



**HOSPITAL INDEMNITY INSURANCE
OUTLINE OF COVERAGE
FORM H-0300**

READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of some of the important features of the 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 the insured and the insurance company. It is therefore, important that you **READ YOUR POLICY CAREFULLY!**

Hospital confinement indemnity coverage is designed to provide 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 limitations and exclusions.

HOSPITAL INDEMNITY BENEFITS	Basic Plan	Select Plan	Premier Plan
Hospital Confinement Benefit (Maximum 31 days per calendar year) Days 1-5 Days 6-31	per day \$100 \$15	per day \$200 \$15	per day \$300 \$15
Observation Unit Benefit (Maximum 3 days per calendar year)	per day \$50	per day \$100	per day \$150
Mental Health Inpatient Confinement Benefit (Maximum 31 days per calendar year) Days 1-5 Days 6-31	per day \$50 \$15	per day \$100 \$15	per day \$150 \$15
Emergency Ambulance Transportation Benefit (Maximum 2 trips per calendar year)	per trip \$100	per trip \$200	per trip \$300
Skilled Nursing Facility Confinement Benefit (Maximum 45 days per calendar year) Days 1-20 (No Benefit) Days 21-65	per day \$50	per day \$100	per day \$150
Emergency Department Services Benefit (Maximum 3 admissions per calendar year)	per admission \$40	per admission \$50	per admission \$60
Urgent Care Center Services Benefit (Maximum 3 admissions per calendar year)	per admission \$20	per admission \$30	per admission \$40
Physician Office Visit Benefit (Maximum 4 visits combined per calendar year) Primary Care Physician (Maximum 4 visits per calendar year) Medical Specialist (Maximum 1 visit per calendar year)	per visit \$15 \$25	per visit \$20 \$35	per visit \$25 \$45
Surgery Performed in a Hospital, Physicians Office or Ambulatory Surgical Center Benefit (Percentage of current Medicare fee schedule amount per procedure)(Maximum 3 procedures per calendar year)	10% of fee schedule	15% of fee schedule	20% of fee schedule

HOSPITAL INDEMNITY BENEFITS continued

	Basic Plan	Select Plan	Premier Plan
Diagnostic Testing, Radiology, X-rays and Laboratory Testing Benefit (Maximum 4 tests per calendar year)	per test \$15	per test \$20	per test \$25
Acupuncture Benefit (Maximum 4 visits per calendar year)	per visit \$15	per visit \$20	per visit \$25
Annual Medicare Wellness Benefit (Maximum 1 visit per calendar year)	per visit \$20	per visit \$25	per visit \$30

OPTIONAL BENEFITS

Prescription Drug Rider (H-0300.PD.RD) Maximum 1 benefit per month	\$10	\$15	\$20
Critical Illness Rider (H-0300.CI.RD) Maximum Critical Illness Benefit	\$3,000 up to age 75 \$2,000 age 76 and over		

GUARANTEED RENEWABLE FOR LIFE. THE COMPANY RESERVES THE RIGHT TO CHANGE PREMIUM RATES ON A CLASS BASIS.

You have the right to renew the policy as long as you live. We cannot cancel or refuse to renew the policy or place any restrictions on it if you pay your premiums on time.

We reserve the right, subject to prior written notice to you at your last known address, 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

With respect to all of the benefits provided under the policy, no benefits will be payable as the result of:

- (a) any service, supplies or treatment that is not a covered benefit described in the policy;
- (b) suicide or any attempt thereat, while sane or insane;
- (c) any intentionally self-inflicted injury or sickness;
- (d) confinement for rest care, convalescent care or for rehabilitation;
- (e) cosmetic surgery other than reconstructive surgery incidental to or following surgery resulting from trauma, infection, or other diseases of the involved part or reconstructive surgery because of a congenital disease or anomaly;
- (f) the insured'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;
- (g) the insured committing, attempting to commit, or taking part in a felony, or engaging in an illegal occupation;
- (h) 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;
- (i) 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;
- (j) any dental care, treatment or service to the teeth, gums or mouth;
- (k) vision surgery, including any complications arising therefrom, to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia).
- (l) experimental treatments or surgery;
- (m) 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. The company will refund the pro-rata unearned premium for any such period the insured is not covered;
- (n) 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;
- (o) any service, supplies or treatment that is not medically necessary;
- (p) any facility charges for treatment at a hospital in excess of the indemnity amount specified in the policy;
- (q) pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined in the policy; and
- (r) any service or treatment rendered outside the territorial limits of the United States of America.

Additional Exclusions for Surgery Performed in a Hospital or Ambulatory Surgical Center Benefit:

- (a) surgery for corns, calluses and bunions; deviated nasal septum, including submucous resection and/or other surgical corrections thereof unless due to injury occurring while the policy is in force;
- (b) surgery for removal of breast implants. This exclusion shall not apply to the removal of breast implants for the medically necessary treatment of a covered injury or sickness, unless the implants were implanted solely for cosmetic purposes and not for surgery performed as reconstruction resulting from an injury or sickness;
- (c) surgery for non-malignant warts, moles (boils) and lesions unless medically necessary;
- (d) surgery for sex transformation or reversal thereof; and
- (e) dental surgery except oral surgery for excision of tumors, growths and cysts of the jaw and mouth and surgery to sound natural teeth made necessary by injury.

Pre-existing Condition(s) Limitation: Pre-existing Conditions are not covered unless the loss begins more than 6 months after the policy effective date.

Pre-existing Condition is a condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 6 months prior to the policy's Effective Date.

TERMINATION OF COVERAGE

Your insurance will cease on the earliest of: (a) the premium renewal date of any premium due but not paid, subject to the grace period provision of the policy; (b) the date the company receives your written or verbal request to cancel the policy (in which case the grace period will not apply); or (c) the date of your death.

The company shall have the right to terminate the policy if an insured submits a fraudulent claim under the policy.

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 _____

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.

