

# GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million emergency department visits every year are caused by youth sports.<sup>1</sup>

## JANUARY 17TH DBA LGO HOSPITALITY GROUP LLC

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit [www.thehartford.com/employee-benefits/employees](http://www.thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

| PLAN INFORMATION                     |  |                          |
|--------------------------------------|--|--------------------------|
| Coverage Type                        |  | On and off-job (24 hour) |
| BENEFITS                             |  |                          |
| EMERGENCY, HOSPITAL & TREATMENT CARE |  |                          |
| Accident Follow-Up                   | Up to 3 visits per accident                          | \$80                     |
| Acupuncture/Chiropractic Care/PT     | Up to 10 visits each per accident                    | Up to \$60               |
| Ambulance – Air                      | Once per accident                                    | \$1,600                  |
| Ambulance – Ground                   | Once per accident                                    | \$250                    |
| Blood/Plasma/Platelets               | Once per accident                                    | \$100                    |
| Child Care                           | Up to 30 days per accident while insured is confined | \$25                     |
| Daily Hospital Confinement           | Up to 365 days per lifetime                          | \$225                    |
| Daily ICU Confinement                | Up to 30 days per accident                           | \$425                    |
| Diagnostic Exam                      | Once per accident                                    | \$100                    |
| Emergency Dental                     | Once per accident                                    | Up to \$350              |
| Emergency Room                       | Once per accident                                    | \$175                    |
| Health Screening Benefit             | Once per year for each covered person                | \$50                     |
| Hospital Admission                   | Once per accident                                    | \$1,500                  |
| Initial Physician Office Visit       | Once per accident                                    | \$50                     |
| Lodging                              | Up to 30 nights per lifetime                         | \$175                    |
| Medical Appliance                    | Once per accident                                    | \$50                     |
| Rehabilitation Facility              | Up to 15 days per lifetime                           | \$100                    |
| Transportation                       | Up to 3 trips per accident                           | \$550                    |
| Urgent Care                          | Once per accident                                    | \$80                     |
| X-ray                                | Once per accident                                    | \$25                     |
| SPECIFIED INJURY & SURGERY           |  |                          |
| Abdominal/Thoracic Surgery           | Once per accident                                    | \$1,000                  |
| Arthroscopic Surgery                 | Once per accident                                    | \$200                    |
| Burn                                 | Once per accident                                    | Up to \$11,000           |
| Burn – Skin Graft                    | Once per accident for third degree burn(s)           | 50% of burn benefit      |
| Concussion                           | Up to 3 per year                                     | \$100                    |
| Dislocation                          | Once per joint per lifetime                          | Up to \$7,000            |
| Eye Injury                           | Once per accident                                    | Up to \$200              |

|   |  |                       |
|---|--|-----------------------|
| Fracture  | Once per bone per accident                   | Up to \$7,000         |
| Hernia Repair   | Once per accident                            | \$100                 |
| Joint Replacement   | Once per accident                            | \$500                 |
| Knee Cartilage  | Once per accident                            | Up to \$500           |
| Laceration  | Once per accident                            | Up to \$700           |
| Ruptured Disc   | Once per accident                            | \$600                 |
| Tendon/Ligament/Rotator Cuff  | Once per accident                            | Up to \$1,100         |
| <b>CATASTROPHIC</b>   |  |                       |
| Accidental Death  | Within 90 days; Spouse @ 50% and child @ 25% | \$30,000              |
| Common Carrier Death  | Within 90 days                               | 3 times death benefit |
| Coma  | Once per accident                            | Up to \$11,000        |
| Dismemberment   | Once per accident                            | Up to \$30,000        |
| Home Health Care  | Up to 30 days per accident                   | \$50                  |
| Paralysis   | Once per accident                            | Up to \$15,000        |
| Prosthesis  | Once per accident                            | Up to \$1,100         |
| <b>FEATURES</b>   |  |                       |
| Ability Assist® EAP <sup>2</sup> – 24/7/365 access to help for financial, legal or emotional issues   |  | Included              |
| HealthChampion <sup>SM3</sup> – Administrative & clinical support following serious illness or injury |  | Included              |

