



Supplemental Hospital Confinement Indemnity Policy

We've got you covered.

Hospital confinement can bring unexpected costs and out-of-pocket expenses with it. MedMutual Protect's **Supplemental Hospital Confinement Indemnity Policy** provides you with the benefits you may need in the event of a hospital stay.

Benefits Highlights

- ✓ Surgery
- ✓ Ambulance Transportation

Policy Features:

- There are no deductibles; You receive the amount of the benefit that is payable.
- This is a flexible policy that lets you select the benefits that best meet your needs.
- Choose your hospital confinement benefit level, from \$100 to \$2,000 per day.
- This policy is designed to supplement your existing health insurance.
- Benefits are paid in addition to any other insurance, including Medicare, insurance with other companies, or federal or state benefits.
- Benefits may be paid directly to you or to whomever you assign.
- Coverage is guaranteed renewable.
- Select your own hospital or physician.

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**.

Your Benefits and Coverage

HOSPITAL COVERAGE

Duration	Option 1	Option 2	Option 3	Option 4
First 10 days	\$100/day	\$500/day	\$1,000/day	\$2,000/day
Next 21 days	\$50/day	\$250/day	\$500/day	\$1,000/day

This benefit renews each policy year.

SURGERY BENEFIT RIDER

Benefit	Benefit Amount
Surgeon's Benefit	
Surgical Schedule A	\$50-\$1,000
Surgical Schedule B	\$100 - \$2,000
Surgical Schedule C	\$150 - \$3,000
Surgical Schedule D	\$200 - \$4,000
Anesthesiologist's Benefit*	25% of amount paid under Surgeon's Benefit
Day of Surgery Benefit*	125% of amount paid under Surgeon's Benefit

These benefits are payable for either inpatient or outpatient surgery. Hospitalization is not required.

**For North Carolina, refer to Policy.*

AMBULANCE BENEFIT RIDER

Benefit	Benefit Amount	Limitations
Ground Ambulance	\$600	4 trips/policy year
Air Ambulance	\$5,000	2 trips/policy year

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