

Hospital Indemnity Insurance

Hospital stays can be unexpected, but we help take away some of the worry with financial protection that helps keep employees focused on what’s most important.

Hospital Indemnity Insurance provides cash benefits directly to the employee for covered hospital stays. This coverage helps employees manage out-of-pocket expenses confidently and it’s a smart way to strengthen your benefits strategy and support your team’s well-being.

Experience highlights

- **Inclusive family protection** - Coverage available for spouses and children helps safeguard employees’ loved ones and adds meaningful value to your overall benefits offering.
- **Flexible benefit amounts** - Employees can choose from four coverage levels (\$500, \$1,000, \$1,500, or \$2,000), allowing them to tailor protection to their individual needs and financial priorities.
- **Expanded benefits*** - Coverage includes preventative health screenings, family caregiving and mental health support, demonstrating your commitment to overall well-being.
- **Compassionate, relationship-driven care** - Every interaction is guided by empathy, and understanding, ensuring employees feel supported and valued at every step.

Sample of standard benefits

Benefit description	Option 1	Option 2	Option 3	Option 4
Hospital admission	\$500	\$1,000	\$1,500	\$2,000
Hospital daily confinement	\$50	\$100	\$150	\$200
ICU admission	\$500	\$1,000	\$1,500	\$2,000
ICU daily confinement	\$50	\$100	\$150	\$200
Newborn nursery care	\$75	\$75	\$75	\$75
Inpatient rehabilitation unit confinement	\$100	\$100	\$100	\$100

Wellness suite

The Wellness Suite provides additional cash benefits for eligible health screenings, family caregiving and mental health services, extending the value of Supplemental Health coverage. Whether focused on prevention, caring for a loved one or seeking support during a difficult time, these benefits can help covered people get more value from their coverage. Each calendar year, covered individuals may choose one Wellness Suite benefit that best supports their wellness goals.

Health screenings	Pays a \$50 benefit when a covered individual completes an eligible screening under the supervision of a physician.
Family caregiver	Pays a \$50 benefit for the care of a family member who is either confined or receiving home health care.
Mental health support	Pays a \$50 benefit for a covered person who receives mental health treatment resulting from a covered hospital stay. To qualify, treatment must be provided within 365 days of the covered admission or confinement.

*Wellness Suites are not available in: ID, KS, MA, NJ, OR, VA, WA. Wellness Suites are referred to Mental Health in MI. Health Screening is not available in: CT, IA, MI. Family Caregiver is not available in CA, HI, IA, MI, ND, PA, TX. Mental Health is not available in CT. Covered individuals are eligible for one Wellness Suite benefit per calendar year.

Looking to enhance your benefits strategy?

Hospital Indemnity insurance provides meaningful financial support when employees experience a covered hospital stay – helping them manage unexpected expenses and focus on recovery with greater financial confidence and less stress.

A hospital is a licensed and accredited medical facility that provides inpatient care for illness or injury, including physician supervision, 24-hour nursing care, and access to medical, diagnostic and surgical services. A hospital does not include facilities primarily used for rehabilitation, long-term care, hospice, substance abuse treatment, mental health treatment, nursing home care, or other custodial or convalescent care.

Note: OneAmerica Financial® is the marketing name for the companies of OneAmerica Financial. Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica Financial company. Hospital Indemnity Insurance Product Form number: HI G 4100, HI GC 4100, HI GC 4100 SCH. Not available in all states or may vary by state. • HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE PRODUCT. This coverage is not comprehensive major medical insurance, is not a substitute for major medical coverage, and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. • Benefits are payable as fixed benefits for covered services only and are subject to policy terms, conditions, eligibility, limitations, and exclusions. Some benefits have limits on the number of services provided or the time frame in which the services must be rendered. Benefits may be reduced or terminated at age 65 or a later age if selected by your employer. Pre-existing condition limitations may apply. For costs and complete details, contact the agent or company.

