

# Hospital Indemnity (Care Access Plan)

## Example of Summary of Features and Benefits

Eligibility: 18 to 64.5 years of age and a permanent resident of the United States, you and your eligible dependents.  
 Eligible dependents include: Your lawful spouse/domestic partner under 64.5 years of age, and your child(ren) under age 26. [See Brochure](#)

**Quote Results**  
The premiums will vary with the




Short Term Health Insurance | **Hospital Indemnity Insurance** | Hospital Insurance | Gap Health Insurance | Dental Insurance | More

Compare 3 Policies (Up to 3 policies) | Sort by Primary Product Cost

Plan	Plan Pays per Day	Plan Pays per Surgery	Plan Pays per Surgery	Plan Pays per Day
<b>Economy</b>	\$1,000	\$2,000	\$600	\$40
Chemotherapy / Radiation	Per Injury or Illness	Per Injury or Illness	Critical Illness Benefit	Applicant
Plan Pays per Event	Deductible	Deductible	Applicant	Applicant
\$300	\$1,000	\$1,000	\$40,000	\$40,000
THIS IS A LIMITED BENEFIT POLICY				
Customize your policy options				
<input type="checkbox"/> HM Bundle \$12.77   <input type="checkbox"/> Diag.Bundle \$12.77   <input type="checkbox"/> Membership Key Individual: \$30.00				
Consider additional products				
<input type="checkbox"/> Dental starts at \$26.86   <input type="checkbox"/> Telemedicine \$12.95   <input type="checkbox"/> Rx Pay Card \$19.99				
<b>Value</b>				
\$86.34 per month				
<b>Care Access Plan</b>				
Hospital Stay	Inpatient Surgeon	Outpatient Surgical	Inpatient Physician Visits	
Plan Pays per Day	Plan Pays per Surgery	Plan Pays per Surgery	Plan Pays per Day	
\$2,000	\$4,000	\$1,200	\$50	
Chemotherapy / Radiation	Per Injury or Illness	Critical Illness Benefit	Applicant	
Plan Pays per Event	Deductible	Applicant	Applicant	
\$600	\$1,000	\$40,000	\$40,000	
THIS IS A LIMITED BENEFIT POLICY				
Customize your policy options				
<input type="checkbox"/> HM Bundle \$19.30   <input type="checkbox"/> Diag.Bundle \$19.30   <input type="checkbox"/> Membership Key Individual: \$30.00				
Consider additional products				
<input type="checkbox"/> Dental starts at \$26.86   <input type="checkbox"/> Telemedicine \$12.95   <input type="checkbox"/> Rx Pay Card \$19.99				
<b>Superior</b>				
\$137.54 per month				
<b>Care Access Plan</b>				
Hospital Stay	Inpatient Surgeon	Outpatient Surgical	Inpatient Physician Visits	
Plan Pays per Day	Plan Pays per Surgery	Plan Pays per Surgery	Plan Pays per Day	
\$3,000	\$6,000	\$1,800	\$60	
Chemotherapy / Radiation	Per Injury or Illness	Critical Illness Benefit	Applicant	
Plan Pays per Event	Deductible	Applicant	Applicant	
\$900	\$1,000	\$40,000	\$40,000	
THIS IS A LIMITED BENEFIT POLICY				
Customize your policy options				
<input type="checkbox"/> HM Bundle \$19.30   <input type="checkbox"/> Diag.Bundle \$19.30   <input type="checkbox"/> Membership Key Individual: \$30.00				
Consider additional products				
<input type="checkbox"/> Dental starts at \$26.86   <input type="checkbox"/> Telemedicine \$12.95   <input type="checkbox"/> Rx Pay Card \$19.99				
<b>Independence American Insurance Company</b>				
\$189.84 per month				

**Callout Boxes:**

- Hospital stay benefit per day: No max limit** (points to Economy plan's Plan Pays per Day)
- Inpatient surgery benefit, on per surgery basis.** (points to Economy plan's Plan Pays per Surgery)
- Critical Illness choices: \$10,000, \$20,000, \$40,000** (points to Economy plan's Critical Illness Benefit Applicant)
- Deductible choices: \$0, \$1,000, \$2,500, \$5,000** (points to Economy plan's Deductible)
- Optional 'Health and Wellness' benefit** (points to HM Bundle option)
- Optional 'Diagnostics' benefit** (points to Diag.Bundle option)
- Additional products available here may be included.** (points to Dental, Telemedicine, and Rx Pay Card options)

