

# Group Secure Hospital Indemnity Plan

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## Group Secure 300 Cancer Plan

No medical exam or health questions.  
Plans that pay cash benefits directly to you.  
No restrictions on how you spend your money.



## **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** 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](http://naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.





# Group Secure Hospital Indemnity Plan

Pays cash directly to you to handle everyday expenses when you're hospitalized.

Added expenses related to an unexpected or extended hospital stay can put a burden on your income and budget. Plus, there are everyday expenses and monthly bills that still need to be paid while you or a family member are hospitalized.

That's where Group Secure Hospital Indemnity Plan comes in. It supplements other coverage to help you take care of expenses not covered by your health insurance. Think of it as a safety net that provides financial security when you need it most.

- **Cash benefits begin on first day** – \$50 per day (day 1 to 3).
- **Benefits continue and increase** – \$200 per day (day 4 to 365).
- **Higher starting benefit for accidents** – \$200 daily starting on day 1 when hospitalized due to an accident.
- **Pays double benefits when in ICU** – \$200 benefit doubles to \$400 per day when admitted in intensive care or a coronary care unit within a hospital.
- **Day of discharge is included.**
- **Use your cash benefits for anything** – all cash benefits are paid directly to you to spend as you choose. You can pay for gas, meals, lodging for family, babysitters, parking, utility bills, groceries, transportation and more.
- **Acceptance is guaranteed with minimum essential coverage.**
- **Simple claim filing** – just ask the hospital for an itemized statement of your stay and submit it with the Secure Hospital Indemnity Plan claim form (found on bcbsks.com). You will immediately begin receiving cash benefits, paid directly to you.
- **Easy to apply** – no medical exam is required and there are no health questions to answer.
- **Coverage for dependents!** Includes unmarried dependents by birth or adoption to age 23 and unmarried dependents incapable of self support. See contract for details.

Affordable Monthly Group Premiums	
Employee only	\$4.71
Employee & children	\$9.55
Employee & spouse	\$10.14
Employee, spouse & children	\$14.97

## Eligibility

Employees are eligible to enroll at initial opportunity, during a qualifying event, or during open enrollment.

Acceptance is guaranteed. Enrollment in Minimum Essential Coverage is required, as defined below.

## Minimum Essential Coverage

The type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. This includes individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE and certain other coverage.

## Exclusions

- Any portion of a hospital admission that is primarily for skilled nursing care (including swing beds) rather than acute.
- Admission for the primary purpose of performing acupuncture.
- Admissions for dental care.
- Admissions that are not medically necessary.
- Inpatient skilled care, intermediate care, convalescent care, custodial/maintenance care or rest cures.
- Admission to rehabilitation facilities (not acute care)

# Group Secure 300 Cancer Plan

Get paid for cancer screenings and treatment.

For families affected by cancer, it not only takes a physical and emotional toll, but often a financial one as well. It's a time when the focus should be on recovery and healing. Group Secure 300 Cancer Plan from Blue Cross and Blue Shield of Kansas can help provide relief from the related expenses of cancer.

Group Secure 300 Cancer Plan pays cash benefits directly to you for expenses traditional health insurance doesn't cover. Expenses like transportation, meals, loss of income, private nursing care, out-of-pocket incidentals and more.

Group Secure 300 Cancer Plan is designed to give you the extra coverage you need if you or a family member are diagnosed with cancer. Important coverage features include:

- **Wellness screenings** – \$50 paid (one time per year, per insured age 18 and over) with documentation that you received any applicable wellness screenings such as mammograms, colonoscopies and pap smears. See contract for full list of applicable wellness screenings.
- **Inpatient benefits** – \$300 for each day of inpatient hospital cancer care.
- **Outpatient benefits** – \$100 each day for the following outpatient services: surgery, chemotherapy (excluding oral), radiation therapy and surgical endoscopic procedures. Inpatient, outpatient and wellness benefit payments combine for a total lifetime maximum of \$250,000 per insured.
- **Pays in addition to your other coverages** – benefits are paid regardless of how much you receive from other health insurance, including Medicare.
- **Get fast, complete payments** – so you can pay your expenses promptly or use your cash benefit however you choose.

