

Whether hospital stays are planned, unexpected, long, or short, the costs can add up quickly. Your medical plan may cover some of the costs, but you can expect to pay the rest out of pocket. Protect yourself from these unexpected expenses with hospital indemnity coverage.

How the hospital indemnity plan works

These supplemental health plans provide a lump-sum cash benefit to help with costs that can arise during a hospital stay, which your health plan may not cover. It's extra financial support when you or a covered family member need it most.

You decide how to use the benefits to best support your recovery. Use them to help pay for:

- Out-of-pocket medical costs, like your deductible, copays, or coinsurance (your percentage of the costs).
- Other medical costs, such as doctor bills, imaging, or rehabilitation.
- **Daily expenses**, like rent, food, transportation, childcare, or help around the house.





Key plan features

- Covers hospitalization for pregnancy from day one with no waiting period.
- Cash benefit is paid directly to you in a lump-sum payment based on a fixed daily benefit for the number of days you have an inpatient stay.
- No limitations for preexisting conditions.¹
- No medical questions or exam needed to enroll.
- Coverage is available for yourself, your spouse, and dependent children.
- You can take your coverage with you even if you leave your employer.²
- You can also earn \$50 each year for having an eligible health screening, such as a mammogram or colonoscopy. Complete your health screening and call the Claims line at **888-828-2432**. We'll confirm your test and then send you a check.





Connected benefits make things easier for you to file a claim

When you have supplemental health coverage, you will have to submit a claim so you can get paid for your qualifying hospital stay.

If you have a medical plan and hospital indemnity coverage with us, we'll automatically let you know when you may have an eligible claim, based on the medical claims we see filed by your healthcare professionals. Just make sure you've created an account on the SydneySM Health mobile app or **anthem.com/ca** and are signed up for email alerts.

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 for 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 or call 1-800-318-2596 (TY: 1-855-889-4325) to find health coverage options.
- To find out if you 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) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



Hospital Indemnity Hospital Indemnity Plan

Hospital Indemnity provides a lump-sum cash benefit to help pay for costs that can come with a hospital stay that your health plan doesn't cover. Use your hospital indemnity coverage to help pay for out-of-pocket medical costs or daily expenses like rent, food or transportation.

Key features:

- · Cash benefit is paid directly to you in a lump-sum, tax-free payment.
- Covers hospitalization for normal pregnancy from day one with no waiting period.
- You can take your coverage with you even if you leave your employer and keep the same rate for three years. 1
- No limitations for pre-existing conditions.²

Coverage Options	Employee Only	Employee + Spouse	Employee + Dependent Children	Employee + Family
Monthly Cost ³	\$20.29	\$42.01	\$31.42	\$54.74

Benefits

Benefit	Amount
Hospital Confinement - First Day Benefit	\$1,000
First Day Hospital Confinement - Annual Max	1 day
Hospital Confinement - Daily Benefit	\$200
Daily Hospital Confinement - Annual Max	15 days
Intensive Care Unit Confinement - Daily Benefit	\$400
Daily Intensive Care Unit Confinement - Annual Max	15 days
Mental and Nervous Facility - Daily Benefit	\$100
Mental and Nervous Facility - Annual Max	10 days
Substance Abuse Facility - Daily Benefit	\$100
Substance Abuse Facility - Annual Max	10 days
Continuous Care Facility - Daily Benefit	\$100
Continuous Care Facility - Annual Max	10 days
Health Screening (per covered person, per calendar year)	\$50

Other Key Features

Benefit	Amount
Pre-Existing Conditions Limitation	None
Pregnancy Waiting Period	None

How to file claims

You can file claims online at https://supplemental-health.anthem.com or you can print a claim form from that website and file it by mail or fax. Contact us with any questions: In California (800) 604-4381; in upstate New York (800) 608-3813; in downstate New York (800) 604-5379; if you are in any other state, please call (888) 828-2432.

HSA Compatibility

The IRS limits the types of supplemental insurance that an individual who participates in a Health Savings Account (HSA) may have, while still maintaining the tax-exempt status of HSA contributions. Anthem offers the above plan designs that are designed to be HSA compatible. However, in any circumstance, please consult a tax and/or legal advisor to determine which supplemental insurance may be purchased by employees who participate in a HSA.

- 1. Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitory care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confined means the assignment to a bed in a medical facility for a period of at least 20 hours. State variations may apply.
- 2. Assumes all eligible employees can enroll in the plan and/or increase existing benefits without providing evidence of insurability during the scheduled initial enrollment period and subsequent scheduled enrollment periods occurring annually thereafter.

Exclusions

A benefit is not payable for any illness or injury that results from or is caused by a covered person's:

- suicide or attempted suicide, whether sane or insane, or intentional self-infliction
- voluntary intoxication (as defined by the law of the jurisdiction in which the illness or injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instruction of a physician or medical professional
- · voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption
- voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), voluntary participation in a riot, or voluntary engagement in an illegal occupation
- incarceration or imprisonment following conviction for a crime
- travel in or descent from any vehicle or device for aviation or aerial navigation, except as a fare-paying passenger in a commercial aircraft (other than a charter airline) on a regularly scheduled passenger flight or while traveling on business of the policyholder
- ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing
- participation in any organized sport in a professional or semi-professional capacity
- participation in abseiling, base jumping, Bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, freerunning, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, luging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying, or other similar extreme sports or high risk activities
- active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of the policy
- involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer

In addition, benefits are not payable unless required by law for:

- · elective abortion or complications thereof
- · artificial insemination, in vitro fertilization, test tube fertilization
- gender change, sterilization, tubal ligation or vasectomy, and reversal thereof
- aroma therapeutic, herbal therapeutic, or homeopathic services
- any mental and nervous disorder, unless specifically allowed by a provision of the policy
- substance abuse, unless specifically allowed by a provision of the policy
- medical mishap or negligence on the part of any physician, medical professional, or therapist, including malpractice
- treatment, supplies or services provided by, through or, behalf of any government agency or program; unless payment is required by a covered person
- custodial care, unless specifically allowed by a benefit provision in the policy or any rider attached to the policy (if applicable);
- elective or cosmetic surgery or procedures, except for reconstructive surgery:
 - incidental to or following surgery for disease, infection or trauma of the involved body part
 - due to congenital anomaly or disease of a dependent child which has resulted in a functional defect
- dental care or treatment, except for:
 - treatment due to an injury to sound natural teeth within 12 months of the accident
 - treatment necessary due to congenital disease or anomaly

State variations may apply.

THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

Group Hospital Indemnity benefits provided by policy form SHI B XX18 P or state equivalent.

This is not a contract; it is a partial listing of benefits and services. All covered service are subject to the conditions, limitations, exclusions, terms and provisions of your policy. In the event of a discrepancy between the information in this summary and the policy, your policy will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

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¹ Insured will only be able to continue coverage while the policy is in-force with the policyholder and the insured must pay premium if electing to continue coverage after leaving employer.

² Covered accidents or illness must occur after the effective date of coverage.

³ Actual deductions may vary slightly due to rounding and payroll frequency.