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Hospital Indemnity

Benefit Summary

KinKaid Civil Construction, LLC

Effective Date: March 01, 2023

Policy Number: 015297

Class Definition: Class 1: All Active Full Time Employees working at least 30 hours per week

Coverage for planned or unexpected expenses due to a hospital stay

Coverage for expenses due to a hospital stay

A hospital stay can be stressful, even before factoring in the financial burden of deductibles, out-of-pocket expenses and co-pays. When focusing on health and recovery, the last thing anyone wants to think is about how much it's all going to cost.

Did you know

- Hospital charges account for nearly of all medical costs in the United States.¹
- The average cost of a 3-day hospital stay is \$30,000.²

The right hospital indemnity insurance policy can help

Our plan covers both planned and unplanned hospitalizations and pays a cash benefit if you or your dependents are confined to a hospital or experience any other covered indemnified events. Benefits are paid directly to you, so you can use the money however you need to.

What it does

Pays a cash benefit directly to you if you or your dependents are confined to a hospital or experience any other covered indemnified events.

How it works

In the event of a covered hospitalization, submit a claim to receive prompt payment. Payment is made directly to you, so you can use it as you see fit.

What it doesn't do

Provide payment for hospitalizations or other indemnified events that are specifically excluded in the contract.

¹ [brookings.edu/research/a-dozen-facts-about-the-economics-of-the-u-s-health-care-system](https://www.brookings.edu/research/a-dozen-facts-about-the-economics-of-the-u-s-health-care-system/).

² [forbes.com/advisor/health-insurance/hospital-indemnity-insurance](https://www.forbes.com/advisor/health-insurance/hospital-indemnity-insurance/).



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Included Benefits	Benefit Amount
First Day Hospital Confinement	\$500, once per year
First Day Hospital Intensive Care Unit (ICU) Confinement	\$1,000, once per year
Daily Hospital Confinement	\$100, up to 365 days per year
Daily Hospital ICU Confinement	\$200, up to 60 days per year
Daily Hospital Rehabilitation Unit	\$50, up to 60 days per year
Annual Wellness Screening	\$50, once per year for each insured

Admission and Confinement benefits are not additive, except for the Extended Hospitalization benefit.

Qualifying exams and screenings for wellness screening benefit	
<ul style="list-style-type: none"> • CA15-3 (blood test for breast cancer) • Breast cancer screening (clinical breast exam, mammography, MRI, thermography, ultrasound) • CA 125 (blood test for ovarian cancer) • Colorectal cancer screening (fecal occult blood test, colonoscopy, sigmoidoscopy) • CEA (blood test for colon cancer) • Lipid panel (cholesterol, triglycerides, HDL, LDL) • Pap smear • Prostate cancer screening (digital rectal exam, PSA blood test) • Skin cancer screening 	<ul style="list-style-type: none"> • Diabetes tests (fasting blood glucose test, hemoglobin A1c) • Cardiac exercise stress test • Electrocardiogram (ECG)-resting or stress • Chest x-ray • Hemocult stool analysis • Serum protein electrophoresis • Carotid Doppler • Echocardiogram • Immunizations • Interscholastic Sports Physical Exam

Coverage Details	
Coverage Basis	24-Hour
Age Reduction	None
Maternity Waiting Period	9 Months
Pre-Existing Condition Limitation	None
Annual Maximum Payout	Unlimited
Lifetime Maximum Payout	Unlimited
Portability	To age 70
Waiver of Premium	Excluded



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More about your Hospital Indemnity coverage

If you start working for your employer after the effective date - the waiting period is determined by your employer’s personnel policy. An employee who is employed on the effective date of the policy will receive credit towards satisfying the waiting period for time employed with the employer provided he or she was employed on the day prior to the effective date of the policy.

Manage Your Benefits

Go to www.equitable.com/employeebenefits and log on to EB360[®] to view your account details.

What is not covered?

Limitations and Exclusions: The following is a summary. A complete list of applicable exclusions and limitations are included in the policy and certificate. State variations may apply. Hospital Indemnity benefits may not be payable for any loss that is a result of, or is caused or contributed to by: war or any act of war, intoxication, participation in certain activities involving an increased risk of injury as listed in the policy and certificate (ex: mountain climbing, sky diving), participating in a felony or illegal activity, suicide or intentionally self-inflicted injury, while incarcerated, voluntary drug use unless administered by and used as instructed by a physician or for over-the-counter drugs in accordance with manufacturer’s instructions, substance abuse, any mental/nervous disorder, elective procedures (except for sterilization, tubal ligation or vasectomy, and reversal thereof, or gender change, if recommended by a physician), and treatment or services provided by any government agency or program for which there is not normally any charge except for treatment provided by or through a Veteran’s Home or Hospital.

The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

This coverage does not constitute comprehensive health insurance coverage (often referred to as “major medical coverage”) and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

THIS POLICY PROVIDES LIMITED BENEFITS

Hospital indemnity insurance is a limited benefit policy. It does NOT provide basic hospital, basic medical or major medical insurance, and does not satisfy the requirement for minimum essential coverage under the Affordable Care Act. THIS POLICY IS NOT A MEDICARE SUPPLEMENT PLAN. The certificate has exclusions and limitations for certain conditions that may affect any benefits payable. For costs and



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complete details of the coverage, please see the actual policy or contact your insurance broker. Benefits payable are subject to all terms and conditions of the certificate. Policy form MOEBP22 HI; AXEBP22 HI and state variations. Availability is subject to state approvals.

Hospital does not include certain facilities such as nursing homes, convalescent care, or extended care facilities.

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