



HelloFresh

Group Hospital Insurance



How does it work?

Group Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get accessible rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

Who can get coverage?

You:	If you're actively at work.
Your spouse/ domestic partner:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse/domestic partner or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

How much does it cost?

Your bi-weekly premium	Option 1	Option 2
You	\$6.01	\$3.29
You and your spouse/ domestic partner	\$11.91	\$6.52
You and your children	\$8.13	\$4.46
Family	\$14.04	\$7.69

Coverage may vary by state. See exclusions and limitations. This plan has a childbirth limitation. See disclosures for more information. If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at <https://www.medicare.gov/publications/02110-medigap-guide-health-insurance.pdf>

Hospital				
	Option 1 benefits		Option 2 benefits	
Hospital Admission	Payable for a maximum of 1 day per year	\$1,000	Payable for a maximum of 1 day per year	\$500
Hospital Daily Stay	Payable per day up to 365 days	\$165	Payable per day up to 365 days	\$100

Exclusions and Limitations

Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy. The definition of hospital does not include certain facilities. See your contract for details.

Active employment

You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required minimum 30 hours per week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees have a 0 day waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

Childbirth Limitation

We will pay benefits due to Childbirth for any Insured within the first nine months after the Insured's Coverage Effective Date. Childbirth or Complications of Pregnancy will be covered to the same extent as any other Covered Loss.

Exclusions and limitations

We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:

- participating in a felony;
- services in the armed forces or auxilliary units thereto;
- aviation, other than as a fare paying passenger on a scheduled or charter flight operated by a scheduled airline;
- injuring oneself intentionally or attempting or committing suicide;
- active participation in a riot or insurrection;
- participating in war or any act of war, whether declared or undeclared;
- alcoholism or drug addiction;
- cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in functional defect;
- treatment for dental care or dental procedures unless treatment is due to congenital disease or anomaly;
- any Admission or a newborn Child immediately following Childbirth unless the newborn is injured or Sick; and
- Mental or Nervous disorders.

Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

End of employee coverage

If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.

Otherwise, your coverage under this certificate ends on the earliest of:

- the date the Policy is cancelled by us or your Employer;
- the date you are no longer in an Eligible Group;
- the date your Eligible Group is no longer covered;
- the date you are no longer covered under a comprehensive hospital, surgical and medical policy;
- the date of your death;
- the last day of the period any required premium contributions are made; or
- the last day you are in Active Employment.

However, as long as premium is paid as required, coverage will continue:

- in accordance with the Continuation of your Coverage During Absences provision; or
- if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.

We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

THIS INSURANCE PROVIDES LIMITED BENEFITS

This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for hospital insurance.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GHIP16-1-NY and Certificate Form GHIC16-1-NY

Underwritten by: Provident Life and Casualty Insurance Company, Chattanooga, TN

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