

Group Limited Indemnity Insurance

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.

Groups can select from a wide range of benefits and riders to create a custom program tailored for non-benefit eligible employee populations or to help fill in gaps in employees' major medical health insurance. Categories of covered benefits include hospitalization, surgery, office visits, emergency room, and outpatient diagnostic services. 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.



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

Ways our GLI insurance can benefit your group:

Help employees pay for basic health expenses

GLI insurance can be an option for employees who aren't eligible for or can't afford major medical coverage by providing a fixed benefit amount for certain medical events, such as hospitalization, surgeries, doctor visits, lab tests, and prescription drugs. (Note: GLI insurance is not a substitute for comprehensive, major medical health insurance.)

Attract and retain employees

A GLI insurance policy for lower wage workers can help reduce turnover and absenteeism caused by acute health conditions. Non-insurance services like a provider network, telehealth services, or a prescription drug discount or copay plan may be made available to the employee. (Note: Non-insurance services are not offered or underwritten by Globe Life.)

Supplement a major medical plan

A GLI insurance policy can be used to help employees pay for some of the out-of-pocket expenses required by their major medical insurance plan such as inpatient hospitalization and surgery.

Deliver voluntary benefits with ease

GLI insurance benefits can also be delivered as part of a robust Voluntary Benefit Program in a single certificate. Standard packages include: Hospital Admission, Hospital Confinement, and Wellness benefits; as well as Critical Illness, AD&D, and Accident riders, with optional Outpatient Cancer and Short Term Disability riders.

¹Bankrate, *Financial Security Index*, 2021

Benefits

Definition	Range of benefit amounts & maximums Benefits are payable per insured
Hospital Indemnity Benefits	
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) Note: Maternity benefit is payable as any other illness for both mother and child.	\$100–\$4,000 per day (in \$25 increments) 5, 10, 15, 30, 60, 90 or 365 days per year
Hospital Admission* Lump sum benefit for a hospital admission, due to sickness or injury Note: Admission benefit for birth of a child covers the mother only. (The hospital confinement benefit covers mother and child in routine nursery care.)	\$100–\$5,000 per admission (in \$50 increments) 1–3 admissions per year
Hospital Intensive Care Unit* For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)	\$100–\$7,500 per day (in \$50 increments) 5, 10, 30 or 60 days per year
Surgery Benefits	
Inpatient Surgery* For inpatient surgery in a hospital due to sickness or injury	\$100–\$5,000 per day (in \$25 increments) 1–2 days per year
Outpatient Major Surgery For outpatient surgery in hospital or freestanding surgery center, due to sickness or injury	\$100–\$5,000 per day (in \$25 increments) 1–2 days per year
Outpatient Minor Surgery For minor outpatient surgery due to sickness or injury; must be an eligible CPT code	\$50–\$500 per day (in \$5 increments) 1–5 days per year
Anesthesia* For general anesthesia administered by an anesthesiologist or Certified Registered Nurse Anesthetist (payable in conjunction with inpatient and outpatient major surgery only)	\$50–\$1,500 per day (in \$10 increments) 1–4 days per year
Lab, X-ray, and Diagnostic Testing Benefits	
Outpatient Lab For lab test, ordered by a physician	\$25–\$250 per day (in \$5 increments) 3, 7, 10 or 12 days per year
Outpatient X-ray For x-ray, ordered by a physician	\$50–\$500 per day (in \$5 increments) 1–5 days per year
Outpatient Major Diagnostic Testing For major diagnostic testing, ordered by a physician	\$50–\$1,500 per day (in \$10 increments) 1–3 days per year
Emergency Room and Physician's Office/Urgent Care Benefits	
Emergency Room for Sickness For treatment in an ER due to sickness	\$50–\$500 per day (in \$25 increments) 1–3 days per year
Emergency Room for Accidental Injury* For treatment in an ER due to injury (treatment must occur within 72 hours of the accident)	\$50–\$1,000 per day (in \$25 increments) 1–3 days per year
Physician's Office/Urgent Care For services rendered by a physician at physician's office or urgent care facility	\$15–\$200 per day (in \$5 increments) 3, 6, 8, 10 or 12 days per year

*HSA compatible (Anesthesia with inpatient surgery only)

