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Medico Insurance Company
A Wellabe Company

# Hospital Indemnity Insurance[1] Comparison Worksheet

Take a moment to see how this plan can work with your current Medicare Advantage plan.

**Name** ______________________________ **Current plan's out-of-pocket maximum** $ ________________

**Agent name** __________________________ **Agent contact information** ___________________________

| **Current health insurance plan copays** | | | | | |
|---|---|---|---|---|---|
| Inpatient hospital care | $ __________ | X | ______ days | = | $ _______ |
| Inpatient mental health services | $ __________ | X | ______ days | = | $ _______ |
| Emergency room services | $ __________ | X | ______ days | = | $ _______ |
| Ambulance services | $ __________ | X | ______ days | = | $ _______ |
| Skilled nursing services | $ __________ | X | ______ days | = | $ _______ |
| Outpatient surgery | $ __________ | X | ______ days | = | $ _______ |
| Outpatient therapy | $ __________ | X | ______ days | = | $ _______ |
| Chiropractic services | $ __________ | X | ______ days | = | $ _______ |
| Urgent care | $ __________ | X | ______ days | = | $ _______ |
| | | | | | **Total out-of-pocket costs $** __________ |

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| Wellabe's Hospital Indemnity insurance | | | | | |
|---|---|---|---|---|---|
| Inpatient/observation hospital stay | $ ______ | X | ______ days | = | $ ______ |
| Inpatient mental health services | $ 175 | X | ______ days | = | $ ______ |
| Emergency room services | $ 150 | X | ______ days | = | $ ______ |
| Transportation and lodging | $ 100 | X | ______ days | = | $ ______ |
| **Optional rider benefits[2]** | | | | | |
| Ambulance services | $ 250 | X | ______ days | = | $ ______ |
| Skilled nursing services[3] | $ ______ | X | ______ days | = | $ ______ |
| Outpatient surgery | $ ______ | X | ______ days | = | $ ______ |
| Outpatient therapy/ Chiropractic services | $ 50 | X | ______ days | = | $ ______ |
| Urgent care | $ 50 | X | ______ days | = | $ ______ |
| Lump sum cancer | $ ______ / diagnosis | X | 1 | = | $ ______ |
| Lump sum hospital confinement | $ ______ / confinement | X | ______ confinement | = | $ ______ |
| | | | | **Total Hospital Indemnity insurance pays $** | ______ |

1. This policy is called Fixed Indemnity Insurance Policy in CO, Hospital Confinement Indemnity Insurance in PA, and Limited Benefit Hospital Indemnity Insurance Policy in VA.
2. Optional benefit riders may not be available in all states. In PA, all riders are called supplemental riders.
3. This rider is called Nursing Facility Benefit Rider in IA and Nursing Facility Indemnity Benefit Rider in WA.

**Policy form:** HIA63

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Hospital Indemnity insurance is not major medical insurance and is not a substitute for major medical insurance. It does not qualify as minimum essential health coverage under the Federal Affordable Care Act. If you purchase this policy only, you will not satisfy the federal requirement that you have health coverage.

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