

Plan Highlights

Voluntary Group Hospital Indemnity Insurance



Michaels Stores, Inc

COVERAGE

Voluntary group hospital indemnity insurance provides a range of fixed, lump-sum daily benefits to help cover costs associated with a hospital admission, including room and board costs. These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment.

ELIGIBILITY

All Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

Dependents: You must be insured for your Dependents to be covered. Dependents are:

- ▶ Your legal spouse or domestic partner.
- ▶ Your dependent children from birth to 26 years.
- ▶ A person may not have coverage as both an Employee and Dependent.

FEATURES

- ▶ Guaranteed issue; no medical questions
- ▶ No pre-existing conditions exclusions
- ▶ Mental & Nervous and Substance Abuse treated same as any other hospital admission
- ▶ No deductibles
- ▶ Eligible for continuation of coverage
- ▶ HIPAA privacy compliant
- ▶ Overlying Major Medical Plan NOT Required*
- ▶ Coverage Offered on a Voluntary Basis

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

BENEFITS

Hospital Room & Board Benefits

Room & Board Benefit per Day (30 Daily Benefits per Coverage Year)*	\$100
--	-------

Hospital Critical Care Unit Benefits

Critical Care Unit Benefits per Day (15 Daily Benefits per Coverage Year)	\$200
--	-------

Hospital Admission & Observation Benefit

Two Daily Benefit per Coverage Year	\$1,000
-------------------------------------	---------

Hospital Critical Care Admission Benefit

One Daily Benefit per Coverage Year	\$2,000
-------------------------------------	---------

Wellness Care**

One Daily Benefit per Coverage Year	\$50
-------------------------------------	------

Non-Insurance Services

On-Call Travel Assistance	Included
---------------------------	----------

*In no event will the Daily Benefits exceed 30 daily benefits per Coverage Year.

**Wellness Care means medical examinations and procedures that are preventive in nature and not for the treatment of Injury or Sickness.

BI-WEEKLY PREMIUM

Coverage	Premium	High
Employee		\$ 11.44
Employee & Spouse		\$ 22.67
Employee & Child(ren)		\$ 19.30
Employee & Family		\$ 31.50