## PREMIUMS

The amounts shown are semi-monthly amounts (24 payments/deductions per year):<sup>4</sup>

| <b>COVERAGE TIER</b>  |                                |
|-----------------------|--------------------------------|
| Employee Only         | <b>\$3.63</b> (\$0.24 per day) |
| Employee & Spouse     | <b>\$5.72</b> (\$0.38 per day) |
| Employee & Child(ren) | <b>\$6.04</b> (\$0.40 per day) |
| Employee & Family     | <b>\$9.52</b> (\$0.63 per day) |

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full time salaried or hourly employee who works at least 30 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

### HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of completion of any eligibility waiting period established by your employer.

### WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

### **WHEN DOES THIS INSURANCE END?**

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

### **CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?**

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

<sup>1</sup>National Health Statistics Reports, November 2019. CDC/National Center for Health Statistics: <https://www.cdc.gov/nchs/data/nhsr/nhsr133-508.pdf>, as viewed as of 10/14/2020

<sup>2</sup>AbilityAssist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Ability Assist is a registered trademark of The Hartford. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

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<sup>4</sup>Rates and/or benefits may be changed on a class basis.

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# GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS



In the US, an estimated 40 out of 100 men and 39 out of 100 women will develop cancer during their lifetime.<sup>1</sup>

## JANUARY 17TH DBA LGO HOSPITALITY GROUP LLC

Facing a serious illness can be challenging both emotionally and financially. Major medical insurance may pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly. Critical Illness insurance can provide a lump-sum benefit upon diagnosis of a covered illness that can be used however you choose - from expenses related to treatment, to deductibles or day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Critical Illness insurance, visit [www.thehartford.com/employee-benefits/employees](http://www.thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis.

| COVERAGE AMOUNT  |   |
|--|---|
| Employee Coverage Amount   | \$10,000; \$20,000 or \$30,000                  |
| Spouse Coverage Amount   | 50% of your coverage amount                     |
| Child(ren) Coverage Amount   | 25% of your coverage amount                     |
| COVERED ILLNESSES  | BENEFIT AMOUNTS                                 |
| CANCER CONDITIONS  |   |
| Benign Brain Tumor*  | 25% of coverage amount                          |
| Invasive Cancer*   | 100% of coverage amount                         |
| Non-invasive Cancer  | 25% of coverage amount                          |
| Non-melanoma Skin Cancer   | \$250 once per lifetime for each covered person |
| VASCULAR CONDITIONS  |   |
| Heart Attack (Myocardial Infarction)*; Heart Failure/Transplant*; Stroke*  | 100% of coverage amount                         |
| Aneurysm   | 50% of coverage amount                          |
| Angioplasty/Stent  | 25% of coverage amount                          |
| Coronary Artery Bypass Graft   | 25% of coverage amount                          |
| OTHER SPECIFIED CONDITIONS   |   |
| Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Failure Transplant*; Paralysis          | 100% of coverage amount                         |
| Bone Marrow Transplant; Other Dread Diseases†  | 25% of coverage amount                          |
| NEUROLOGICAL CONDITIONS  |   |
| Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's); Advanced Alzheimer's Disease | 100% of coverage amount                         |
| CHILD CONDITIONS   |   |
| Cerebral Palsy; Congenital Heart Disease; Cystic Fibrosis; Muscular Dystrophy; Spina Bifida;   | 100% of coverage amount                         |
| ADDITIONAL BENEFITS  | BENEFIT AMOUNTS                                 |
| Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)                                     | 100% of original benefit amount                 |
| Second Opinion Cancer  | \$500 per diagnosis                             |
| Prosthesis/Wig   | \$500 one time                                  |
| Health Screening Benefit   | \$50 once per year per covered person           |

| FEATURES  | DETAILS                 |
|---|-------------------------|
| Coverage Maximum – Primary Insured & Spouse   | 500% of coverage amount |
| Coverage Maximum – Child(ren)   | 300% of coverage amount |
| Ability Assist <sup>®</sup> EAP <sup>3</sup> – 24/7/365 access to help for financial, legal or emotional issues |                         |
| HealthChampion <sup>SM</sup> 4 – Administrative and clinical support following serious illness or injury        |                         |

