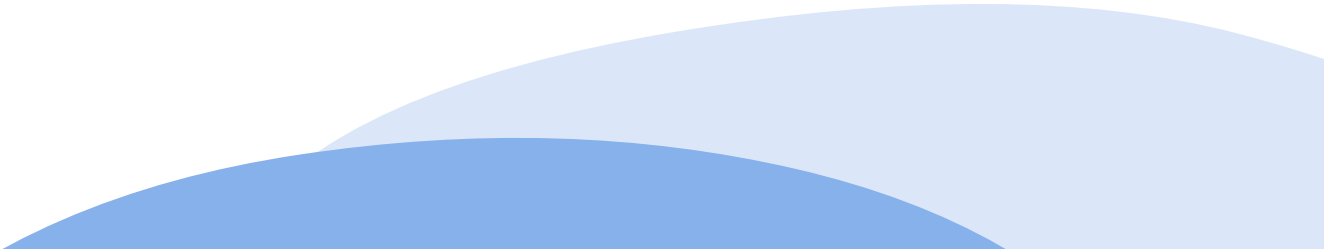


Premier Insurance Offering Review

Understanding the details and benefits of the **Premier Insurance Offering**



Premier Insurance Overview

- Underwritten by **United States Fire Insurance Company**
 - **Group hospital indemnity** plans
 - **Group accident insurance** benefits
 - **NCE membership** required
 - Available in **multiple states**
- 

Core Plan Elements


Key Features and Benefits

- Hospital confinement, emergency room, surgeries, diagnostic tests

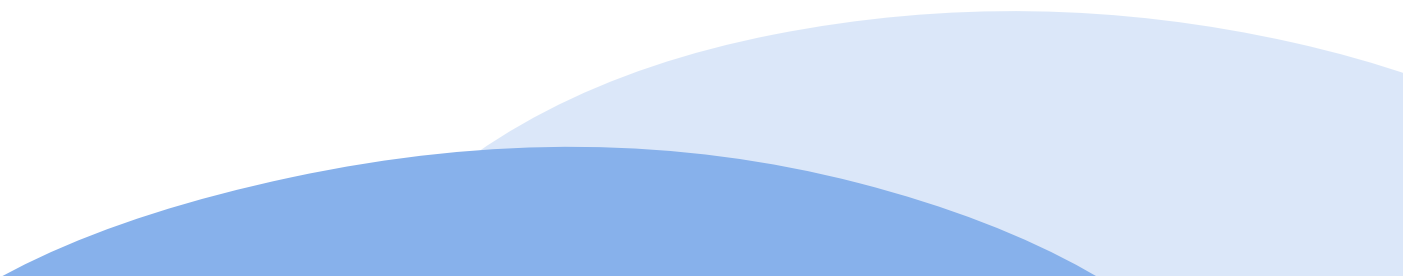
Coverage Details

- Daily hospital, surgical, physician visits, diagnostic tests
- \$10,000 accidental death, \$500 hospital admission

Eligibility Requirements

- NCE members under age 65, not Medicare eligible
 - No coverage for children under 18
- 

Common Service Features

- **Network Access:** Broad network of providers
 - **Claims Process:** Streamlined and efficient
 - **Support Services:** Assistance for plan utilization
- 

100 Plan (1/2)

Daily Benefits

- Hospital Confinement: \$100/day, 30 days
- Emergency Room Visit: \$50/visit, 1 day
- Inpatient Surgery: \$250/day, 3 days

Outpatient Surgery

- \$250/day, 3 days
- Physician Office Visit: \$50/visit, 6 days

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD:
30 days for Sickness per Covered Person

	100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days

Group Accident Benefits							
Accidental Death				\$10,000			
Hospital Admission Benefit	Per Day			\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days
Emergency Room	Per Day			\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day

Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.

100 Plan (2/2)

Diagnostic and Hospital Benefits

- Radiology & X-ray: \$50/day, 1 day
- Laboratory Tests: \$50/day, 1 day

Additional Coverage

- Accidental Death: \$10,000
- Emergency Room (Group Accident): \$250/day, 1 day

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD:
30 days for Sickness per Covered Person

	100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days

Group Accident Benefits								
Accidental Death	\$10,000							
Hospital Admission Benefit				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day

Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.

200A Plan (1/2)

Daily Benefits

- Hospital Confinement: \$200/day, 30 days
- Emergency Room Visit: \$50/visit, 1 day

Surgery Benefits

- Inpatient: \$250/day, 3 days
- Outpatient: \$250/day, 3 days

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	Per Day	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission	Per Day								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)	Per Day								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	Per Day	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Group Accident Benefits									
Accidental Death		\$10,000							
Hospital Admission Benefit	Per Day				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room	Per Day				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day

Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.

