



Hospital Indemnity Plus

Protection You Can Count On!

When you face a hospital confinement, surgery, or need an outpatient procedure, the last thing you should worry about is unexpected costs and out-of-pocket expenses. Be prepared with MedMutual Protect's Hospital Indemnity Policy.

Policy Features

- Flexible Plans: This is a flexible policy that lets you select the benefits that best meet your needs.
- Set Benefit Amounts*: No deductibles. Receive the full amount of the benefit that is payable.
- Pays In Addition to Any Other Coverage.

Our Plan Options Offer a Range of Benefits Including:

Hospital Benefits

Outpatient Benefits

Surgery Benefits

Emergency Benefits

**Please note that exclusions apply.*

MedMutual Protect is the brand name for insurance products issued by subsidiary insurance companies controlled by Medical Mutual of Ohio. Each subsidiary of Medical Mutual of Ohio is solely responsible for the insurance products it underwrites and issues. This is a brief description of benefits only. Only the actual policy provisions will control. There are limitations on the benefits payable under this policy. See policy and/or its outline of coverage for benefits, costs, limitations, exclusions, renewability, waiting periods and pre-existing conditions. Each individual's eligibility is subject to underwriting guidelines. The MedMutual Protect insurance policies, either alone or in combination with each other, are not major medical coverage or "Minimum Essential Coverage" under the federal Patient Protection and Affordable Care Act. This policy is individually underwritten by **Reserve National Insurance Company**.

Coverage Options

		Option 1	Option 2	Option 3
Benefit Maximums		Max Amount		
Benefit Period Maximum		\$250,000	\$250,000	\$250,000
Outpatient Benefit Period Maximum		\$5,000	\$7,500	\$10,000
Hospital Confinement Benefits	Limitations	Benefit Amount		
Hospital Confinement for Sickness or Injury	per day	\$1,000	\$1,500	\$2,000
ICU Confinement for Sickness or Injury	per day	\$500	\$750	\$1,000
Confinement in Rehabilitation Facility or Skilled Nursing Facility	per day	\$500	\$750	\$1,000
Daily Confinement in Mental Health Facility	per day; limit 60 days per year	\$500	\$750	\$1,000
Hospital Short Stay	less than 24 hrs in hospital	\$500	\$750	\$1,000
Hospital Admission Benefit	1 per year	\$2,000	\$3,000	\$4,000
Surgery Benefits	Limitations	Benefit Amount		
Daily Surgery Benefit Tier 1	per day	\$4,000	\$8,000	\$12,000
Daily Surgery Benefit Tier 2	per day	\$1,000	\$2,000	\$3,000
Daily Surgery Benefit Tier 3	per day	\$200	\$400	\$600
Assistant Surgeon	per surgery	25%	25%	25%
Anesthesia Benefit	per surgery	25%	25%	25%
Outpatient Benefits	Limitations	Benefit Amount		
Office Visits	per day	\$50	\$100	\$150
Therapy Office Visits	12 visits per year	\$30	\$40	\$50
MRI/PET/CAT Scans	per day	\$400	\$600	\$800
X-Ray	per day	\$50	\$75	\$100
Lab/Blood Panels	per day	\$50	\$75	\$100
Mammogram/Pap Smear/Prostate Exam	per exam	\$200	\$300	\$400
Colonoscopy	per colonoscopy	\$600	\$900	\$1,200
Emergency Benefits	Limitations	Benefit Amount		
Urgent Care Benefit	per day	\$200	\$300	\$400
Emergency Room Benefit	per day	\$500	\$750	\$1,000
Ground/Water Ambulance Benefit	per day	\$500	\$750	\$1,000
Air Ambulance Benefit	per day	\$1,500	\$2,250	\$3,000

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Coverage Options

		Option 4	Option 5	Option 6
Benefit Maximums		Max Amount		
Benefit Period Maximum		\$10,000	\$25,000	\$100,000
Outpatient Benefit Period Maximum		N/A	N/A	N/A
Hospital Confinement Benefits	Limitations	Benefit Amount		
Hospital Confinement for Sickness or Injury	per day	\$500	\$500	\$1,000
ICU Confinement for Sickness or Injury	per day	N/A	N/A	N/A
Confinement in Rehabilitation Facility or Skilled Nursing Facility	per day	N/A	N/A	N/A
Daily Confinement in Mental Health Facility	per day; limit 60 days per year	N/A	N/A	N/A
Hospital Short Stay	less than 24 hrs in hospital	\$250	\$250	\$500
Hospital Admission Benefit	1 per year	\$2,000	\$2,000	\$2,000
Surgery Benefits	Limitations	Benefit Amount		
Daily Surgery Benefit Tier 1	per day	\$4,000	\$4,000	\$12,000
Daily Surgery Benefit Tier 2	per day	\$1,000	\$1,000	\$3,000
Daily Surgery Benefit Tier 3	per day	\$200	\$200	\$600
Assistant Surgeon	per surgery	25%	25%	25%
Anesthesia Benefit	per surgery	25%	25%	25%
Outpatient Benefits	Limitations	Benefit Amount		
Office Visits	per day	N/A	N/A	N/A
Therapy Office Visits	12 visits per year	N/A	N/A	N/A
MRI/PET/CAT Scans	per day	N/A	N/A	N/A
X-Ray	per day	N/A	N/A	N/A
Lab/Blood Panels	per day	N/A	N/A	N/A
Mammogram/Pap Smear/Prostate Exam	per exam	N/A	N/A	N/A
Colonoscopy	per colonoscopy	N/A	N/A	N/A
Emergency Benefits	Limitations	Benefit Amount		
Urgent Care Benefit	per day	N/A	N/A	N/A
Emergency Room Benefit	per day	N/A	N/A	N/A
Ground/Water Ambulance Benefit	per day	\$500	\$500	N/A
Air Ambulance Benefit	per day	\$1,500	\$1,500	N/A

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