

Winn Dixie



Group Supplemental Hospital Indemnity FULL TIME ASSOCIATES

GROUP SUPPLEMENTAL HOSPITAL INDEMNITY INSURANCE

Supplemental hospital indemnity insurance provides financial protection over and above your current coverage.

Your health insurance plan may pay only a portion of the total expenses a hospital stay or major medical treatment requires. That likely would leave the rest of the bill for you to pay, plus the deductible and any other expenses that are not covered by the plan. As a result, you could incur significant out-of-pocket expenses if you or a family member were hospitalized.

FEATURES

- **Supplement your current plan by paying you benefits regardless of any other insurance program you have.**
- **Give you the option to cover your entire family.**
- **Provide benefits for expenses due to a covered injury or sickness.**
- **Pay cash benefits directly to you (unless you decide otherwise).**



Premium Rates	Weekly
Employee	\$9.26
Employee and Spouse	\$18.06
Employee and Children	\$16.21
Family	\$25.00

BENEFITS

Hospital Confinement

\$200 per day (up to 30 days per confinement)

This benefit is paid when a Covered Person is confined to a hospital as a resident bed patient because of a Covered Sickness or as the result of injuries received in a Covered Accident. To receive this benefit for Injuries received in a Covered Accident, the Covered Person must be confined to a hospital within 6 months of the date of the Covered Accident.

This benefit is payable for only one hospital confinement at a time even if caused by more than one Covered Accident, more than one Covered Sickness, or a Covered Accident and a Covered Sickness.

Hospital Admission

\$250 per admission

The benefit is paid when a Covered Person is admitted to a hospital and confined as a resident bed patient because of Injuries received in a Covered Accident or because of a Covered Sickness. In order to receive this benefit for Injuries received in a Covered Accident, the Covered Person must be admitted to a hospital within 6 months of the date of the Covered Accident.

We will not pay benefits for confinement to an observation unit, or for emergency treatment or outpatient treatment. We will pay this benefit once for a period of confinement. We will only pay this benefit once for each Covered Accident or Covered Sickness. If a Covered Person is confined to the hospital because of the same or related Injury or Sickness, we will not pay this benefit again.

Hospital Intensive Care

\$250 per day (up to 30 days per confinement)

This benefit is paid when a Covered Person is confined in a hospital intensive care unit because of a Covered Sickness or due to an Injury received from a Covered Accident. To receive this benefit for injuries received in a Covered Accident, the Covered Person must be admitted to a hospital intensive care unit within 6 months of the date of the Covered Accident.

We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one Covered Accident, more than one Covered Sickness, or a Covered Accident and a Covered Sickness. If we pay benefits for confinement in a hospital intensive care unit and a Covered Person becomes confined to a hospital intensive care unit again within 6 months because of the same or related condition, we will treat this confinement as the same period of confinement.

Hospital Emergency Room/Physician Benefit (Medical Fees)

\$50 per visit (up to 6 visits per calendar year)

If an insured is injured in a Covered Accident or has treatment as the result of a Covered Sickness, we will pay medical fees for:

- Physician
- Laboratory fees
- X-ray
- Injections/medications

The hospital emergency room/physician benefit is limited to the calendar year maximum of 6 visits per insured per calendar year.

Wellness Benefit

\$50 per calendar year

We will pay this benefit when an insured visits a doctor and is neither sick nor injured.

\$5,000 Accidental Death Benefit

We will pay this benefit if an insured is injured in a covered accident and the injury results in death within 90 days after the covered accident.

EXCLUSIONS AND LIMITATIONS

PRE-EXISTING CONDITION LIMITATION

Pregnancy is a "pre-existing condition" if conception was before the effective date of coverage. Pregnancy will be covered as any other sickness when the date of conception is after the Insured effective date.

EXCLUSIONS

We will not pay benefits for loss caused by pre-existing conditions (except as stated in the pre-existing condition limitation provision above).

