



**HOSPITAL INDEMNITY INSURANCE
OUTLINE OF COVERAGE
FORM H-0204**

Notice: This insurance is not a substitute for comprehensive health insurance coverage and does not qualify as minimum essential health coverage under the Patient Protection and Affordable Care Act.

READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY!**

Hospital confinement indemnity coverage is designed to provide you with a fixed daily benefit during periods of hospital confinement resulting from a covered injury or sickness. Coverage is provided for the benefits outlined in the table below, subject to the limitations and exclusions described below.

Calendar Year Policy Deductible (per covered person with a maximum of 3 deductibles per policy)(Additional Outpatient Benefits Calendar Year Deductible does not apply to satisfaction of Calendar Year Policy Deductible)(Calendar Year Policy Deductible will be waived for the first claim incurred in a calendar year for each Covered Person when outpatient surgery is performed under General Anesthesia for the following benefits: 1. Outpatient Hospital or Ambulatory Surgical Center Services; 2. Surgery; 3. Assistant Surgeon; 4. Anesthesia)	\$100 / \$500 / \$1,000 / \$2,500 / \$5,000		
Lifetime Maximum (per policy)	\$5,000,000		
Maximum Covered Benefits per Covered Person per Calendar Year	\$100,000	\$250,000	\$1,000,000

HOSPITAL INDEMNITY BENEFIT

	1 Unit	2 Units	3 Units
Facility Fees			
Daily Indemnity Benefit during Confinement in a Hospital (including Observation Unit stay for 24 hours or more) as a result of a covered:			
Sickness	\$1,500	\$3,000	\$4,500
Injury	\$3,000	\$6,000	\$6,000
Daily Indemnity Benefit during Confinement in a Hospital for Mental Illness, Alcohol and/or Substance Abuse Dependency	\$200	\$400	\$600
Daily Indemnity Benefit during Confinement in a Hospital's Intensive Care Unit (ICU) up to 20 days per calendar year as a result of a covered:			
Sickness	\$2,250	\$4,500	\$6,750
Injury	\$3,000	\$6,000	\$6,750
Daily Indemnity Benefit during Confinement in a Rehabilitation Facility or a Skilled Nursing Facility (does not include Mental Illness, Alcohol and/or Substance Abuse Dependency)	\$750	\$1,500	\$2,250
Daily Indemnity Benefit for Outpatient Hospital or ambulatory surgical center services when surgery is performed	\$1,500	\$3,000	\$4,500
Daily Indemnity Benefit for Outpatient Radiation Therapy or Chemotherapy	\$750	\$1,500	\$2,250
Professional Services			
Daily Inpatient Physicians Care Indemnity Benefit -- Non-Surgical	\$50	\$100	\$150
Daily Surgery Indemnity Benefit for covered services when performed in a Hospital or in an ambulatory surgical center	1X, 2X or 3X Benefit per day per procedure as listed in the Fee Schedule (1 unit)		
Daily Inpatient Pathologist/Radiologist Benefits for covered services	1X, 2X or 3X Benefit per day per procedure as listed in the Fee Schedule (1 unit)		
Daily Assistant Surgeon Surgical Services Indemnity Benefit for covered services	20% of surgical benefits payable		
Daily Anesthesia Indemnity Benefit for covered services	25% of surgical benefits payable		

ADDITIONAL OUTPATIENT BENEFITS (Outpatient Benefits are not subject to the Calendar Year Policy Deductible)(Outpatient Benefits are payable for services performed on an outpatient basis only)

Calendar Year Deductible (per covered person)(Calendar Year Policy Deductible does not apply towards satisfaction of Calendar Year Deductible)	\$50 per insured		
	1 Unit	2 Units	3 Units
Aggregate Calendar Year Maximum (per covered person)	\$2,000	\$4,000	\$6,000
Daily Outpatient Physicians Indemnity Benefit (for each day a covered person sees a physician in office or outpatient clinic)(limit of 20 benefit days per covered person per calendar year)(Calendar Year Deductible is waived for first 3 visits)	\$40	\$60	\$80
Daily Diagnostic Radiology Indemnity Benefit (except X-ray and EKG)	\$175	\$350	\$525
Daily X-ray and EKG Indemnity Benefit	\$40	\$80	\$120
Daily Laboratory Indemnity Benefit	\$15	\$30	\$45
Daily Injection Indemnity Benefit	\$5	\$10	\$15
Daily Emergency Department Indemnity Benefit (limit 1 benefit per covered person per calendar year)	\$100	\$200	\$400
Daily Urgent Care Center Indemnity Benefit (limit 1 benefit per covered person per calendar year)	\$100	\$100	\$100
Daily Generic Prescription Indemnity Benefit (per covered person per prescription filled)	\$5	\$10	\$15
Daily Brand Name Prescription Indemnity Benefit (per covered person per prescription filled)	\$10	\$20	\$30
Daily Preventive Care Indemnity Benefit (coverage starts 60 days after the effective date of each covered person)(limit 1 benefit per covered person per calendar year)(not subject to the Calendar Year Deductible or Pre-existing Conditions Exclusion)	\$125		
Daily Ambulance Indemnity Benefit (limit 2 benefit payments (ground) and 1 benefit payment (air) per covered person per calendar year)	\$500 ground / \$1,500 air		

Daily time periods are 24 or more consecutive hours.

