# GROUP ACCIDENT INSURANCE HOSPITALIZATION BENEFIT – MID

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>Benefit Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOSPITAL ADMISSION</strong> (once per accident, within 6 months after the accident)</td>
<td>$900 per confinement</td>
</tr>
<tr>
<td>Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury. This benefit is not payable for confinement to an observation unit, for emergency room treatment or for outpatient treatment.</td>
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<tr>
<td><strong>HOSPITAL CONFINEMENT</strong> (maximum of 365 days per accident, within 6 months after the accident)</td>
<td>$225 per day</td>
</tr>
<tr>
<td>Payable for each day that an insured is confined to a hospital as an inpatient because of a covered accidental injury. If we pay benefits for confinement and the insured is confined again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury. This benefit is not payable for confinement to an observation unit or a rehabilitation facility.</td>
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<tr>
<td><strong>HOSPITAL INTENSIVE CARE</strong> (maximum of 30 days per accident, within 6 months after the accident)</td>
<td>$300 per day</td>
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<tr>
<td>Payable for each day an insured is confined in a hospital intensive care unit because of a covered accidental injury. We will pay benefits for only one confinement in a hospital intensive care unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in a hospital intensive care unit and an insured becomes confined to a hospital intensive care unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.</td>
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<tr>
<td><strong>INTERMEDIATE INTENSIVE CARE STEP-DOWN UNIT</strong> (maximum of 30 days per accident, within 6 months after the accident)</td>
<td>$150 per day</td>
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<tr>
<td>Payable for each day an insured is confined in an intermediate intensive care step-down unit because of a covered accidental injury. We will pay benefits for only one confinement in an intermediate intensive care step-down unit at a time, even if it is caused by more than one covered accidental injury. If we pay benefits for confinement in an intermediate intensive care step-down unit and an insured becomes confined to an intermediate intensive care step-down unit again within 6 months because of the same accidental injury, we will treat this confinement as the same period of confinement. This benefit is payable in addition to the Hospital Confinement Benefit.</td>
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</tr>
<tr>
<td><strong>FAMILY MEMBER LODGING</strong> (greater than 100 miles from the insured’s residence, maximum of 30 days per accident, within 6 months after the accident)</td>
<td>$150 per day</td>
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</tbody>
</table>
| Payable for each night’s lodging in a motel/hotel/rental property for an adult member of the insured’s immediate family. For this benefit to be payable:  
  • The insured must be confined to a hospital for treatment of a covered accidental injury;  
  • The hospital and motel/hotel must be more than 100 miles from the insured’s residence; and  
  • The treatment must be prescribed by the insured’s treating doctor. |
EXCLUSIONS
For a complete list of exclusions please refer to the Initial Accident Treatment insert.

DEFINITIONS
Hospital Intensive Care Unit means a place that meets all of the following criteria:
• Is a specifically designated area of the hospital called a hospital intensive care unit;
• Provides the highest level of medical care;
• Is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
• Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
• Is permanently equipped with special life-saving equipment for the care of the critically ill or injured;
• Is under close observation by a specially trained nursing staff assigned exclusively to the hospital intensive care unit 24 hours a day; and
• Has a doctor assigned to the hospital intensive care unit on a full-time basis.

The term Hospital Intensive Care Unit specifically excludes any type of facility not meeting the definition of hospital intensive care unit as defined in this plan, including but not limited to private monitored rooms, surgical recovery rooms, observation units and the following step-down units:
• A progressive care unit;
• A sub-acute intensive care unit; or
• An intermediate care unit.

Intermediate Intensive Care Step-Down Unit means any of the following:
• A progressive care unit;
• A sub-acute intensive care unit;
• An intermediate care unit; or
• A pre- or post-intensive care unit.

An intermediate intensive care step-down unit is not a hospital intensive care unit as defined in this plan.

Please refer to the Initial Accident Treatment insert for other definitions applicable to this coverage.

Note: In New Hampshire, all mentions of “Treatment” refer to “Care”. 