We will not pay benefits for loss contributed to, caused by, or resulting from:

1. War – declared or undeclared or military conflicts, participation in an insurrection or riot, or civil commotion. This exclusion does not include acts of terrorism. We will return the prorated premium for any period not covered by this certificate when the insured is in such service.
2. Suicide - committing or attempting to commit suicide, while sane or insane.
3. Self-Inflicted Injuries - injuring or attempting to injure yourself intentionally.
4. Traveling - traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica.
5. Racing - Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
6. Aviation - operating, learning to operate, serving as a crewmember on, or jumping or falling from any aircraft, including those, which are not motor-driven.
7. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.
8. Illegal Activities or participation in an illegal occupation.
9. Sports - participating in any organized sport: professional or semi-professional.
10. Custodial care. This is care meant simply to help people who cannot take care of themselves.
11. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
12. Routine physical exams and rest cures.
13. Services performed by a relative.
14. Services related to sex change, sterilization, in vitro fertilization, and reversal of a vasectomy or tubule ligation.
15. A service or a supply furnished by or on behalf of any government agency unless payment of the charge is required in the absence of insurance.
16. Elective abortion.
17. Treatment, services, or supplies received outside the United States and its possessions or Canada.
18. Dental services or treatment.
19. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.
20. Injury or Sickness that was paid by Worker's Compensation.
21. Mental or emotional disorders without demonstrable organic disease.
22. Substance abuse.

TERMS YOU NEED TO KNOW

Covered Person - If the certificate is issued as: Individual coverage, the Covered Person means you; Employee/Spouse coverage, Covered Person means you and your legal spouse; Single Parent Family coverage, Covered Person means you and your covered dependent children as defined in the applicable rider, that have been accepted for coverage; Family coverage, Covered Person means you and your spouse and covered dependent children, as defined in the applicable rider, that have been accepted for coverage.

Injury or Injuries - An accidental bodily injury or injuries caused solely by or as the result of a covered accident.

Covered Accident - An accident, which occurs on or after a Covered Person's Effective Date, while the certificate is in force, and which is not specifically excluded.

Sickness - An illness, infection, disease or any other abnormal condition, which is not caused solely by or the result of an injury.

Covered Sickness - An illness, infection, disease or any other abnormal physical condition which is not caused solely by or the result of any injury which occurs while this Plan is in force and is not excluded by name or specific description in the Plan.

Doctor or Physician - A person, other than yourself, or a member of your immediate family, who is licensed by the state to practice a healing art, performs services which are allowed by his or her license, and performs services for which benefits are provided by the Plan.

A hospital is not a nursing home, an extended care facility, a convalescent home, a rest home or a home for the aged, a place for alcoholics or drug addicts, or a mental institution.

A hospital intensive care unit is not any of the following step down units: a progressive care unit, a sub-acute intensive care unit, an intermediate care unit, a private monitored room, a surgical recovery room, an observation unit, or any facility not meeting the definition of a hospital intensive care unit as defined in the Plan.

EFFECTIVE DATE

The Effective Date for an Employee is as follows: 1. An Employee's insurance will be effective on the date shown on his or her Certificate Schedule provided the Employee is then actively at work. 2. If an Employee is not actively at work on the date coverage would otherwise become effective, the Effective Date of his or her coverage will be the date on which such Employee is first thereafter actively at work.

TERMINATION OF AN EMPLOYEE'S INSURANCE

An Employee's insurance will terminate on the earliest of: 1. the date the Plan is terminated; 2. on the 31st day after the premium due date if the required premium has not been paid; 3. on the date an Employee ceases to meet the definition of an Employee as defined in the Plan; 4. on the premium due date which falls on or first follows the Employee's 70th birthday; or on the date he or she is no longer a member of an eligible class.

EXTENSION OF BENEFITS

Termination of the insurance on any Employee shall not prejudice his or her rights regarding any claim arising prior thereto. Benefits will be paid up to the applicable benefit maximum. If you have a covered accident or covered sickness, but do not have a claim/loss until after the Plan is terminated, benefits will be paid up to the applicable benefit maximum for that covered accident or sickness.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of policy form series CA8500-MP (FL).

1-800-433-3036

Our Service Center provides one number to call for all your claims and customer service needs. Customer Service representatives are available Monday through Friday 8 a.m.-5 p.m. Eastern Time.

**Underwritten by:
Continental American Insurance Company**

Customer Service Center
P.O. Box 2048 • Columbia, SC 29202 • csc@caicworksites.com