

Cigna Healthcare Hospital Care Insurance.

Coverage your members didn't know they needed.

The average inpatient hospital stay in the United States costs \$2,873 per day.¹

Life is full of surprises — including unexpected health events. That's why offering Hospital Care insurance is a great way to complete your supplemental health benefits package. Like Accidental Injury and Critical Illness insurance, Hospital Care promptly pays out an additional fixed cash benefit for hospital² admissions, hospital stays and ICU stays from non-work related covered illnesses and injuries. Members can use the money the way they choose, from deductibles and copays to alternative treatments, child care, transportation and everyday household expenses.



Choose from a wide range of coverage options:

- Customize the plan to meet the specific needs of your member population
- Optional Wellness Incentive benefits
- Goes beyond Accidental Injury and Critical Illness plans to include pregnancy, planned surgeries, newborn benefits and car accidents
- Admissions include chronic conditions and infectious diseases, including COVID-19
- Inpatient stays include observation, NICU, ICU, hospital, mental health and substance disorders



Decide who you want to cover

- Coverage is guaranteed-issue on an annual basis, regardless of medical history
- Family coverage for spouse and dependents
- Immediate coverage for newborns with the Newborn Nursery Care benefit



Plans work together to help make recovery easier. Here’s how it works:³

John was admitted to the hospital after serious complications with his lung cancer treatment. The Cigna HealthcareSM Supplemental Health Plans delivered the additional benefits he needed, helping to provide financial help and peace of mind as he was recovering.

His Critical Illness plan paid a lump sum	\$10,000
His Hospital Care plan also paid out a fixed cash sum for three different benefits	\$1,000 hospital admission \$400 one-day ICU stay \$600 three-day hospital stay
His combined Critical Illness + Hospital Care coverage (\$12,000 total) was used to cover out-of-pocket medical expenses, rent and utilities	\$12,000 total

For illustrative purposes only

Expanding your benefits to include Hospital Care can help your members regain control and remain in control. It’s the coverage they didn’t know they needed.



To learn more, contact your Taft-Hartley sales representative.



1. ValuePenguin analysis of Kaiser Family Foundation (KFF), Agency for Healthcare Research and Quality (AHRQ) and U.S. Bureau of Labor Statistics (BLS) data, “Average Hospital Stay in US Costs 504 Hours of Work.” By Maggie Davis, updated October 17, 2022. 2. The term Hospital does not include a clinic or facility for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients. The term Hospital also does not include a unit of a Hospital for rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care. Please refer to your plan documents as the actual definition of “Hospital” may vary by policy. 3. This is an example used for illustrative purposes only. It’s not an actual Cigna Healthcare member experience. Your plan’s actual costs and benefit amounts may vary. Exclusions and limitations apply.

Exclusions and limitations

Product availability may vary by location and plan type and is subject to change. This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern.

- Hospital admission: Payable once per day, may be limited to one (1) day per admission and limited to one (1) benefit in a specified number of days (i.e., every 365 days). Must be admitted as an inpatient to the hospital. Excludes treatment in an emergency room or provided on an outpatient basis. Re-admission for the same covered injury or illness (including chronic conditions) may be limited.
- Hospital ICU stay and hospital stay: Payable once per day, may be limited to a number of days per stay (i.e., 10 days) or limited by the number of days between stays (i.e., one [1] stay every 365 days). Stays within a certain time frame (i.e., 180 days) for the same/related injury or illness may be considered the same stay. Must be admitted as an inpatient and confined to the hospital. If eligible for both benefits, only one (1) benefit will be paid per day, whichever is greater.

Benefits may not be paid for any loss that is the result of: (a) Intentionally self-inflicted injury, suicide or any attempt thereof while sane or insane; (b) Commission or attempt to commit a felony or an assault; (c) Declared or undeclared war or act of war; (d) Active duty service in the military, naval or air force of any country or international organization (Reserve or National Guard active duty training extending beyond 31 days); (e) Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician; (f) Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant; (g) Services deemed by the insurer as not being medically necessary; (h) Elective or cosmetic surgery; (i) Dental surgery, unless due to accidental injury; or (j) Services or treatment rendered by a person employed or retained by the covered person, providing homeopathic, aromatherapeutic or herbal therapeutic services, living in covered person’s household, or who is a parent, sibling, spouse or child of the covered person and (k) In certain instances, pregnancy, including childbirth, occurring within a specified period of time following the date coverage is effective.

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE “MINIMUM ESSENTIAL COVERAGE” OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. For costs and details of coverage, contact your Taft-Hartley representative.

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