

**Socorro Independent School  
District - Hospital Indemnity Plan**



***Hospital Indemnity Schedule of Benefits***

**This Plan is available to eligible *employees* only. Dependents may not elect and may not participate in this option. This plan is intended and offered only to employees who have other comprehensive major medical coverage.**

An employee may elect to move from the regular medical plan coverage to the Hospital Indemnity plan at any time during the year. A member may not move from the Indemnity medical plan to the regular medical plan, except for during open enrollment or if a qualifying event takes place.

**MEDICAL INDEMNITY BENEFIT HIGHLIGHTS**

<b>Maximum</b>	365 days per Calendar Year
<b>Inpatient Hospital – Facility Services</b> (facility charges only for any inpatient confinement – includes Organ Transplant)	Maximum Reimbursement: \$100 per day

**These are only the highlights**

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence. This summary provides additional information not provided in the Summary of Benefits and Coverage document required by the Federal Government.

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