Affordable Monthly Group Premiums	
Employee only	\$4.73
Employee & children	\$9.59
Employee & spouse	\$10.17
Employee, spouse & children	\$15.03

- **Easy claim filing** – simply submit the Cancer Plan Claim Form (found on bcbsks.com) as instructed.
- **Coverage for dependents!** Includes unmarried dependents by birth or adoption to age 23 and unmarried dependents incapable of self support. See contract for details.

## Eligibility

Employees are eligible to enroll at initial opportunity, during a qualifying event, or during open enrollment.

Acceptance is guaranteed. Enrollment in Minimum Essential Coverage is required, as defined below.

## Minimum Essential Coverage

The type of coverage an individual needs to have to meet the individual responsibility requirement under the Affordable Care Act. This includes individual market policies, job-based coverage, Medicare, Medicaid, CHIP, TRICARE and certain other coverage.

## Exclusions

Benefits will not be provided for medical, surgical or hospital services, drugs and devices.

# Group Secure 300 Cancer Plan and Group Secure Hospital Indemnity Plan Enrollment Form

for group coverage

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

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## **Questions about this policy?**

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- If you have this policy through your job, or a family member's job, contact the employer.

## **Section 1 – Applicant Information**

First Name _____	MI _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	_____/_____/_____
Last Name _____	Suffix _____	Social Security Number _____	
Residential Address _____		Home Phone Number (____) _____-_____	Cell Phone Number (____) _____-_____
City _____		E-mail Address _____	
State _____	ZIP Code _____	+4 _____	County _____
Mailing Address (if different from residential address) _____			
City _____			
State _____	ZIP Code _____	+4 _____	

**Please continue on the next page.**

## Section 2 – Election Offerings

Employer Name \_\_\_\_\_ Applying for: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Requested Effective Date

Group Number \_\_\_\_\_ Date of Full-Time Hire \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Group Secure 300 Cancer  
 Group Secure HIP  
 Both

Does this applicant and all family members enrolling have health insurance coverage as an individual or through an employer?  Yes  No

If no, please include person's name without coverage: \_\_\_\_\_

## Section 3 – Dependent Information – Complete all fields below for each dependent being added.

Relationship to applicant:  Spouse  Child  Stepchild  Legal Guardianship  Legal Custody

First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender  Male  Female \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ Social Security Number \_\_\_\_\_

Relationship to applicant:  Spouse  Child  Stepchild  Legal Guardianship  Legal Custody

First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender  Male  Female \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ Social Security Number \_\_\_\_\_

Relationship to applicant:  Spouse  Child  Stepchild  Legal Guardianship  Legal Custody

First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender  Male  Female \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth

Last Name \_\_\_\_\_ Suffix \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Section 4 – Authorization

Important information to represent your application:

- Any contract issued to you as a result of this application will be issued in reliance on information you provide on this form. If you intentionally or unintentionally fail to provide complete, accurate and correct information, the contract shall be rescinded with all premiums refunded to you, less amounts paid for benefits under the contract.
- No representative of Blue Cross and Blue Shield of Kansas (BCBSKS) or any other entity has the authority to waive any of the information required on this form to bind BCBSKS to coverage of the applicants, or to waive, alter or amend any provision of any contract which may be issued to you.

- I understand coverage is subject to the health of all applicants on this application remaining unchanged to the effective date of coverage. If any change in health occurs before the effective date of coverage, I understand I must notify the BCBSKS underwriting department at 1-800-432-0216.

By signing this authorization, I represent that the information I have stated is true to the best of my knowledge and belief and I understand that Blue Cross and Blue Shield of Kansas will re-rate or terminate the contract if such information received at any time indicates the information provided in this enrollment process intentionally misrepresented a material fact or was fraudulent.

### Your signature required

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Print Name \_\_\_\_\_







## No-Risk 10-Day Review

You have a no-risk 10-day review to decide if Group Secure Hospital Indemnity Plan or Group Secure 300 Cancer Plan are right for you. If you are not completely satisfied, return the policy and your premium will be refunded to you in full.

This brochure provides a brief description of some important features and exclusions of this benefit program. It is not a legal document. The contract sets forth in detail the rights and obligations of both you and Blue Cross and Blue Shield of Kansas.

Visit us at [bcbsks.com](https://bcbsks.com)

