



# Nationwide Life Insurance Company

Home Office: One Nationwide Plaza, Columbus, Ohio 43215

## **IMPORTANT: This is a fixed indemnity policy, NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

## **Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

## **Questions about this policy?**

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**[naic.org](https://www.naic.org)**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



# Supplemental Hospital coverage



## A more secure plan

Supplemental Hospital coverage helps you offset health plan deductibles and co-insurance costs, providing additional protection against unplanned out-of-pocket expenses from an inpatient hospital stay. This plan pays a fixed benefit amount for each day of inpatient confinement in a hospital.

## The advantages of Supplemental Hospital coverage:

- Receive simple, direct payment quickly
- Choose your provider without network restrictions
- Receive payment in addition to any other insurance coverage

# Supplemental Hospital coverage

You must be actively at work on your effective date of insurance in order to be eligible for coverage.

BENEFITS	DETAILS
Inpatient hospital benefit	<ul style="list-style-type: none"> <li>• \$300 per day</li> <li>• Intensive care unit (ICU) or critical care unit (CCU) benefits are twice the daily benefit</li> <li>• Observation stays longer than 24 hours are eligible</li> </ul>
Benefit year maximum	Up to 30 days per covered person
Pre-existing condition exclusion	No benefits will be paid during the first 12 months for any illness or injury resulting from a pre-existing condition occurring within 6 months prior to the covered person's effective date.
Maternity care	<ul style="list-style-type: none"> <li>• Additional benefits may be available for inpatient maternity regardless of whether the inpatient confinement maximum has already been met</li> <li>• \$10 per follow-up visit; maximum of 3 visits for each mother and baby (and if multiples, each baby)</li> </ul>
Additional details and exclusions	<ul style="list-style-type: none"> <li>• Benefits terminate at the end of the year in which an associate or spouse turns age 70 and at age 26 for dependent children</li> <li>• If coverage terminates for an associate, coverage also terminates for any enrolled dependents</li> <li>• No benefits are payable due to hospitalization resulting from occupational (work-related) injuries</li> <li>• Coverage is not available for employees residing in the state Minnesota</li> <li>• Additional limitations and exclusions apply; see the Certificate of Coverage for details</li> </ul>
Portability	<p>If you (the associate) terminate employment for reasons other than retirement, you may be eligible to continue your and your covered dependents' coverage under the portability provision. To elect portability, you and your covered dependents must be under the age of 65 and have been covered under the plan for at least 12 months. You must elect the portability provision for yourself in order for your dependents to be covered.</p> <p>To apply for the portability provision, please contact Member Services at 1-877-717-4455.</p>

RATE TABLE	BIWEEKLY PAY PERIOD DEDUCTION		
	Ages 18-54	Ages 55-64	Ages 65-69
Associate only	\$4.18	\$8.26	\$12.19
Associate + Spouse	\$8.17	\$16.54	\$24.39
Associate + Child(ren)	\$5.96	\$12.63	\$18.67
Associate + Family	\$9.98	\$21.94	\$31.09

Rates are based on the associate's age as of January 1 of the coverage year.



Reduce your worry about unexpected out-of-pocket medical costs with voluntary benefits from Nationwide\*. For enrollment and eligibility information, visit the Voluntary Benefits website.

To submit claims, visit [yourbenefits.nationwide.com](https://yourbenefits.nationwide.com).

For questions about claims, contact us at 1-877-717-4455 or [service@nebsupport.com](mailto:service@nebsupport.com).



The information provided in this brochure is only a brief description of the plan benefits. It is not intended to constitute a policy or certificate. Please refer to your Certificate of Coverage. Limitations and exclusions apply to this coverage. The Certificate of Coverage is available at Mercer Benefits Portal (<https://www.nationwidevoluntarybenefits.com/content/mercer-consumer/vb-sites/nationwide-home.html>). The product is underwritten by Nationwide Life Insurance Company, Columbus, Ohio. Supplemental Hospital coverage is applicable to policy form GH01 AO L20 000 1114.

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