

Hospital Benefits	Benefit Amount / Limit
Hospital / ICU Admission – requires claim separation of 30 days	\$2,500 / up to 3 admissions per year
Hospital / ICU Confinement	\$200 per day / up to 30 days per year
Inpatient Surgical Benefits	Benefit Amount / Limit
Inpatient Surgery	\$1,000 / 1 time per year
Inpatient Anesthesia	30% of surgery benefit
Outpatient Surgical Benefits – limited to 1 combined per year	Benefit Amount / Limit
Outpatient Surgery – Hospital or Ambulatory Surgical Center	\$1,000 / 1 time per year
Outpatient Surgery – Physician Office	\$300 / 1 time per year
Outpatient Anesthesia	35% of surgery benefit
Initial Care & Emergency Transportation	Benefit Amount / Limit
Emergency Room	\$100 / up to 2 times per year
Ground Ambulance	\$200 / up to 2 times per year
Air Ambulance	\$1,000 / 1 time per year

<sup>1</sup>This 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.

<sup>2</sup>Payments 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](mailto:updates@sbmamec.com).