Definition	Range of benefit amounts & maximums Benefits are payable per insured
Mental Health/Substance Abuse Benefits	
Substance Abuse Confinement Benefit Amount shown on the Schedule of Benefits if an Insured is admitted to, Confined and receiving inpatient Treatment in a Mental or Nervous Disorders or Substance Abuse Treatment Facility.	\$50–\$500 per day (in \$50 increments) 10, 15, 30 or 60 days per year (1 confinement per year)
Mental or Nervous Disorders Confinement For confinement and treatment of a mental or nervous disorder in a Mental or Nervous Treatment Facility	\$50–\$500 per day (in \$50 increments) 10, 15, 30 or 60 days per year (1 confinement per year)
Mental or Nervous Disorders and Substance Abuse Admission For confinement and treatment in a Mental or Nervous Treatment Facility or in a Substance Abuse Treatment Facility	\$150–\$500 per admission (in \$50 increments) 1 admission per year
Ambulance Benefits	
Ground or Water Ambulance For transport by a licensed, professional ground or water ambulance company to or from a hospital or between medical facilities	\$50–\$1,000 per day (in \$25 increments) 1–5 days per year
Air Ambulance For transport by a licensed, professional air ambulance company to or from a hospital or between medical facilities	\$150–\$3,000 per day (in \$25 increments) 1–5 days per year
Other Benefits	
Skilled Nursing Care Facility For Confinement in a Skilled Nursing Care Facility within 14 days of hospital confinement of at least 3 days	\$50–\$1,000 per day (in \$50 increments) 10, 15, 30 or 60 days per year
Transplant Travel For travel of more than 100 miles from primary residence for purposes of obtaining a Transplant	\$250–\$1,000 per day (in \$50 increments) 1 day per insured, per year
Prescription Drug For a prescription drug, dispensed by a pharmacy	\$5–\$100 per day (in \$5 increments) 5, 7, 10, 12, 25 or 50 days per year
Durable Medical Equipment For charges incurred for the rental or purchase of DME as prescribed by a Physician	\$25–\$200 per day (in \$25 increments) 1–4 days per year

Riders

Definition	Range of benefit amounts & maximums Benefits are payable per insured
Optional Benefit Riders	
Outpatient Cancer Rider Pays a fixed benefit per day up to a maximum number of days per year when an Insured incurs outpatient Chemotherapy, Radiation Therapy, or Immunotherapy charges for treatment of cancer	\$100–1,000 per day 1–10 days per year
Accident Lump Sum Select Pays eligible expenses for care received due to covered accident, up to a maximum benefit amount/accident and maximum number of accidents/year	\$300–\$20,000 per accident 1–6 accidents per year
Accident Lump Sum – Option 1 Pays a fixed benefit per covered accident up to a maximum number of accidents per year. Only one benefit is payable per accident	\$300–\$5,000 per accident 1–6 accidents per year

Definition	Range of benefit amounts & maximums Benefits are payable per insured
Optional Benefit Riders	
Accident Lump Sum – Option 2 Pays percent of maximum benefit amount, based on facility where treatment received: <ul style="list-style-type: none"> • 100% for Hospital ICU Confinement • 50% for Hospital Confinement • 15% for Treatment in Emergency Room • 10% for Treatment in Urgent Care/Physician's Office Only one benefit payable per accident. If an Insured receives care in more than one facility for the same Accident, we will pay the highest applicable benefit.	\$300–\$20,000 per accident 1–6 accidents per year
Accident Expense Pays benefits for treatment and services incurred due to an accident (most benefits payable per accident, up to fixed number of accidents per year)	Per schedule of benefits
Accident Benefit Rider* For treatment of injuries within 72 hours of an accident, in any combination of covered facilities each day benefits are payable.	Urgent care: \$150, \$300 or \$500 per day Emergency Room: \$500, \$750 or \$1,000 per day Inpatient Hospital: \$750, \$1,000 or \$2,500 per day 1-3 days per year
Dental Rider For dental treatment as outlined in the policy	Preventive/Basic Services: \$50–\$100 per day, 1 day per year Major Dental: \$200–\$500 per day, 1 day per year Orthodontics: \$150–\$250 per day, 1 day per year
Vision Rider For vision exams and purchase of glasses and contact lenses	Exam: \$50 per day, 1 day per year Prescription glasses or contact lenses: \$100 per day 1 day every 24 months
Critical Illness Rider Pays lump sum benefit upon diagnosis of nine specified conditions: Invasive Cancer, Heart Attack, Stroke, Major Organ Transplant, Renal Failure, Coma, Paralysis, Severe Burns and Loss of Sight (includes Additional Occurrence Benefit)	\$1,000–\$50,000 Additional occurrence: 10–25% of benefit
Accidental Death & Dismemberment Rider Pays a lump sum benefit for loss of life, dismemberment or other catastrophic conditions, such as paralysis (benefit payable varies, based on loss incurred)	\$1,000–\$250,000 Optional add-ons: Common Carrier Benefit, Seat Belt/Helmet
Short Term Disability Rider Pays a benefit for a total disability that continues beyond the elimination period	Elimination Period: 7 or 14 days Benefit period: 3, 6 or 12 months Maximum Percent of Compensation: 20–80%

Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia. Coverage is not available in all states. Benefits may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. Policies are renewable at the option of Beazley. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of third party administrators.

Globe Life And Accident Insurance Company manages and reinsures the Beazley Benefits program.



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