



# Trustmark Hospital StayPay® Benefits for Fayetteville PWC

<b>First Day Stay Benefit†</b> Only one benefit amount can be selected <i>(Payable per first day hospital stay per covered person, maximum one time benefit paid per calendar year)</i>	\$800 / \$1,500
<b>Daily Hospital Stay Benefit†</b> <i>(Payable per day per covered person, maximum 365 days per hospital stay – excludes any day for which the <b>First Day Stay Benefit</b> or the <b>Daily Hospital (ICU) Benefit</b>, if applicable, is payable)</i>	\$200
<b>Daily Hospital ICU Benefit†</b> <i>(Payable per day per covered person, maximum 365 days per hospital stay – excludes any day for which the <b>First Day Stay Benefit</b> or the <b>Daily Hospital Stay Benefit</b>, if applicable, is payable)</i>	\$200
<b>Additional features</b>	
<b>Childbirth Hospital Stay†</b>	Included
<b>Claim Free Return†</b>	Included

Benefits, availability and amounts may vary by state. Your policy/certificate will contain complete information.

†Benefits marked with this symbol are designed to be compatible with Health Savings Accounts (HSAs). However, anyone who has or plans to open an HSA should consult tax and legal advisors to confirm which supplemental benefits may be purchased by persons with an HSA to maintain tax-exempt status.

This is a brief description of benefits under HII 119 and applicable riders CFR 119, CCR 119, FUR 119, IBR 119, ICR 119, RSR 119, SBR 119, TLR 119 and WBW 119. This hospital indemnity insurance policy/group certificate provides limited benefits that are the result of a covered accident or covered sickness. It is not a substitute for medical expense insurance, major medical expense insurance or a health benefit plan alternative. It does not provide comprehensive medical coverage. It is also not a Medicare Supplement policy, nor is it a policy of worker's compensation. This description represents coverage offered during a certain time period; coverage you may have selected before or select after that period may differ. Your policy/certificate will contain complete information. Benefits, definitions, exclusions, form numbers and limitations may vary by state. For costs and coverage detail, including exclusions, limitations and terms, see your agent or write the company. Underwriting conditions may vary, and determine eligibility for the offer of insurance. For exclusions and limitations that may apply, please visit [trustmarkbenefits.com/Voluntary-Benefits/Disclosures/HSP](http://trustmarkbenefits.com/Voluntary-Benefits/Disclosures/HSP).

Trustmark® and Trustmark Hospital StayPay® are registered trademarks of Trustmark Insurance Company. <sup>1</sup>An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

**You care.  
We listen.**

Products underwritten by Trustmark Insurance Company.  
Rated A- (Excellent) for financial strength by A.M. Best.<sup>1</sup>

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