GUARANTEED RENEWABLE TO AGE 65. THE COMPANY RESERVES THE RIGHT TO CHANGE PREMIUM RATES ON A CLASS BASIS.

You have the right to renew the policy until the first premium due date on or after your 65th birthday.

We reserve the right to establish a new schedule of premium rates; such schedule of rates will be effective on the following premium due date for all or any class of insured's covered by the policy. Premiums may also change due to attained age. Please read the Premium Rate Change provision carefully that is contained in the policy.

EXCLUSIONS AND LIMITATIONS

With respect to all of the benefits provided under the policy, no benefits will be payable as the result of: any service, supplies or treatment that is not a covered service; suicide or any attempt thereat, while sane or insane; any intentionally self-inflicted injury or sickness; rest care; cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from an injury if initial treatment of the covered person is begun within 12 months of the date of the injury; immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals, except as otherwise covered under the policy; routine newborn care, including routine nursery charges; voluntary abortion, except with respect to the insured or covered dependent spouse where such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from an abortion; pregnancy of a dependent child, unless required by law; a covered person's participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority; a covered person committing, attempting to commit, or taking part in a felony or engaging in an illegal occupation; a covered person's participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding; air travel, except: (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or (2) as a passenger for transportation only and not as a pilot or crew member; any Injury occurring directly or indirectly as a result of the voluntary use of intoxicants, narcotics or hallucinogens unless taken on the written advice of a physician except for treatment of Alcohol and/or Substance Abuse Dependency as provided in the policy; sex changes; any dental care, treatment or service to the teeth, gums or mouth; experimental treatments or surgery; the reversal of tubal ligation or vasectomies; artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or physician's services, unless required by law; treatment of exogenous obesity or weight control; an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes injury sustained or sickness contracted while in the service of any military, naval or air force of any country engaged in war. We will refund

the pro rata unearned premium for any such period the covered person is not covered; injury or sickness arising out of or as the result of any work for wage or profit when coverage is in force for the injury or sickness under Workers' Compensation, employer's liability or similar laws or coverage; any service, supplies or treatment that is not medically necessary; any facility charges for treatment at a hospital in excess of the indemnity amount specified in the policy; pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined in the policy; pre-existing conditions as defined in the policy; any service or treatment rendered outside the territorial limits of the United States of America; treatment of jaw joint problems including temporomandibular joint syndrome and craniomandibular disorder, or other conditions of the joint linking the jaw bone and skull and the complex of muscles, nerves and other tissues related to that joint; voluntary sterilization.

Pre-Existing Condition means a condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 12 months prior to a covered person's effective date. A condition shall no longer be considered a Pre-Existing Condition after the date a person has been covered under the policy for 12 consecutive months.

TERMINATION OF A COVERED PERSON'S INSURANCE

An insured persons insurance will cease on the earliest of: (a) the date of lapse at the end of the grace period for non-payment of premium; (b) the later of the date a written request to terminate the policy is received by the company or the date specified in the written request; or (c) the premium due date following the date the covered person attains the limiting age.

The insurance on a dependent will cease on the earliest of: (a) the date the Insured's coverage terminates; (b) the premium due date following the date the dependent attains the limiting age for dependents; (c) the end of the last period for which premium payment has been made to the company, subject to the grace period; (d) the first day of the month following the date the dependent no longer meets the definition of dependent, as defined in the policy; (e) the date the policy is modified so as to exclude dependent coverage; or (f) the date the policy terminates.

The company shall have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

If the company accepts a premium for coverage for a covered person after the date on which the policy provides that a covered person will cease to be covered, the coverage for that covered person will continue in force until the end of the period for which such premium has been accepted.

TEN DAY FREE LOOK

You have 10 days after receiving the policy, and if you are not satisfied for any reason, you may return it to the company for a full refund of all premiums paid. Mail the policy with your written request for cancellation to us at our Home Office. We will promptly refund the premium paid and the insurance will be void.