Urgent Care or Emergency Room	\$75 (1 per year)	\$150 (1 per year)	\$300 (1 per year)
	 <b>Economy</b> Select	 <b>Value</b> Select	 <b>Superior</b> Select
Monthly Premium	\$88.34	\$137.54	\$189.84
<b>Inpatient Services (per day)</b>			
Per Injury or Illness Deductible	\$1,000	\$1,000	\$1,000
Hospital Confinement	\$1,000	\$2,000	\$3,000
ICU/CCU Confinement	\$500	\$1,000	\$1,500
Accident	\$1,000 (10 days per accident)	\$1,000 (10 days per accident)	\$1,000 (10 days per accident)
Physician Visits	\$40 (1 per day)	\$50 (1 per day)	\$60 (1 per day)
<b>Inpatient Surgical Services (per surgery)</b>			
Total Benefit	\$3,000	\$6,000	\$9,000
Surgical	\$2,000	\$4,000	\$6,000
Assistant Surgeon	\$400	\$800	\$1,200
Anesthesiologist	\$600	\$1,200	\$1,800
<b>Outpatient Surgical Services (per surgery)</b>			
Total Benefit	\$1,300	\$2,600	\$3,900
Facility	\$400	\$800	\$1,200
Surgical	\$600	\$1,200	\$1,800
Assistant Surgeon	\$120	\$240	\$360
Anesthesiologist	\$180	\$360	\$540
<b>Other Covered Services (per event)</b>			
Ambulance			
Ground or Water	\$100	\$250	\$500
Air	\$500	\$1,000	\$2,000
Second Surgical Opinion	\$100	\$100	\$100
Chemotherapy / Radiation (100 treatments per lifetime)	\$300	\$600	\$900
<b>Other Plan Benefits (per event)</b>			
Critical Illness Benefit			
Applicant	\$40,000	\$40,000	\$40,000
Membership Level	Key Individual	Key Individual	Key Individual
<b>Optional Health Maintenance Benefit Bundle (per day)</b>			
Wellness & Preventive Care	\$200 (1 per year)	\$200 (1 per year)	\$200 (1 per year)
Outpatient Physician Office Visit or Retail Health Clinic	\$50 (2 per year)	\$60 (4 per year)	\$60 (4 per year)
Urgent Care or Emergency Room Visit	\$75 (1 per year)	\$150 (1 per year)	\$300 (1 per year)

[See Brochure](#)

Hospitalization benefits on daily basis, no maximum.

Inpatient surgery benefits: on per surgery basis. No maximum.

Critical Illness benefit choice of \$10,000, \$20,000, \$40,000

Optional Diagnostic Testing Benefit Bundle (per day)

Outpatient Diagnostic X-Ray and Lab	Not covered	Not covered	Not covered
Outpatient Advanced Studies	Not covered	Not covered	Not covered
Full Details	<a href="#">View Brochure</a>	<a href="#">View Brochure</a>	<a href="#">View Brochure</a>
Network	<a href="#">Find a Doctor</a>	<a href="#">Find a Doctor</a>	<a href="#">Find a Doctor</a>
Exclusion & Limitations	<a href="#">View</a>	<a href="#">View</a>	<a href="#">View</a>

[Back to Results](#)

**Benefits Example in the brochure shows 5 days of inpatient hospital confinement.**

**Benefit examples\***

**Indemnity benefit example for inpatient confinement**

Plan selected: Value

Medical situation: A covered person is admitted to the hospital with pneumonia and acute respiratory failure. Inpatient confinement is five days, two of which are in the intensive care unit. The condition was not pre-existing.

**Claims benefits example (based on covered benefits):**

Daily intensive care benefit	\$6,000 (\$3,000 per day x 2 days)
Daily inpatient hospital confinement benefit	\$6,000 (\$2,000 per day x 3 days)
Doctor visits while hospital confined benefit	\$250 (\$50 per day x 5 days)
Benefits payable before per injury or illness deductible	\$12,250
Less per injury or illness deductible	\$0
<b>Total benefits paid</b>	<b>\$12,250</b>

It is not given in the brochure regarding maximum number of days of hospital confinement.

*There is no cap or maximum number of days of hospital confinement.*

[See Brochure](#)