Hospital Cash

It's not easy to pay hospital bills, especially if you have a high deductible medical plan. Chubb Hospital Cash pays money directly to you if you are hospitalized so you can focus on your recovery. And since the cash goes directly to you, there are no restrictions on how you use your money.

\$30,000

average three-day hospitalization cost.¹

5.4 days

average hospital stay.2



Choose from 1 of 3 plans

	Plan 1	Plan 2	Plan 3
Hospitalization Benefits	Payable Benefit	Payable Benefit	Payable Benefit
Hospital Admission Benefit This benefit is for admission to a hospital or hospital sub-acute intensive care unit.	\$1,500Maximum Benefit Per Calendar Year: 2	\$2,500Maximum Benefit Per Calendar Year: 2	• \$3,000 • Maximum Benefit Per Calendar Year: 2
Hospital Confinement Benefit This benefit is for confinement in hospital or hospital sub-acute intensive care unit.	\$100 Per DayMaximum Days Per Calendar Year: 30	\$100 Per DayMaximum Days Per Calendar Year: 30	\$200 Per DayMaximum Days Per Calendar Year: 30
Hospital Confinement ICU Benefit The benefit for confinement in a hospital intensive care unit.	\$200 Per DayMaximum Days Per Calendar Year: 30	\$200 Per DayMaximum Days Per Calendar Year: 30	• \$400 Per Day • Maximum Days Per Calendar Year: 30
Hospital ICU Admission Benefit This benefit is for admission to a hospital intensive care unit.	\$3,000Maximum Benefit Per Calendar Year: 2	• \$5,000 • Maximum Benefit Per Calendar Year: 2	• \$6,000 • Maximum Benefit Per Calendar Year: 2
Newborn Nursery This benefit is payable for an insured newborn baby receiving newborn nursery care and who is not confined for treatment of a physical illness, infirmity, disease or injury.	 \$200 Per Day Maximum Days per Confinement - Normal Delivery: 2 Maximum Days per Confinement - Caesarean Section: 2 	 \$300 Per Day Maximum Days per Confinement - Normal Delivery: 2 Maximum Days per Confinement - Caesarean Section: 2 	 \$300 Per Day Maximum Days per Confinement - Normal Delivery: 2 Maximum Days per Confinement - Caesarean Section: 2

¹ www.healthcare.gov; accessed Jan. 2023

² data.oecd.org; accessed Jan. 2023

Exclusions and Limitations*

We will not pay for any Covered Accident or Covered Sickness that is caused by, or occurs as a result of 1) committing or attempting to commit suicide or intentionally injuring oneself; 2) war or serving in any of the armed forces or units auxiliary; 3) participating in an illegal occupation or attempting to commit or actually committing a felony; 4) sky diving, hang gliding, parachuting, bungee jumping, parasailing, or scuba diving; 5) being intoxicated or being under the influence or any narcotic or other prescription drug unless taken in accordance with Physician's instructions 6) alcoholism; 7) cosmetic surgery, except for reconstructive surgery needed as the result of an Injury or Sickness or is related to or results from a congenital disease or anomaly of a covered Dependent Child; 8) services related to sterilization, reversal of a vasectomy or tubal ligation, in vitro fertilization, and diagnostic treatment of infertility or other related problems.

A Physician cannot be You or a member of Your Immediate Family, Your business or professional partner, or any person who has a financial affiliation or business interest with You.

Rates

	Plan 1	Plan 2	Plan 3	
Monthly Premiums				
Employee	\$14.72	\$22.14	\$26.32	
Employee + Spouse	\$30.52	\$47.64	\$56.66	
Employee + Children	\$22.78	\$34.96	\$41.52	
Family	\$38.60	\$60.46	\$71.86	