

ABOUT HOSPITAL CASH

This is an affordable supplemental plan that pays you should you be in-patient hospital confined. This plan complements your health insurance by helping you pay for costs left unpaid by your health insurance.

For full plan details, please visit your benefit website:

www.mybenefitshub.com/redoakisd



Hospitalization Benefits	Payable Benefits	
	Plan 1	Plan 2
Hospital Admission Benefit This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> \$1,500 Maximum Benefit Per Calendar Year: 2 	<ul style="list-style-type: none"> \$2,500 Maximum Benefit Per Calendar Year: 2
Hospital Confinement Benefit This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	<ul style="list-style-type: none"> \$100 Per Day Maximum Days Per Calendar Year: 31 	<ul style="list-style-type: none"> \$250 Per Day Maximum Days Per Calendar Year: 31
Hospital Confinement ICU Benefit The benefit for confinement in a hospital intensive care unit.	<ul style="list-style-type: none"> \$150 Per Day Maximum Days Per Calendar Year: 10 	<ul style="list-style-type: none"> \$250 Per Day Maximum Days Per Calendar Year: 10
Hospital ICU Admission Benefit This benefit is for admission to a hospital intensive care unit.	<ul style="list-style-type: none"> \$1,500 Maximum Benefit Per Calendar Year: 2 	<ul style="list-style-type: none"> \$2,500 Maximum Benefit Per Calendar Year: 2
Newborn Nursery 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"> \$150 Per Day Maximum Days per Confinement-Normal Delivery: 5 Maximum Days per Confinement-Caesarean Section: 10 	<ul style="list-style-type: none"> \$250 Per Day Maximum Days per Confinement-Normal Delivery: 5 Maximum Days per Confinement-Caesarean Section: 10
Observation Unit This benefit is for treatment in a hospital observation unit for a period of less than 20 hours.	<ul style="list-style-type: none"> \$200 Maximum Days Per Calendar Year: 2 	<ul style="list-style-type: none"> \$200 Maximum Days Per Calendar Year: 2

Hospital Cash Monthly Premiums		
	Plan 1	Plan 2
Employee Only	\$17.26	\$30.05
Employee and Spouse	\$38.36	\$66.72
Employee and Child(ren)	\$31.90	\$55.60
Employee and Family	\$53.00	\$92.26