



## Trustmark Hospital StayPay® – Group

### A balanced approach to planning for the unplanned

Trustmark's Hospital StayPay product serves as a companion to employees' health insurance to take the financial sting out of a hospital stay. Combining flexible base benefits with an array of features and payout triggers, Hospital StayPay provides funds that can complement major medical benefits and help with co-pays, deductibles, transportation and whatever else may be needed.

## Customized to Your Hospital Coverage Needs

With Hospital StayPay, Trustmark is proud to offer a consumer-driven hospital indemnity product that provides financial protection for employees and unparalleled flexibility for employers. With the costs of a hospital visit on the rise, we relied on the voice of our customers to develop a product that offers much-needed protection with innovative features you won't find elsewhere in the market.

## HSA-Compliant Features

These features can be utilized by insureds with Health Savings Accounts:

*NOTE: These Hospital StayPay features were designed to be compatible with Health Savings Accounts (HSAs). However, employees who have or plan to open an HSA should consult with their tax and legal advisors to determine which supplemental benefit riders may be purchased with the Policy to ensure HSA compatibility.*

### First Day Stay Benefit

Provides one lump-sum benefit upon the first day of confinement in a hospital or when confined to an observation unit of a hospital for more than 20 hours. Amounts can be pre-selected to match employee deductibles or out-of-pocket maximums. For proposed benefit amounts see rate section.

### Daily Stay Benefit

Pays for each day of confinement. For proposed days of confinement and benefit amounts see rate section.

### Daily Stay Benefit – ICU

Paid in addition to the Daily Confinement benefit when confined to ICU. For proposed days of confinement and benefit amounts see rate section.

### Normal Childbirth Benefit

Admissions for normal childbirth are included in the base benefit, but this can be removed if it doesn't offer utility to the employee group. (Complications of pregnancy and delivery are always covered.) There is no waiting period for benefits triggered by childbirth.

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## Mental Wellness & Addiction Recovery Benefit

When hospitalized, admissions for these reasons are treated as normal triggers for the base benefit.

## Plan Features

### Guaranteed Issue

The plan is offered on a guaranteed issue basis (requiring at least 10 employee applications.)

### Portability

Employees can continue their same benefit and premium level for their age on a direct-bill basis if they leave their employer, and coverage remains in force.

### Rate Guarantee

Rate guarantee period: 2 years

## Eligibility – U.S. Residents

- Employees – Ages 18+, actively working full-time (20 hours per week) and employed at least 0 days or part-time (20 hours per week) and employed at least 0 days
- Spouses – Ages 18+, not disabled
- Children – Through the age of 25, who are biological, adopted or step children (living with the employee over 50% of the time) and dependent grandchildren, who is chiefly dependent on employee for federal income tax purposes.

*Employee must apply for coverage in order to cover dependents.*

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## Rates

Base Benefits	Daily Stay 30 Days	Daily Stay - ICU 30 Days	Normal Childbirth No WP
Plan 4	\$150	\$150	Included

### Monthly Premium Rates

#### First Day Stay Benefit \$1,500, 1 Day

Composite	EE	EE+SP	EE+CH	FAM
All Ages	\$24.15	\$43.59	\$33.36	\$55.79

#### First Day Stay Benefit \$3,000, 1 Day

Composite	EE	EE+SP	EE+CH	FAM
All Ages	\$42.10	\$76.19	\$57.58	\$96.68

## Pre-Existing Conditions

### Waiver of Pre-Ex Applications

The pre-existing condition limitation will be waived for all employee initial and future enrollments. (A pre-existing condition limitation means that any existing symptoms or conditions diagnosed or treated 12 months prior to the effective date is not payable for the first 12 months after the effective date.)

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## Enrollment Conditions

- 1) The Benefits Communication/Enrollment Firm has access to at least 50% of the eligible employees during a face to face; one-on-one enrollment meeting or a combined Core Benefit/Group Voluntary enrollment conducted via a Call Center and assisted by the Benefit Communication/Enrollment Firm. (Eligible employees are required to meet/talk with an enroller to learn about the offer. The employee may then choose to elect or waive coverage.)
- 1) Waived participation requires tracking via the enrollment system of all employees that are enrolling in or waiving Voluntary Benefits.
- 2) No more than four Trustmark products should be enrolled. The total number of products being offered at the case (both Trustmark and Non-Trustmark) must be communicated to the Case Underwriter.
- 4) 10 employee application minimum per product is required.

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## Proposal Offer

This proposal of insurance is dated June 4, 2021. The values illustrated in this proposal are subject to change at any time prior to enrollment of employees. The underwriting offer is valid if accepted within 120 days, subject to any required documents.

The benefits and premiums quoted in this proposal, the final enrollment plan, as well as the solicitation materials which may be developed, are subject to final approval by Trustmark, based upon receipt and acceptance of all signed documents. The benefits, premiums, solicitation materials and marketing are also subject to state insurance department rules and regulations. Trustmark reserves the right to modify this proposal to conform to such rules and regulations. Non-standard marketing materials are subject to Trustmark compliance approval and may result in additional costs not included in this proposal.

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