Received \$ _____ for _____ month's premium with application for: If for any reason policy is not issued, payment is to be refunded. Insurance is not effective until policy applied for has been issued. If you do not receive the policy in 30 days, please call or write the company. Authorized Representative _____ Date _____
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Important Notice: This Outline of Coverage provides general information about the policy. It is not a contract. Only the actual policy provisions issued by the company will control.



FEE SCHEDULE SAMPLE

CPT	DESCRIPTION	BENEFIT 1 Unit	CPT	DESCRIPTION	BENEFIT 1 Unit
SKIN			HEMIC/LYMPHATIC SYSTEM		
11042	debride skin/tissue	\$62.28	38221	bone marrow biopsy	\$74.09
11100	biopsy, skin lesion	\$48.99	38230	bone marrow collection	\$207.35
12001	repair superficial wound(s)	\$44.82	38300	drainage of lymph node abscess	\$190.71
17000	destruction of premalignant lesion	\$57.21	38510	biopsy/removal, lymph nodes	\$424.83
17108	destruction of skin lesions	\$532.81	38745	remove armpit lymph nodes	\$880.38
BREAST			DIGESTIVE SYSTEM		
19102	Breast biopsy percut w/image	\$100.45	43239	upper gi endoscopy, biopsy	\$174.44
19301	partial mastectomy	\$653.23	43830	place gastrostomy tube	\$704.66
19303	simple mastectomy	\$1,011.29	44005	freeing of bowel adhesion	\$1,095.90
19307	Mastectomy, modified radical	\$1,199.74	44145	partial removal of colon	\$1,664.10
19342	delayed breast prosthesis	\$942.14	44970	laparoscopy, appendectomy	\$604.46
MUSCULOSKELETAL SYSTEM			45114	partial removal of rectum	\$1,816.27
22554	neck spine fusion	\$1,278.15	45378	diagnostic colonoscopy	\$220.20
22612	lumbar spine fusion	\$1,603.41	45380	colonoscopy and biopsy	\$262.78
23420	repair of shoulder	\$977.92	45385	lesion removal colonoscopy	\$311.73
23655	treat shoulder dislocation	\$406.16	47562	laparoscopic cholecystectomy	\$660.99
25605	treat fracture radius/ulna	\$524.63	49568	hernia repair w/mesh	\$265.67
26735	treat finger fracture, each	\$602.86	URINARY SYSTEM		
27130	total hip arthroplasty	\$1,451.05	50590	Lithotripsy, fragmenting of kidney stone	\$560.57
27447	total knee arthroplasty	\$1,549.17	52000	cystoscopy	\$124.69
28485	treat metatarsal fracture	\$535.13	52353	cystouretero w/lithotripsy	\$393.60
29806	shoulder arthroscopy/surgery	\$1,070.83	GENITAL SYSTEM		
29827	arthroscop rotator cuff repr	\$1,083.96	55700	biopsy of prostate	\$137.30
29848	wrist endoscopy/surgery	\$516.56	57260	repair of vagina	\$844.65
29881	knee arthroscopy/surgery	\$550.61	57288	repair bladder defect	\$714.53
RESPIRATORY SYSTEM			57454	biopsy/curett of cervix w/scope	\$138.28
30520	repair of nasal septum	\$623.40	58100	biopsy of uterus lining	\$89.33
31240	nasal/sinus endoscopy, surg	\$161.18	58150	total hysterectomy	\$1,015.20
31255	removal of ethmoid sinus	\$399.74	58262	vag hyst including tubes and ovaries	\$937.48
31624	diagnostic bronchoscope/lavage	\$148.69	58353	endometrial ablation, thermal	\$223.54
32655	thoracoscopy, surgical	\$986.12	59510	cesarean delivery	\$2,363.15
CARDIOVASCULAR SYSTEM			NERVOUS SYSTEM		
33208	insertion of heart pacemaker	\$523.63	61518	removal of brain lesion	\$2,765.51
33249	Insertion of pacing defibrillator	\$905.60	61548	removal of pituitary gland	\$1,560.60
33533	Coronary Artery Bypass, arterial, single	\$1,896.31	62270	spinal fluid tap, diagnostic	\$78.80
35301	rechanneling of artery	\$1,090.83	63020	neck spine disk surgery	\$1,178.67
36556	insert non-tunnel centrl venous cath	\$121.47	64721	carpal tunnel surgery	\$432.87
36558	insert tunneled centrl venous cath	\$282.85	EYE/AUDITORY SYSTEM		
36620	insertion catheter, artery	\$50.80	65220	remove foreign body from eye	\$43.17
92928	insert intracoronary stent (PTCA)	\$601.54	66821	after cataract laser surgery	\$325.30
93452	left heart catheterization	\$906.39	66984	cataract surg w/intraocular lens, 1 stage	\$667.63
			67113	repair retinal detach, complex	\$1,800.10