



# 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.\*

**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.

*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. It is not intended as a substitute or replacement for major medical insurance.

# Benefits

Definition	Range of benefit amounts & maximums Benefits are payable per insured
<b>Hospital Indemnity Benefits</b>	
<b>Hospital Confinement*</b> For treatment in a hospital due to sickness or injury for 23 or more continuous hours (i.e., not less than a day)	\$50–\$5,000 per day 5, 10, 15, 30, 45, 60, 90, 180, or 365 days per year
<b>Hospital Intensive Care Unit Confinement*</b> For intensive and comprehensive care, when confined in an area equipped with lifesaving equipment (ICU)	\$100–\$7,500 per day 5, 10, 30, 45, or 60 days per year
<b>Hospital Admission*</b> 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.	\$100–\$5,000 per admission  1–3 admissions per year
<b>Surgery Benefits</b>	
<b>Inpatient Surgery*</b> For inpatient surgery in a hospital due to sickness or injury	\$100–\$5,000 per day 1–2 days per year
<b>Outpatient Major Surgery</b> For outpatient surgery in hospital or freestanding surgery center, due to sickness or injury	\$100–\$5,000 per day 1–2 days per year
<b>Outpatient Minor Surgery</b> For minor outpatient surgery due to sickness or injury; must be an eligible CPT code	\$50–\$500 per day 1–5 days per year
<b>Anesthesia*</b> 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 1–4 days per year
<b>Ambulance Benefits</b>	
<b>Ground or Water Ambulance</b> For transport by a licensed, professional ground or water ambulance company to or from a hospital or between medical facilities	\$50–\$2,500 per day 1–5 days per year
<b>Air Ambulance</b> For transport by a licensed, professional air ambulance company to or from a hospital or between medical facilities	\$100–\$5,000 per day 1–5 days per year
<b>Emergency Room and Physician's Office Benefits</b>	
<b>Emergency Room</b> For treatment in an ER due to sickness, injury, or both (treatment of an injury must occur within 72 hours of an accident)	\$50–\$2,500 per day 1–5 days per year
<b>Outpatient Physician</b> For services rendered by a physician at physician's office, convenient care clinic or urgent care facility	\$15–\$250 per day 3–12 days per year
<b>Preventive Services</b> For physician office visits for routine physical examinations, health screenings, well-baby care and routine immunizations	\$50–\$250 per day 1–4 days for ages 6 days to 18 years 1–3 days for ages 18+
<b>Diagnostic Lab, X-ray and Testing Benefits</b>	

\*HSA compatible

<b>Definition</b>	<b>Range of benefit amounts &amp; maximums</b> Benefits are payable per insured
<b>Outpatient Diagnostic Lab</b> For lab test ordered by a physician	\$25–\$250 per day 3–12 days per year
<b>Outpatient Diagnostic X-ray</b> For X-ray ordered by a physician	\$50–\$500 per day 1–5 days per year
<b>Outpatient Major Diagnostic Testing</b> For an MRI, MRA, CT or PET scan, ordered by a physician	\$50–\$1,500 per day 1–3 days per year
<b>Mental Disorder/Substance Use Disorder Benefits</b>	
<b>Outpatient Mental Health Therapy</b> For outpatient Mental Health Therapy services received from a licensed Mental Health provider.	\$15–\$250 per day 3–12 days per year
<b>Mental Disorder Confinement</b> For confinement and treatment of a mental disorder in a Mental Disorder Treatment Facility	\$50–\$500 per day 10, 15, 30, 45 or 60 days per year (1–2 confinements per year)
<b>Substance Use Disorder Confinement</b> For confinement and treatment of a substance use disorder in a Substance Use Disorder Treatment Facility Substance Use Disorder Treatment Facility.	\$50–\$500 per day 10, 15, 30, 45 or 60 days per year (1–2 confinements per year)
<b>Mental Disorder &amp; Substance Use Disorder Admission</b> For confinement and treatment in a Mental Disorder Treatment Facility or in a Substance Use Disorder Treatment Facility	\$150–\$1,500 1 admission per year
<b>Other Benefits</b>	
<b>Outpatient Therapy Services</b> For physical therapy, occupational therapy, speech therapy, or chiropractic care prescribed by a physician and provided by a licensed therapist.	\$50–\$500 per day 1–3 days per year
<b>Outpatient Cancer Treatment</b> For outpatient Chemotherapy, Radiation Therapy, or Immunotherapy charges for treatment of cancer	\$50–1,000 per day 1–10 days per year
<b>Skilled Nursing Care Facility</b> For Confinement in a Skilled Nursing Care Facility within 14 days of hospital confinement of at least 3 days	\$50–\$1,000 per day 10, 15, 30 or 60 days per year
<b>Prescription Drug</b> For a prescription drug, dispensed by a pharmacy	\$5–\$100 per day 5–50 days per year
<b>Durable Medical Equipment</b> For charges incurred for the rental or purchase of DME as prescribed by a Physician	\$25–\$200 per day 1–4 days per year
<b>Transplant Travel</b> For travel of more than 100 miles from primary residence for purposes of obtaining a Transplant	\$250–\$1,000 per day 1 day per insured, per year

