

| Hospital Benefits | Benefit Amount / Limit |
|---|---------------------------------------|
| Hospital Admission – requires claim separation of 30 days | \$2,000 / up to 3 admissions per year |
| Hospital Confinement | \$50 per day / up to 30 days per year |
| Inpatient Surgical Benefits | Benefit Amount / Limit |
| Inpatient Surgery | \$1,000 / 1 time per year |
| Inpatient Anesthesia | \$300 |
| Outpatient Surgical Benefits – limited to 1 combined per year | Benefit Amount / Limit |
| Outpatient Surgery – Hospital or Ambulatory Surgical Center | \$250 / 1 time per year |
| Outpatient Surgery – Physician Office | \$75 / 1 time per year |
| Outpatient Anesthesia | 20% of outpatient surgery benefit |

¹This form is a benefit highlight representing a brief description of the coverage available. The controlling provisions are governed by a general policy issued by United of Omaha Life Insurance Company a Mutual of Omaha Company.

²Payments for eligible approved covered services will be issued as reimbursements by submission of a claim form. To request a claim form please email SBMA at updates@sbmamec.com.

