



Medico Insurance Company  
A Wellabe Company



# Hospital Indemnity Comparison Chart

| Base benefits                             | Wellabe                                                                                                                                                           | Competitor 1                                                                                                                                                  | Competitor 2                                                                                                                                                                                  | Competitor 3                                                                                                                                                                                                                |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hospital confinement daily benefit amount | \$100–\$750 in \$25 increments                                                                                                                                    | <ul style="list-style-type: none"><li>Up to \$2,500 for one day</li><li>Up to \$990 for all other options</li></ul>                                           | <ul style="list-style-type: none"><li>Lump sum: Up to \$2,500 in \$250 increments</li><li>Daily: Up to \$700 in \$10 increments</li></ul>                                                     | <ul style="list-style-type: none"><li>Daily benefit: \$100–\$1,000 in \$10 increments</li><li>Lump sum: \$100–\$3,000 in \$50 increments</li></ul>                                                                          |
| Hospital confinement benefit period       | <ul style="list-style-type: none"><li>3, 6–10, 21, or 31 days</li><li>Restores after 60 days of not being confined to a hospital or receiving treatment</li></ul> | <ul style="list-style-type: none"><li>1, 3–10, or 15 days</li><li>Restores after 60 days of not being confined to a hospital or receiving treatment</li></ul> | <ul style="list-style-type: none"><li>3–10 or 20 days with a lifetime maximum of 365 days</li><li>Restores after 60 days of not being confined to a hospital or receiving treatment</li></ul> | <ul style="list-style-type: none"><li>3, 4, 5, 6, 7, 8, 9, 10, 15, 20, 31 days</li><li>Restores after 60 days from discharge</li></ul>                                                                                      |
| Observation/Short duration                | Paid at 100% of the Hospital confinement benefit amount for up to six days per calendar year                                                                      | If hospitalized between 6–24 hours, 100% of daily benefit paid (25% if one day is selected)                                                                   | Observation will be paid at 50% of daily benefit if the stay is less than 24 hours                                                                                                            | 100% of daily benefit up to maximum of lesser of five or number of days for benefit period                                                                                                                                  |
| Emergency room                            | \$150 per day due to sickness or injury up to four times per calendar year, no hospitalization required                                                           | \$150 due to accident or injury, no hospitalization required                                                                                                  | Part of ambulance rider                                                                                                                                                                       | <ul style="list-style-type: none"><li>Combined with Ambulance, ER, and Urgent Care Optional Rider</li><li>\$100–\$500 in 100 increments payable up to four times per year</li><li>Covers both injury and sickness</li></ul> |
| Mental health                             | \$175 per day for up to seven days per calendar year                                                                                                              | \$175 for up to seven days                                                                                                                                    | N/A                                                                                                                                                                                           | \$175 per day up to seven days                                                                                                                                                                                              |
| Transportation and lodging                | <ul style="list-style-type: none"><li>\$100 per day up to 10 days per calendar year</li><li>50 mile minimum distance</li></ul>                                    | N/A                                                                                                                                                           | N/A                                                                                                                                                                                           | N/A                                                                                                                                                                                                                         |
| Pet boarding                              | <ul style="list-style-type: none"><li>\$50 per day up to 10 days</li></ul>                                                                                        | N/A                                                                                                                                                           | N/A                                                                                                                                                                                           | \$75 per day up to 14 days                                                                                                                                                                                                  |

