



Announcement: Required Hospital Indemnity Disclosure

The Departments of Labor, Treasury and Health and Human Services (the “Tri-Agencies”) now require a consumer notice be incorporated into materials related to both Group and Individual Hospital Indemnity Insurance. This federal mandate applies to all carriers offering these products.

Tri-Agency Disclosure:

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.

Peter Kiewit Sons', Inc.

Hospital Indemnity Protection Plan summary of benefits

Hospital Indemnity Protection Plan is an insurance plan that pays cash directly to you. It can be used to help pay costs from a hospital stay and related treatment, health plan deductible and other out-of-pocket costs.

Effective date	Jan. 1, 2025
Eligibility	All Active Full-Time Employees working a minimum of 30 hours per week. You must be Actively at Work with your employer on the day you apply for coverage and the date your coverage takes effect.
Benefits payable	Voluntary coverage
Plan design	HIPP HSA Plan
Coverage level	Base + Enhanced
Pre-existing conditions exclusion	None
Portability	Included
Benefits payable	
Hospital admission (1 day/plan year)	\$1,000
Hospital confinement (up to 29 days/plan year)	\$200
ICU confinement (up to 29 days/plan year)	\$200
ICU admission (1 day/plan year)	\$1,000
Emergency room (1 day/plan year)	\$100
Lodging (1 day/plan year)	\$100
Transportation (1 day/plan year)	\$150
Additional benefits	
Wellness benefit rider	\$75, employee paid for employee and insured spouse

Important details

This Summary of Benefits sheet is an overview of the Hospital Indemnity Protection Plan being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

Dependent children are covered to age 26.

*Admission to a Hospital for at least 20 hours for which a full day's room and board charge is made. It does not include an Emergency Room admission, any Outpatient Treatment or any stay in an Observation Unit when there is no charge for room and board

Exclusions and renewal provisions

Exclusions and limitations

This Policy does not cover any loss caused by or resulting from (directly or indirectly):

- An act or accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
- Loss sustained while on active duty as a member of the armed forces of any nation except during any time period coverage is extended under the continuation during leave of absence provision
- Any intentionally self-inflicted injury
- Active participation in a riot
- Committing or attempting to commit a felony, or participating or attempting to participate in a felony
- Taking part in the commission of an assault or being engaged in an illegal activity
- Use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a physician; this exclusion does not apply to the Drug and Alcohol Treatment Benefit (Inpatient) if covered under this Policy
- Cosmetic or elective surgery
- Treatment received outside the United States or its territories
- The reversal of a tubal ligation or vasectomy
- Artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications or physician services, unless required by law
- Participation in any form of aeronautics (including parachuting and hang gliding), except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports
- A newborn child's routine nursing or routine well baby care during the initial confinement in a hospital; in addition to the exclusions shown above, no payment will be made for treatment received outside of the United States
- Driving in any organized or scheduled race or speed test or while testing an automobile or any motorized vehicle on any racetrack or speedway
- Mental and nervous disorders; this exclusion does not apply to the Mental and Nervous Disorder Treatment Benefit (Inpatient) if covered under this Policy
- Dental or plastic surgery for cosmetic purposes except when such surgery is required to: a) treat an injury; or b) correct a disorder of normal bodily function
- Practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received

Current monthly cost* table

Hospital Indemnity Protection Plan	Monthly Rate
Employee	\$16.42
Employee + Spouse	\$42.72
Employee + Child(ren)	\$33.89
Employee + Spouse + Child(ren)	\$64.15

*The costs shown on these tables are based on the employee and spouse ages being the same. Any applicable age-related benefit reductions are included.