MEDICO® INSURANCE COMPANY

Hospital Indemnity Insurance

Idaho Policy Highlights

Even with the best primary insurance plan, when you're hospitalized for an injury or illness there will probably be medical expenses and out-of-pocket costs that aren't covered. A hospital indemnity insurance plan provides cash benefits to use as you see fit. The benefits are predetermined and paid regardless of any other insurance you may have, and you have a choice of applying for basic or a more robust plan. Whether you want a plan that provides hospitalization benefits only, or one that also covers outpatient rehabilitation, ambulance transportation and skilled nursing facility benefits, Medico can help.

Issue Ages	**Option 1:** 40 – 85 years of age **Options 2 and 3:** 18 – 85 years of age
Simplified Issue	A short application is used. No Telephone Interview, No Prescription Drug Screen or Medical Exams Required.
Rates	Male/Female rate calculation
Premiums	Automatic Bank Withdrawal: Monthly & Quarterly Direct Bill: Quarterly, Semi-Annual and Annual Credit/Debit Card: Monthly, Quarterly, Semi-Annual and Annual No Application or Policy Fee
Household Discount	7% Household Discount is available when the applicant lives in the same household with another person over 18 years of age, regardless of whether they sign up for coverage with Medico.
Hospital Confinement Benefit Options	**Option 1:** Pays for each day of confinement in a hospital. Choose the number of days per period of confinement (6 through 10 days) and the amount per day from $150 - $600 in $25 increments. In addition to the above selected benefit, an additional benefit of $40 per day for a maximum of 31 days is provided. (Included in Option 1) **Observation Unit Benefit:** Pays 50% of the Hospital Confinement Benefit amount per day for a maximum of 3 days per calendar year while receiving services in an Observation Unit of a Hospital as a result of a covered loss due to sickness or injury. **Mental Health Benefit:** Pays $175 per day of confinement in a hospital due to a covered Mental or Nervous disorder for a maximum of 7 days per calendar year **Emergency Room Benefit:** Pays $150 per day for a maximum of 3 days per calendar year while receiving services in a hospital emergency room as a result of a covered loss due to an injury if admitted to a hospital within 24 hours. Included is a $1,000 Accidental Death & Dismemberment Benefit **Option 2:** Pays a Lump Sum benefit per confinement in a hospital. You choose the amount per confinement of $1,500, $2,000 or $2,500 and are covered up to 3 confinements per calendar year. Included is a $1,000 Accidental Death & Dismemberment Benefit **Option 3:** Pays a Lump Sum benefit of $5,000 day 1 for 1 confinement per calendar year. Included is a $1,000 Accidental Death & Dismemberment Benefit

Ambulance Benefit Rider	Pays $250 for ground or air transportation for a combined maximum of 3 days per calendar year
Outpatient Rehabilitation Services Rider	Pays $50 per day for a maximum of 15 or 30 days per calendar year
Daily Skilled Nursing Home Benefit Rider	Pays $50 per day for days 1 through 20 and/or $100 or $150 per day for days 21 through 100
Limited Lump Sum Cancer Benefit Rider	Pays a lump sum of $1,000, $2,500, $5,000, $7,500 or $10,000 (One benefit per lifetime)
Accidental Death & Dismemberment Rider	Pays $5,000, $10,000 or $20,000 for loss of life, two limbs or both eyes Pays 50% of benefit for loss of one limb or eye (One benefit per lifetime)
Period of Care	Begins with the first day of Confinement as an inpatient in a Hospital. It ends when an insured has been out of the Hospital 60 continuous days.
Pre-Existing Conditions Limitations	Pre-Existing Conditions are not covered during the first six months after the Policy Date.
Exclusions & Limitations	Please refer to the policy for information concerning Exclusions and Limitations.
30-Day Right to Examine	The policyholder has 30 days after they have received the policy to examine it and return it to Medico or to the Producer if they are dissatisfied. Medico will refund the premium and void the policy.

This highlight sheet is intended to provide a general description of the policy benefits. Policy provisions and benefits may vary from state to state. Please see the policy and riders for further details. For cost and further details of the coverage, including exclusions, any restrictions or limitations and terms under which the policy may be continued in force, please contact Medico Insurance Company.

This policy has limitations and exclusions. For complete details of the coverage, please review the policy contract. Policy availability features and rates may vary by state. Hospital Indemnity Benefit insurance is not a substitute for health insurance. This policy may not be appropriate for Medicaid recipients.

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