



# *North East Independent School District Hospital Indemnity Benefit*

For employees who do not participate in a District medical plan, the District provides a Hospital Indemnity Benefit. The purpose of the Hospital Indemnity Plan is two-fold...

⇒ To provide a daily hospital benefit in the event you have an illness or injury that requires an inpatient hospital confinement, **AND**

⇒ To provide a \$10,000 term life insurance benefit.

The primary purpose of the Hospital Indemnity Plan is to provide a benefit for eligible employees who are not enrolled in any of the health plans offered by the District.

The Hospital Indemnity Benefit will pay a \$250 daily benefit for an inpatient hospital confinement wherein the employee was charged by the hospital for room and board. **The Hospital Indemnity Benefit is a supplemental plan and benefits are paid directly to the employee.**

The benefit can be used to pay expenses associated with the hospital confinement or other medical treatment, cover deductibles and coinsurance, or as an income replacement for lost wages while recuperating.

The maximum benefit period is 30 days. A new benefit period will not begin unless it is separated by 14 continuous days of non-confinement.

Additionally, the Hospital Indemnity Benefit will pay a \$10,000 term life insurance benefit through Fort Dearborn Life Insurance Company to your designated beneficiary in the event of your death.

## ***Eligibility***

You are eligible and automatically covered as a District employee if you meet the following conditions:

\* You are a full-time regular employee of North East ISD and scheduled to work at least 32 hours per week on a continuous basis, **OR**

\* You are a part-time regular employee of North East ISD and scheduled to work a minimum of 20 hours per week, on a continuous basis, **AND**

\* You **are not** currently enrolled as a participating member of any health plan offered by North East ISD, **AND**

\* You are a contributing TRS member. (*rehired employees retired through the Teacher Retirement System of Texas are not eligible*).

There is **no monthly contribution** due from the employee for this coverage. The District will contribute the monthly premium for the coverage to the NEISD Health Fund.

## ***How To File A Claim***

Upon release from a hospital confinement, submit a completed Hospital Indemnity Plan Request for Benefits form. The form is available at the Employee Benefits Office or visit our website [www.neisd.net](http://www.neisd.net), Risk Management webpage to download the form.

Benefits are payable from the first day you are billed for room and board by the hospital. Thus, when you are admitted through a hospital emergency room, benefits will be payable on the day you are admitted as an inpatient.

Eligible charges for room and board include charges for a private or semi-private room, ward, or an intensive care unit. When you are discharged from the hospital, request an itemized statement documenting the room and board charges from the date of admission to the date of discharge.

***IMPORTANT INFORMATION: A completed Request for Benefits form must be submitted along with the hospital's itemized statement to the Employee Benefits Office within 90 calendar days of the hospital discharge.***

# HOSPITAL INDEMNITY

All Request for Benefits forms will have the dates of hospital confinement verified with the hospital's business office. The number of days to be paid must be approved by the Medical Auditor and Employee Benefits Manager. Once the approval process is completed, you will receive your Hospital Indemnity Benefit payment in your paycheck as supplemental salary.

**All Hospital Indemnity Benefit payments are subject to federal income tax and will be reported on your W-2 as income. Hospital Indemnity Benefits are not subject to Teacher Retirement System (TRS) contribution.**

## ***Enrollment***

If you fully meet the eligibility requirements for the Hospital Indemnity Benefit as outlined above, your **enrollment is automatic.**

New employees will receive information about the Hospital Indemnity Benefit during their new employee orientation meeting. If you choose not to enroll in one of the health plans offered by the District within the first 31 days of employment, you will receive a beneficiary designation card to name a beneficiary for the \$10,000 term life insurance.

As for current employees who were previously enrolled in a North East ISD health plan, your enrollment in the Hospital Indemnity Benefit will become effective on the first day of the month following cancellation of your health plan. Your beneficiary will remain the same as your health enrollment form selection. Beneficiaries can be changed at anytime during the year. (*See below for instructions*)

Please refer to your Hospital Indemnity Benefit Handbook for more information about the plan.

Forms are now available on the **NEISD Intranet**. From the NEISD Intranet Home Page, click on the FORMS tab to the left, scroll down and click on Risk Management Forms Page, then select Hospital Indemnity Claim Form. Print the form, complete the requested fields, sign, date and mail or pony to the Employee Benefits Office. Documentation of the inpatient stay must accompany the claim form. Forms must be received by the Employee Benefits Office within **90 calendar days** of the hospital discharge. You can also change your beneficiary selection at any time by accessing the Risk Management Forms Page and selecting \$10,000 Life Insurance Beneficiary Change Form. Print the form, complete the requested fields, sign, date and mail or pony to the Employee Benefits Office.



Call Employee Benefits  
Office at 804-7231 to  
request a claim form

OR

