

Hospital Indemnity Coverage

This FAQ was designed to provide summary information and does not detail all the benefit definitions, coverages, provisions, restrictions, and exclusions. Please refer to Hospital Indemnity Protection Plan Guide for additional information. The Guide is available upon request from the Team Resources Center at 1-866-505-0991, or email benefits@bbins.com.

Do both HIPP options pay only once per year or once per accident?

No matter which option is chosen, the benefit will pay out with each hospital admission and/or confinement regardless of the reason for the hospitalization (except for a few excluded reasons that you can find specifics for in the Certificate of Coverage).

Is the benefit assistant only available if you're on the Brown & Brown medical plan? What if you're covered with UnitedHealthcare (UHC) on a separate (spouses) plan?

Benefit Assist is only available if you participate in the Brown & Brown UHC medical plan. If you are covered with UHC on another plan, then you will need to initiate a claim through the telephonic process.

Is there a claim or aggregate maximum?

Unlike a medical plan or even an accident or critical illness plan, there is not a dollar or claim maximum amount. The only maximum is the number of hospital days paid over the year. Please refer to the summary of benefits for these specifics.

How does the plan payout for the birth of a child?

As an example: Suzy is hospitalized and births a healthy newborn baby girl. There are no complications for Mom or baby and both stay the standard 48 hours for childbirth and are discharged.

The claim would payout as follows:

Hospital Indemnity Plan Option 1	Payment	Hospital Indemnity Plan – Option 2	Payment
Hospital admission (day 1)	\$1,000 + \$100	Hospital admission (day 1)	\$2,000 + \$200
Hospital confinement (1 day)	\$100 + \$100	Hospital confinement (1 day)	\$200 + \$200
Total:	\$1,300		\$2,600

Are pre-existing conditions covered?

Pre-existing conditions are covered. There is no pre-existing condition limitation on the plan. However, there is an actively at work provision in which you would need to be at work on the date coverage starts in order to receive the benefit.

Are birthing centers covered?

No, birthing centers are not included as they do not meet the definition of a hospital.

How quickly are claims processed and sent out?

Claim turnaround time is typically within 10 days of receipt of a claim including the hospital admission records showing the admission. Our claim specialists will aid you in providing all of the needed information so that your claim can be processed quickly.

Are claims sent via check or direct deposit?

All claims are currently paid out via check and reimbursement to the teammate.

How quickly must newborns be added to the coverage?

Newborns must be added within 31 days of the date of birth.

Does this cover out of network and state?

This coverage pays in addition to any other coverage you may have so, it does not depend on network status of the provider or where the hospitalization occurs (as long as it occurs within the US and/or its territories).

Are there any hospital stays that would not be subject to these benefits?

There are a few exclusions that would not be eligible for coverage under this plan. These are spelled out completely in the Certificate of Coverage.

Does this benefit apply to Urgent Care Facilities? (i.e. I twisted an ankle and went there for x-rays and stayed a few hours.) Would that receive a benefit?

Urgent Care Facilities are not included. The admission/stay would need to be in a hospital. There would be no benefit payable if only for an urgent care facility. It would need to be a true Emergency Room visit.

What medical conditions or diagnosis are not eligible for benefits?

These are outlined fully in the Certificate of Coverage. However, the plan does not pay for hospitalization due to mental and nervous or substance abuse; cosmetic or elective surgeries; a newborn child's routine nursing or well-baby care during initial inpatient confinement to the hospital (unless baby is added timely); intentional or self-inflicted injuries; Acts of War. etc.

What is the difference between this Hospital Indemnity Plan (HIPP) and the Critical Illness and/or Accident Plan?

The HIPP plan is not diagnosis specific like the accident or critical illness plans. The claim trigger is if someone is admitted to the hospital. There is also a small observation benefit if they are in the hospital for less than 24 hours. The HIPP plan will pay in addition to the critical illness and accident plans as long as there is a hospital admission.