

Group Limited Indemnity Insurance



60% of U.S. adults say they **could not cover the costs of a \$1,000 emergency room visit** using savings.¹

Our Group Limited Indemnity (GLI) insurance helps cover the cost of certain expenses incurred due to a covered accident or sickness. Benefits are payable at a fixed amount per insured per day up to a maximum number of days per year.

GLI coverage is easy to use. Once enrolled, you'll receive an ID card to present to your medical provider at the time of service. Your provider can submit the claim on your behalf. Once that claim is processed and approved, we'll pay the benefit directly to your provider. If you prefer not to assign benefits to your provider, you may submit a copy of the itemized bill to us directly. We will pay the benefit directly to you, and you will be responsible to pay your provider.

Note: GLI insurance is not major medical health insurance. It is a limited benefit product that pays a fixed benefit amount when an insured incurs certain expenses for treatment due to an accident or injury.

¹Bankrate, *Financial Security Index*, 2021

Benefits

Definition	Range of benefit amounts & maximums	
	Benefits are payable per insured	
Hospital Indemnity Benefits	Plan 1	Plan 2
Hospital Confinement For treatment in a hospital due to sickness or injury for 23 or more continuous hours (i.e., not less than a day)	\$200 per day 10 days per year	\$200 per day 10 days per year
Hospital Intensive Care Unit Confinement For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)	\$400 per day 5 days per year	\$400 per day 5 days per year
Hospital Admission Lump sum benefit for a hospital admission, due to sickness or injury. Hospital Admission benefit for delivery of a healthy newborn child is payable for the mother only, unless the child is admitted due to sickness or injury.	\$1,500 per day 1 day per year	\$2,500 per day 1 day per year

How much it costs

The grid identifies the premium amount for employees and family members.

Monthly Rates		
Coverage type	Plan 1	Plan 2
Employee	\$21.60	\$36.50
Employee and Spouse	\$40.60	\$73.00
Employee and Child(ren)	\$32.60	\$58.50
Family	\$52.60	\$94.50

What's not covered

These medical expenses are excluded from coverage under the GLI policy:

- services or supplies that are not Medically Necessary
- intentionally self-inflicted Injury or suicide attempt while sane or insane
- voluntary abortion
- artificial insemination, in vitro or test tube fertilization, including any related testing
- exogenous obesity or weight control
- the purchase and fitting of hearing aids
- smoking cessation
- food, food supplements, or vitamins
- marriage, family, child, career, social adjustment, pastoral, or financial counseling
- therapy, supplies, treatment or counseling for sexual dysfunction or inadequacies that do not have a physiological or organic basis
- the reversal of a tubal ligation or a vasectomy
- rental or purchase of Durable Medical Equipment
- cosmetic surgery or elective surgery
- dental or vision services
- pregnancy of a Dependent Child
- Injury or Sickness resulting from an act of war, participation in a riot, committing a felony, participation in a contest of speed in a power driven vehicle, parachuting, parasailing, bungee jumping, scuba diving, stunt driving, rock climbing, flying ultra-light aircraft, skydiving, hang gliding or any hazardous sports activity for exhibition purposes, air travel, other than on a commercial airline, or the Insured being intoxicated or under the influence of any drug, controlled substance or narcotic unless taken or used as prescribed by a Physician
- any Injury or Sickness occurring while the Insured is in the service of the Armed Forces of any country
- an Injury or Sickness for which the Insured receives benefits under Workers' Compensation
- charges incurred prior to the Insured's Coverage Effective Date or in excess of the Calendar/Benefit Year Maximums shown on the Schedule of Benefits
- routine examinations, such as health exams, periodic check-ups or routine physicals
- treatment for a Mental Disorder or Substance Use Disorder, unless specifically stated in the Certificate

See certificate for full list of exclusions. Exclusions may vary by state. This is a solicitation for insurance. Insurance is underwritten by Globe Life And Accident Insurance Company, 3700 S Stonebridge Dr, McKinney, TX 75070. Globe Life is rated A (Excellent) by A.M. Best. This is a limited benefit policy. Coverage is not available in all states. Policy, Certificate and Riders Forms: GBLI, GBLIC, GBLILR, GBLIADR, GBLIABR, GBLIAER, GBLIALR, GBLIASR, GBLIDR, GBLIIVR, GBLICIR, GBLITDR. Benefits may vary by state. Premium will vary based on the plan chosen. A pre-existing condition limitation may apply. A waiting period for late entrants may apply. Policies are renewable at the option of Globe Life Benefits. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Globe Life Benefits uses the services of third-party administrators.



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