## Riders

\*HSA compatible (Anesthesia with inpatient surgery only)

<b>Benefit Descriptions</b>	<b>Range of benefit amounts &amp; maximums</b> Benefits are payable per insured
<b>Term Life Insurance Benefit Rider</b> Pays a benefit upon the death of an insured.	Employee \$1,000–\$50,000 Dependents \$500–\$25,000
<b>Accidental Death &amp; Dismemberment Benefit Rider</b> 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 Benefit, Transportation of Remains Benefit

Benefit Descriptions	Range of benefit amounts & maximums Benefits are payable per insured
<p><b>Accident Benefit Rider*</b> For treatment of injuries within 72 hours of an accident, in any combination of covered facilities each day benefits are payable.</p>	<p>Urgent care or Outpatient Surgical Center: \$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</p>
<p><b>Accident Expense Benefit Rider*</b> Pays benefits for treatment and services incurred due to an accident (most benefits payable per accident, up to fixed number of accidents per year)</p>	<p>Per schedule of benefits 1-5 accidents per year</p>
<p><b>Accident Lump Sum Benefit Rider – Option 1*</b> Pays a fixed benefit per covered accident up to a maximum number of accidents per year. Only one benefit is payable per accident. Treatment of injuries must begin within 72 hours of an accident and be received within an Incurral Period of 7-14 days of an Accident.</p>	<p>\$300–\$5,000 per accident 1–6 accidents per year</p>
<p><b>Accident Lump Sum Benefit Rider – Option 2*</b> Pays a percent of maximum benefit amount, based on the facility where treatment is received:</p> <ul style="list-style-type: none"> <li>• 100% for Hospital ICU Confinement</li> <li>• 50% for Hospital Confinement</li> <li>• 15% for Treatment in Emergency Room</li> <li>• 10% for Treatment in Urgent Care/Physician’s Office</li> </ul> <p>Only one benefit is payable per accident. If an Insured receives care in more than one facility for the same Accident, we will pay the highest applicable benefit. Treatment of injuries must begin within 72 hours of an accident and be received within an Incurral Period of 7-14 days of an Accident.</p>	<p>\$300–\$20,000 per accident 1–6 accidents per year</p>
<p><b>Accident Select Benefit Rider*</b> Pays eligible expenses for care received due to covered accident, up to a maximum benefit amount/accident and maximum number of accidents/year. Treatment of injuries must begin within 72 hours of an accident and be received within 26-52 weeks of an accident.</p>	<p>\$300–\$20,000 per accident 1–6 accidents per year</p>
<p><b>Dental Benefit Rider*</b> Pays benefits for Preventive/Basic Services, 1–2 days per year Major Dental: 1–3 days per year Orthodontics: 1–3 days per 12, 24, or 36 months</p>	<p>\$50–\$250 per day \$200–\$1,500 per day \$150–\$1,000 per day</p>
<p><b>Vision Benefit Rider*</b> Pays benefits for Exams: 1–2 days per year Prescription Eyeglasses: 1 day per 12 or 24 months Contact Lenses: 1–4 days per year</p>	<p>\$50–\$250 \$100–250 \$25–150</p>
<p><b>Critical Illness Benefit Rider*</b> Pays lump sum benefit upon diagnosis of ten specified conditions: Invasive Cancer, Heart Attack, Stroke, Major Organ Transplant, Renal Failure, Coma, Paralysis, Severe Burns, Loss of Sight, Coronary Artery bypass surgery (Includes Additional Occurrence Benefit; Recurrence and Health Screening Benefits available.)</p>	<p>Employee: \$1,000–\$50,000 Employee Coronary Artery Bypass: \$250–\$12,500 Spouse: 10–100% of Employee Benefit Child(ren): 5–50% of Employee Benefit</p>
<p><b>Disability Benefit Rider*</b> Pays a benefit for a total disability that continues beyond the elimination period</p>	<p>Elimination Period: 7 or 14 days Benefit period: 3, 6 or 12 months Maximum Percent of Compensation: 20–80%</p>

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, GBLITLR, GBLIADR, GBLIABR, GBLIAER, GBLIALR, GBLIASR, GBLIDR, GBLIVR, 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 Group Benefits. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Globe Life Group Benefits uses the services of third-party administrators.



3700 S Stonebridge Dr  
PO Box 8080 | McKinney, TX 75070  
GlobeLifeGroupBenefits.com | GLGBSales@Globe.Life