Compass Group USA, Inc.
Summary of benefits

Scan to learn more about your Hospital Indemnity Protection Plan.

Hospital Indemnity Protection Plan

Hospital Indemnity Protection Plan is an insurance plan that pays cash directly to you. It can be used to help pay costs from a hospital stay and related treatment, health plan deductible and other out-of-pocket costs.

Effective date	January 1, 2027
Eligibility	All active associates residing in New Mexico, working a minimum of 20 hours per week
Pre-existing conditions exclusion	None
Portability	Included
Maternity	Covered with 9 months waiting period

Benefits payable		
	Low option	**High option**
Hospital admission (up to 3 days/plan year)	$1,100	$2,200
Hospital confinement (up to 29 days/plan year)	$100	$200
ICU admission (up to 3 days/plan year)	$1,100	$2,200
ICU confinement (up to 29 days/plan year)	$100	$200
Inpatient drug & alcohol (up to 30 days/plan year)	$100	$100
Inpatient mental & nervous disorder (up to 30 days/plan year)	$100	$100
Inpatient rehab/therapy (up to 30 days/plan year)	$50	$50
Short stay & observation (up to 23 hours/plan year)	$200	$200
Monthly rates	**Low option**	**High option**
Associate Only	$18.65	$35.00
Associate + Spouse	$40.22	$76.01
Associate + Child(ren)	$36.37	$68.07
Associate + Spouse + Child(ren)	$62.28	$117.24

Important details

This Summary of Benefits sheet is an overview of the Hospital Indemnity Protection Plan Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail. Dependent children are covered to age 26.

The associate must be enrolled in coverage in order for dependent coverage to be available.

Benefits for a dependent's congenital defects or anomalies (such as, but not limited to, cleft lip or palate) are not subject to pre-existing condition or waiting period restrictions.

Exclusions and limitations

This certificate does not cover any loss caused by or resulting from (directly or indirectly):

1. An act or accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
2. Loss sustained while on active duty as a member of the armed forces of any nation (except during any time period coverage is extended under the Continuation During Leave of Absence provision)

3. Any intentionally self-inflicted injury
4. Active participation in a riot
5. Committing or attempting to commit a felony, or participating or attempting to participate in a felony
6. Taking part in the commission of an assault or being engaged in an illegal activity
7. Use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a physician; this exclusion does not apply to the drug and alcohol treatment benefit (inpatient) if covered under this policy
8. Cosmetic or elective surgery; or except for cosmetic surgery performed on a dependent who is a child, to correct a congenital defect or anomaly
9. Treatment received outside the United States or its territories
10. The reversal of a tubal ligation or vasectomy
11. Artificial insemination, in vitro fertilization and test tube fertilization, including any related testing, medications or physician services, unless required by law
12. Participation in any form of aeronautics (including parachuting and hang gliding) except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports
13. A newborn child's routine nursing or routine well-baby care during the initial confinement in a hospital
14. Driving in any organized or scheduled race or speed test or while testing an automobile or any motorized vehicle on any racetrack or speedway
15. Mental and nervous disorders; this exclusion does not apply to the mental and nervous disorder treatment benefit (inpatient) if covered under this policy
16. Dental or plastic surgery for cosmetic purposes except when such surgery is required to: (a) treat an Injury; or (b) correct a disorder of normal bodily function
17. Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received

Cosmetic surgery means surgery performed to modify or improve the appearance of a physical feature or defect. For purposes of excluding benefits, cosmetic surgery does not mean reconstructive surgery performed to correct or repair abnormal structures of the body caused by:

1. Congenital defects
2. Developmental abnormalities
3. Trauma
4. Infection
5. Tumors
6. Disease (when intended to either improve function or create a normal appearance to the extent possible)

Reconstructive surgery includes:

1. Dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures
2. Surgery and prosthetic devices to restore and achieve symmetry incident to a mastectomy

Elective surgery means:

1. Cosmetic surgery
2. Any other surgery that is:
   a. Not for the purpose of correcting or repairing abnormal structures of the body
   b. Not for the purpose of improving function
   c. If intended to improve appearance or create a normal appearance, is not caused by a condition listed in 1-6 above

For purposes of excluding benefits, elective surgery does not include:

1. Caesarean section
2. Any surgery related to complications of pregnancy; or bariatric surgery performed in conjunction with a diagnosis of morbid obesity