



Benefit Summary

Alvin ISD HIB Plan (Hospital Income Alternate Plan)

This document is provided as a sample and does not reflect actual benefits. A customized Benefit Summary or Summary Plan Description (SPD) will be created during implementation of the business.

The Alternate Plan is for employees only and is not a major medical plan covering illness/injury. It is designed for those employees currently covered under another medical plan

BENEFITS	
Plan	
Hospital – Inpatient Stay Benefit is \$150/Day max per inpatient day only to a max of 180 Days (\$27,000 Annual Max)	100% Deductible does not apply.
Mental Health Services – Inpatient Stay Benefit is \$150/Day max per inpatient day only to a max of 180 Days (\$27,000 Annual Max)	100% Deductible does not apply.
Substance Use Disorder Services – Inpatient Stay Benefit is \$150/Day max per inpatient day only to a max of 180 Days (\$27,000 Annual Max)	100% Deductible does not apply.

These benefits are not coordinated, but are paid in addition to other medical coverage. Not all confinements are eligible.