

This notice is required by Federal law

SAMPLE

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Trustmark Hospital StayPay[®] Benefits for [EMPLOYER]

	[Benefit amounts] [Plan option #1]	[Plan option #2]
First Day Stay Benefit[†] Only one benefit amount can be selected	[PLAN 1 FDC BENEFIT]	[PLAN 2 FDC BENEFIT]
Daily Hospital Stay Benefit[†]	[PLAN 1 DHC BENEFIT]	[PLAN 2 DHC BENEFIT]
Daily Hospital ICU Benefit[†]	[PLAN 1 ICU BENEFIT]	[PLAN 2 ICU BENEFIT]
First Occurrence Benefit[†] Pays 1x per policy per calendar year	[PLAN 1 FOB BENEFIT]	[PLAN 2 FOB BENEFIT]
Additional features		
Childbirth Hospital Stay[†]	[PLAN 1 CHILDBIRTH]	[PLAN 2 CHILDBIRTH]
Wellness Checks[†] Annual Screening Test Routine Screening Test Follow-up Test	[PLAN 1 WBW1] [PLAN 1 WBW2] [PLAN 1 WBW3]	[PLAN 2 WBW1] [PLAN 2 WBW2] [PLAN 2 WBW3]
Claim Free Return[†]	[PLAN 1 CFR]	[PLAN 2 CFR]
TrekCheck Transportation Lodging	[PLAN 1 TC] [PLAN 1 TC]	[PLAN 2 TC] [PLAN 2 TC]
Follow-up Care	[PLAN 1 FUC]	[PLAN 2 FUC]
Imaging Minor Major	[PLAN 1 IMG MI] [PLAN 1 IMG MA]	[PLAN 2 IMG MI] [PLAN 2 IMG MA]
Immediate Care Urgent Care Emergency Room Ambulance (Ground/Air)	[PLAN 1 UC] [PLAN 1 ER] [PLAN 1 AMB]	[PLAN 2 UC] [PLAN 2 ER] [PLAN 2 AMB]
Rehabilitation Services Inpatient Rehabilitation Outpatient Therapy Services Inpatient Mental Wellness or Addiction Recovery Outpatient Mental Wellness or Addiction Recovery	[PLAN 1 IPREHAB] [PLAN 1 OPREHAB] [PLAN 1 IPMWAR] [PLAN 1 OPMWAR]	[PLAN 2 IPREHAB] [PLAN 2 OPREHAB] [PLAN 2 IPMWAR] [PLAN 2 OPMWAR]
Surgery Inpatient Surgery Outpatient Surgery in Outpatient Surgery Facility or Emergency Room Outpatient Surgery in Physician Office or Urgent Care Facility	[PLAN 1 IPSURG] [PLAN 1 OPSURG] [PLAN 1 OFFICESURG]	[PLAN 2 IPSURG] [PLAN 2 OPSURG] [PLAN 2 OFFICESURG]
Anesthesia	[PLAN 1 ANES]	[PLAN 2 ANES]

First Day and Daily Hospital benefits are not paid concurrently; not more than one benefit is payable per day of your hospital stay. Benefits, availability and amounts may vary by state. Your policy/certificate will contain complete information.

†Benefits marked with this symbol are designed to be compatible with Health Savings Accounts (HSAs). You may wish to consult a tax and legal advisor to confirm which supplemental benefits may be purchased by persons with an HSA to continue to maintain tax-exempt status.

See reverse for additional information.

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This is a brief description of benefits under HII 119 and applicable riders CFR 119, CCR 119, FUR 119, IBR 119, ICR 119, RSR 119, SBR 119, TLR 119 and WBW 119. This hospital indemnity insurance policy/group certificate provides limited benefits that are the result of a covered accident or covered sickness. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It does not provide comprehensive medical coverage. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. This description represents coverage offered during a certain time period; coverage you may have selected before or select after that period may differ. Your policy/certificate will contain complete information. Limitations on pre-existing conditions may apply. Benefits, definitions, exclusions, form numbers and limitations may vary by state. For costs and coverage detail, including exclusions, limitations and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. For exclusions and limitations that may apply, please visit trustmarkbenefits.com/Voluntary-Benefits/Disclosures/HSP.

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**You care.
We listen.**

Products underwritten by Trustmark Insurance Company.
Rated A (Excellent) for financial strength by AM Best.¹

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