| Optional rider               | Wellabe                                                                                                                                                      | Competitor 1                                                                                                                                                                                                                                                 | Competitor 2                                                                                                                                              | Competitor 3                                                                                                                                                                                                                                            |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ambulance                    | <ul style="list-style-type: none"><li>\$250 per day up to four days per calendar year</li><li>Lifetime maximum of \$2,500</li></ul>                          | <ul style="list-style-type: none"><li>Choice of \$50–\$400 up to four times a year</li><li>Lifetime maximum of 12 trips</li></ul>                                                                                                                            | \$200 up two times per year, includes emergency room                                                                                                      | <ul style="list-style-type: none"><li>Combined with Ambulance, ER, and Urgent Care Optional Rider</li><li>\$100–\$500 in 100 increments payable up to four times per year</li><li>Urgent care paid at 50%, air ambulance is 10 times election</li></ul> |
| Outpatient therapy           | \$50 per day for either 15 or 30 days per calendar year                                                                                                      | \$50 for either 15 or 30 days                                                                                                                                                                                                                                | \$50 for either 15 or 30 days                                                                                                                             | \$50–\$250 in \$10 increments up to 15 or 30 days                                                                                                                                                                                                       |
| Chiropractic care            | \$50 per day up to five days per calendar year                                                                                                               | \$50 per day up to five days                                                                                                                                                                                                                                 | N/A                                                                                                                                                       | \$50–\$250 in \$10 increments up to five days                                                                                                                                                                                                           |
| Skilled nursing              | \$100, \$150, or \$200 per day for up to 50 days                                                                                                             | Choice of \$100–\$300 for days 1–50 or \$100–\$300 for days 21–100                                                                                                                                                                                           | Up to \$200 in \$10 increments with choice of 1–20 days, 21–100 days, or 1–100 days                                                                       | \$100–\$500 for either 1–20 days, 21–100 days, 1–100 days                                                                                                                                                                                               |
| Home Health Care             | N/A                                                                                                                                                          | N/A                                                                                                                                                                                                                                                          | N/A                                                                                                                                                       | \$50–\$250 in \$10 increments up to 30 days                                                                                                                                                                                                             |
| Lump-sum cancer              | <ul style="list-style-type: none"><li>\$1,000; \$2,500; \$5,000; \$7,500; or \$10,000</li><li>Available to age 79</li><li>One benefit per lifetime</li></ul> | <ul style="list-style-type: none"><li>\$2,500; \$5,000; \$7,500; \$10,000; \$15,000; or \$20,000</li><li>25% of benefit paid for cancer in situ and \$500 for basal cell or squamous cell skin carcinoma</li><li>Optional recurrence benefit rider</li></ul> | <ul style="list-style-type: none"><li>\$2,500; \$5,000; or \$10,000 one time per life of the policy</li><li>Rider terminates after benefit paid</li></ul> | <ul style="list-style-type: none"><li>\$2,500; \$5,000; \$10,000; \$15,000; \$20,000; or \$25,000</li><li>\$600 skin cancer benefit</li></ul>                                                                                                           |
| Outpatient surgical          | \$250, \$500, \$750, \$1,000, \$1,500, or \$2,000 per day up to two days per calendar year                                                                   | \$250, \$500, \$750, or \$1,000 up to two times per year                                                                                                                                                                                                     | Up to \$1,500 in \$250 increments one time per calendar year                                                                                              | \$250; \$500; \$750; \$1,000 payable up to two surgeries per year                                                                                                                                                                                       |
| Lump-sum confinement         | \$250, \$500, \$750, \$1,000, \$1,500, \$2,000 or \$2,500 paid one, two, or three confinements per calendar year                                             | <ul style="list-style-type: none"><li>\$250, \$500, or \$750</li><li>Restores after 60 days</li></ul>                                                                                                                                                        | N/A                                                                                                                                                       | Included as a base option                                                                                                                                                                                                                               |
| Urgent care                  | \$50 per day up to four days per calendar year                                                                                                               | \$150 due to accident or injury, no hospitalization required                                                                                                                                                                                                 | N/A                                                                                                                                                       | <ul style="list-style-type: none"><li>Combined with Ambulance, ER, and Urgent Care Optional Rider</li><li>\$100 to \$500 in \$100 increments payable up to four times per year</li><li>Urgent care paid at 50%</li></ul>                                |
| Outpatient Prescription Drug | \$20 per prescription up to \$300 or \$600 per calendar year                                                                                                 | N/A                                                                                                                                                                                                                                                          | N/A                                                                                                                                                       | N/A                                                                                                                                                                                                                                                     |
| Out-of-Network Lump-sum      | \$300, \$600, or \$900 up to three days per calendar year on top of daily hospital benefit                                                                   | N/A                                                                                                                                                                                                                                                          | N/A                                                                                                                                                       | N/A                                                                                                                                                                                                                                                     |
| Dental                       | N/A                                                                                                                                                          | <ul style="list-style-type: none"><li>\$400; \$800; or \$1,200</li><li>\$200 for glasses or contacts after a 12-month waiting period</li></ul>                                                                                                               | N/A                                                                                                                                                       | N/A                                                                                                                                                                                                                                                     |
| Critical accident            | N/A                                                                                                                                                          | \$5,000 or \$10,000 paid on a scheduled basis                                                                                                                                                                                                                | N/A                                                                                                                                                       | N/A                                                                                                                                                                                                                                                     |
| Doctor office visit          | N/A                                                                                                                                                          | N/A                                                                                                                                                                                                                                                          | Up to \$60 in \$10 increments up to 20 times per year                                                                                                     | N/A                                                                                                                                                                                                                                                     |
| Wellness                     | N/A                                                                                                                                                          | Included in guaranteed purchase option, \$100 for annual physical examination                                                                                                                                                                                | N/A                                                                                                                                                       | N/A                                                                                                                                                                                                                                                     |

| Additional highlights      | Wellabe                                                                                                                                                  | Competitor 1                                                                                                                                                          | Competitor 2                                                                                 | Competitor 3                                                                                                                       |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Automatic benefit increase | Policyholders can increase benefit and rider amounts on existing policy once per year                                                                    | For an additional premium, can exercise a guaranteed purchase option that increases daily hospital benefit by 10% of original amount up to five times prior to age 85 | N/A                                                                                          | For an additional premium, increases hospital confinement benefit up to 15%, total of five times during life of policy             |
| Issue ages                 | 18–85                                                                                                                                                    | 40–85                                                                                                                                                                 | 18–89                                                                                        | 18–85                                                                                                                              |
| Underwriting               | <ul style="list-style-type: none"><li>GI period : 60–79</li><li>Simplified underwriting (nine health questions)</li></ul>                                | <ul style="list-style-type: none"><li>GI period: 64.5–70</li><li>Simplified underwriting</li></ul>                                                                    | <ul style="list-style-type: none"><li>No GI period</li><li>Simplified underwriting</li></ul> | <ul style="list-style-type: none"><li>GI period: 64–74, lump sum cancer excluded from GI</li><li>Simplified underwriting</li></ul> |
| Post-issue benefit change  | <ul style="list-style-type: none"><li>Adjust base benefits or riders once a year</li><li>Add or remove optional riders once per life of policy</li></ul> | N/A                                                                                                                                                                   | N/A                                                                                          | N/A                                                                                                                                |
| Household discount         | 7% if living with someone 18 or older                                                                                                                    | N/A                                                                                                                                                                   | N/A                                                                                          | 7%                                                                                                                                 |