Frequently Asked Questions



Hospital Money Plan Insurance

What medical exam or pre-existing conditions requirements are there?

Your enrollment is guaranteed without any health questions or examinations. You must be treatment free for 12 consecutive months or wait 24 consecutive months from the date of insurance (whichever comes first) in order for a preexisting condition to be covered.

What is the daily benefit?

ABE-sponsored Hospital Money Plan insurance offers you a choice of daily benefit amounts up to \$500 when you're confined to the hospital for at least 18 consecutive hours and a charge is made for room and board. Benefits are payable for up to one year per covered stay. Benefits provided depend upon the plan selected and the premium will vary with the amount of benefits. At member age 65, the daily benefit amount reduces as shown in the Benefit Reduction Schedule on the back of the <u>Plan brochure</u>. Premiums do not reduce.

Is Outpatient Care covered?

Improved coverage now pays 100% of your selected daily benefit for emergency outpatient treatment in a hospital or ambulatory surgical center due to illness or injury (up to 5 such visits for each illness or injury within a year). Insureds must be under age 65 for this benefit and seek treatment within 48 hours of injury or symptoms.

Is Home Health Care included?

Yes. After you return home from the hospital, your doctor may order visiting nurse or home health agency services for you. These services may be needed because patients are being sent home earlier to cut hospital costs. When the doctor orders this professional care within 7 days after you are home from the hospital, you will be paid up to 50% of your daily benefit for these expenses for up to 90 days. Benefits begin the first day you are home following a covered stay.

Is Cancer or Intensive Care covered?

Yes. With ABE-sponsored Hospital Money Plan insurance your daily benefit will double if you or a covered dependent are hospitalized for cancer or if you require the special services of intensive or coronary care facilities. These double benefits can continue for the entire benefit period as long as you remain hospitalized for cancer or are confined in an intensive or coronary care unit. Under no circumstance will more than an additional 100% of the daily benefit be payable.

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Is Surgery covered?

Yes. An optional surgical benefit for a \$1,000 or \$2,000 maximum benefit is available whenever and wherever surgery is performed. The Surgical Schedule pays a specific benefit amount for each surgical procedure, up to the maximum benefit selected, depending on which option you choose.

Are Skilled Nursing Facilities covered?

Yes. If you are confined in a Skilled Nursing Facility after a covered hospital stay of at least 3 days, benefits are payable at 50% of the Daily Benefit for the lessor of up to 30 days or two times the number of days of the preceding covered hospital stay.

When can I renew my coverage?

Your coverage is renewable as the group policy stays in effect, you maintain your ABA membership, and premiums are paid when due. Because this is a Group Policy, your coverage cannot be canceled on an individual basis. Spouse/domestic partner (DP) coverage will end when yours does or when your benefits are no longer eligible, whichever comes first. Child coverage ends at age 26.

What happens to any available dividends?

If an ABE-sponsored plan produces a dividend at the end of the plan year, insureds may contribute that dividend to ABE. That donation is tax-deductible to the fullest extent permitted by law. ABE uses the donated dividends to make annual grants to support public service, educational, and research projects and programs of importance to the public and to the profession. Dividends are not guaranteed.

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