Best Company, an independent analyst of the insurance industry. For the latest rating, access [www.ambest.com](http://www.ambest.com).

In case of conflict among this brochure, the certificate of insurance and the Group Master Policy, the language of the Master Policy is overriding. A sample Master Policy is available upon request. Please verify state availability at the time of sale. Policy Nos. HP-51/HP-52. Policy Form Nos. M-6015. Form numbers may vary by state.

Kemper Health, [kemperbenefits.com](http://kemperbenefits.com), is part of Kemper Corporation (NYSE: KMPR), a diversified insurance holding company with subsidiaries that provide an array of products to the individual and business markets. With \$11 billion in assets, Kemper is improving the world of insurance by offering personalized solutions for individuals, families and businesses.

This is only a summary of the Kemper Health Hospital Indemnity insurance plan underwritten by FSL. Actual offerings may vary by group size and other underwriting considerations, and are subject to state insurance law, and the benefits/provisions as described herein may vary due to such law. All products are subject to the terms, conditions, limitations and exclusions of the specific policy. Some benefits, exclusions or limitations listed herein may vary by state. Not available in all states.

The Kemper Health voluntary insurance plans, either alone or in combination with each other, are not "minimum essential coverage" under the Federal Affordable Care Act.

**IMPORTANT:** If an individual is insured under one or more of these insurance plans, and the insured is also covered by Medicaid or a state variation of Medicaid, most non-disability benefits are automatically assigned according to state regulations. This means that instead of paying the benefits to the insured individual, the Company must pay the benefits to Medicaid or the medical provider to reduce the charges billed to Medicaid. Proposed insureds should consider their circumstances before enrolling in Kemper Health coverage.

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