<sup>1</sup>Other Dread Disease means a covered severe disease that results in a covered person being confined to a Hospital for five (5) or more consecutive days. Covered severe diseases are: Addison's disease (primary adrenal insufficiency/hypocortisolism); bacterial cerebrospinal meningitis; COVID-19, formally SARS-CoV-2/2019-nCoV; diphtheria; encephalitis; Huntington's chorea; Legionnaire's disease; malaria; myasthenia gravis; necrotizing fasciitis; osteomyelitis; poliomyelitis; rabies; sickle cell anemia (excluding sickle cell trait); systemic lupus erythematosus (SLE); systemic sclerosis (scleroderma); tetanus; and tuberculosis. Please refer to the policy for complete definitions of each covered illness.

## PREMIUMS

See the Premium Worksheet.<sup>5</sup>

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full time salaried or hourly employee who works at least 30 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

### HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, within 31 days of the date you have a change in family status, or within 31 days of the completion of any eligibility waiting period established by your employer.

### WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

### WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependents) no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

### CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

<sup>1</sup>Cancer Facts and Figures, 2020. American Cancer Society: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2020/cancer-facts-and-figures-2020.pdf>, as viewed on October 14, 2020.

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<sup>5</sup>Rates and/or benefits may be changed on a class basis. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

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5962f NS 08/21

# GROUP VOLUNTARY HOSPITAL INDEMNITY INSURANCE BENEFIT HIGHLIGHTS



The average cost for a hospital stay is \$2,607 per day<sup>1</sup>

## JANUARY 17TH DBA LGO HOSPITALITY GROUP LLC

Hospital Indemnity (HI) insurance pays a cash benefit if you or an insured dependent (spouse or child) are confined in a hospital for a covered illness or injury. It also provides additional daily benefits for related services. Even with the best primary health insurance plan, out-of-pocket costs from a hospital stay can add up.

The benefits are paid in lump sum amounts to you, and can help offset expenses that primary health insurance doesn't cover (like deductibles, co-insurance amounts or co-pays), or benefits can be used for any non-medical expenses (like housing costs, groceries, car expenses, etc.).



To learn more about Hospital Indemnity insurance, visit [www.thehartford.com/employee-benefits/employees](http://www.thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

Benefit amounts are based on the plan in effect for you or an insured dependent at the time the covered event occurs. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

| PLAN INFORMATION  |                        | PLAN 1                   |
|---|------------------------|--------------------------|
| Coverage Type   |                        | On and off-job (24 hour) |
| Covered Events  |                        | Illness and injury       |
| HSA Compatible  |                        | Yes                      |
| BENEFITS  |                        | PLAN 1                   |
| HOSPITAL CARE <sup>2</sup>  |                        | PLAN 1                   |
| First Day Hospital Confinement  | Up to 1 day per year   | \$1,000                  |
| Daily Hospital Confinement (Day 2+)   | Up to 90 days per year | \$100                    |
| Daily ICU Confinement (Day 2+)  | Up to 20 days per year | \$200                    |
| FAMILY CARE   |                        | PLAN 1                   |
| Health Screening  | Up to 1 day per year   | \$50                     |
| FEATURES  |                        | PLAN 1                   |
| Ability Assist® EAP <sup>3</sup> – 24/7/365 access to help for financial, legal or emotional issues   |                        | Included                 |
| HealthChampion <sup>SM4</sup> – Administrative & clinical support following serious illness or injury |                        | Included                 |

## PREMIUMS

The amounts shown are semi-monthly amounts (24 payments/deductions per year).<sup>5</sup>

| COVERAGE TIER         | PLAN 1                   |
|-----------------------|--------------------------|
| Employee Only         | \$6.41 (\$0.42 per day)  |
| Employee & Spouse     | \$15.43 (\$1.01 per day) |
| Employee & Child(ren) | \$13.67 (\$0.90 per day) |
| Employee & Family     | \$23.90 (\$1.57 per day) |

## ASKED & ANSWERED

### IS THIS COVERAGE HSA COMPATIBLE?

If you (or any dependent(s)) currently participate in a Health Saving Account (HSA) or if you plan to do so in the future, you should be aware that the IRS limits the types of supplemental insurance you may have in addition to a HSA, while still maintaining the tax-exempt status of the HSA.

This plan design was designed to be compatible with Health Savings Accounts (HSAs). However, if you have or plan to open an HSA, please consult your tax and legal advisors to determine which supplemental benefits may be purchased by employees with an HSA.

## WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full time salaried or hourly employee who works at least 30 hours per week on a regularly scheduled basis

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

## AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

## HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

## WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

## WHEN DOES THIS INSURANCE BEGIN?

Subject to any eligibility waiting period established by your employer, insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

## WHEN DOES THIS INSURANCE END?

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

## CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Your spouse/partner may also continue insurance in certain circumstances.

<sup>1</sup>Kaiser Family Foundation, November 2019. Adjusted expenses per inpatient day include expenses incurred for both inpatient and outpatient care; inpatient days are adjusted higher to reflect an estimate of the volume of outpatient services: <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day>, viewed as of 4/16/2021.

<sup>2</sup>For Hospital Care benefits, when an insured is eligible for more than one benefit in a single day, only the highest benefit will be paid.

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Hospital does not include: convalescent homes, or convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; or facilities primarily for care of the aged/elderly, persons with substance abuse issues/disorders or mental/nervous disorders. Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours. Required hours may vary by state. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.  
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# LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

## GROUP ACCIDENT INSURANCE

### LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

## NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

### THIS POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY.

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. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. **IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

5962g NS 05/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

## GROUP CRITICAL ILLNESS INSURANCE

### LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the diagnosis of a covered illness, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

**Benefit Separation Periods.** If a covered person is diagnosed with a covered illness, and is subsequently diagnosed with another covered illness, the following separation periods apply between benefit payments. If the subsequent diagnosis is for: 1) A different, non-related covered illness than the first diagnosis (e.g. a cancer illness then a vascular illness), then a 30 days separation period applies; 2) A covered illness that is related to the first (e.g. two vascular illnesses, like heart attack and stroke), then a 30 days separation period applies; 3) The same covered illness as the first (e.g. two heart attacks) as allowed by the Recurrence Benefit, then a 6 month separation period applies.

**Exclusions.** This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
- A covered person's engaging in any illegal occupation
- A covered person's service in the armed forces or units auxiliary to them

**General Limitations.** Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- Diagnosed during an applicable benefit separation period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a recurrence provision
- For which a covered person has already received a benefit payment under the recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in your certificate.

## NOTICES

### THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

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. In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. In addition, NY residents covered by another Critical Illness or specified disease plan are not eligible for coverage. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

5962f NS 05/21 Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.

## GROUP HOSPITAL INDEMNITY INSURANCE

### LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered event, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

**Other Hospital Indemnity Policy Limitation (Over-insurance Limitation):** If an employee is insured under any other hospital indemnity policy underwritten by The Hartford, any claim for benefit is only payable under the one policy elected by the employee (or beneficiary or estate, in the event of death). We will return the amount of premium paid for any other policy that is declined by the employee retroactive to the later of:

- the last date any benefit was paid for any covered person under the other policy
- the effective date of insurance for the employee under the other policy

**Exclusions.** This insurance does not provide benefits for any loss that results from or is caused by:

- 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
- Travel or activity outside the United States or Canada
- 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 certificate
- 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

This insurance also does not provide benefits, unless required by law, for:

- Elective abortion or complications thereof
- Artificial insemination, in vitro fertilization, test tube fertilization
- 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 certificate
- Substance abuse, unless specifically allowed by a provision of the certificate
- 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 certificate 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 an accident
  - Treatment necessary due to congenital disease or anomaly

Exclusions will vary by the jurisdiction/state in which the policy is issued.

## NOTICES

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.

In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

The Policy may provide payment of several benefits as a result of claims from a single hospitalization or covered incident. Payment of one benefit under the Policy does not constitute acceptance of liability for all claims made under the Policy nor does it prohibit Us from further investigation of subsequent claims.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

5962h NS 05/21. Hospital Income Plan Form Series includes GBD-2800, GBD-2900, or state equivalent.

## The Buck's Got Your Back®

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