200A Plan (2/2)

Physician and Diagnostic

- Office Visit: \$50/visit, 6 days
- Radiology & X-ray: \$50/day, 1 day

Additional Coverage

- Accidental Death: \$10,000
- Emergency Room (Group Accident): \$250/day, 1 day

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	Per Day	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission	Per Day								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)	Per Day								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	Per Visit	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Group Accident Benefits									
Accidental Death		\$10,000							
Hospital Admission Benefit	Per Day				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room	Per Day				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day
Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.									

200+ Plan (1/2)

Daily Benefits

- Hospital Confinement: \$200/day, 30 days
- Emergency Room Visit: \$50/visit, 1 day

Surgery Benefits

- Inpatient: \$350/day, 3 days
- Outpatient: \$350/day, 3 days

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
		Per Day	Per Day	Per Day	Per Day	Per Day	Per Day	Per Day	Per Day
Daily Hospital Confinement		\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission									\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)									\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	Per Visit	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Group Accident Benefits									
Accidental Death		\$10,000							
Hospital Admission Benefit	Per Day				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room	Per Day				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day
Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.									

200+ Plan (2/2)

Additional Benefits

- Hospital Admission: \$1,000/day, 5 days
- Physician Visit: \$50/visit, 10 days

Additional Coverage

- Accidental Death: \$10,000
- Emergency Room (Group Accident): \$250/day, 1 day

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	Per Day	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission	Per Day								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)	Per Day								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	Per Visit	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Group Accident Benefits									
Accidental Death		\$10,000							
Hospital Admission Benefit	Per Day				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room	Per Day				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day

Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.

300 Plan (1/2)

Daily Benefits

- Hospital Confinement: \$300/day, 30 days
- Emergency Room Visit: \$50/visit, 1 day

Surgery Benefits

- Inpatient: \$400/day, 3 days
- Outpatient: \$400/day, 3 days

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	Per Day	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission	Per Day								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)	Per Day								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	Per Day	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Group Accident Benefits									
Accidental Death		\$10,000							
Hospital Admission Benefit	Per Day				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room	Per Day				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day
Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.									

300 Plan (2/2)

Additional Benefits

- Hospital Admission: \$1,000/day, 15 days
- Physician Visit: \$50/visit, 10 days

Additional Coverage

- Accidental Death: \$10,000
- Emergency Room (Group Accident): \$250/day, 1 day

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	Per Day	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission	Per Day								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)	Per Day								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	Per Visit	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Group Accident Benefits									
Accidental Death		\$10,000							
Hospital Admission Benefit	Per Day				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room	Per Day				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day

Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.

500 Plan (1/2)

Daily Benefits

- Hospital Confinement: \$500/day, 30 days
- Emergency Room Visit: \$75/visit, 1 day

Surgery Benefits

- Inpatient: \$500/day, 3 days
- Outpatient: \$500/day, 3 days

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	Per Day	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission	Per Day								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)	Per Day								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	Per Visit	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Group Accident Benefits									
Accidental Death		\$10,000							
Hospital Admission Benefit	Per Day				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room	Per Day				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day
Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.									

500 Plan (2/2)

Additional Benefits

- Physician Visit: \$50/visit, 10 days
- Radiology & X-ray: \$50/day, 2 days

Additional Coverage

- Accidental Death: \$10,000
- Emergency Room (Group Accident): \$250/day, 1 day

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	Per Day	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission	Per Day								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)	Per Day								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	Per Visit	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Group Accident Benefits									
Accidental Death		\$10,000							
Hospital Admission Benefit	Per Day				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room	Per Day				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day

Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.

750 Plan (1/2)

Daily Benefits

- Hospital Confinement: \$750/day, 30 days
- Emergency Room Visit: \$100/visit, 1 day

Surgery Benefits

- Inpatient: \$500/day, 3 days
- Outpatient: \$500/day, 3 days

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	Per Day	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission	Per Day								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)	Per Day								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	Per Day	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Group Accident Benefits									
Accidental Death		\$10,000							
Hospital Admission Benefit	Per Day				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room	Per Day				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day

Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.

750 Plan (2/2)

Additional Benefits

- Physician Visit: \$75/visit, 10 days
- Radiology & X-ray: \$75/day, 3 days

Additional Coverage

- Accidental Death: \$10,000
- Emergency Room (Group Accident): \$250/day, 1 day

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	Per Day	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission	Per Day								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)	Per Day								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	Per Visit	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Group Accident Benefits									
Accidental Death		\$10,000							
Hospital Admission Benefit	Per Day				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room	Per Day				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day
Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.									

1000 Plan (1/2)

Daily Benefits

- Hospital Confinement: \$1,000/day, 30 days
- Emergency Room Visit: \$200/visit, 1 day

Surgery Benefits

- Inpatient: \$500/day, 3 days
- Outpatient: \$500/day, 3 days

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	Per Day	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission	Per Day								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)	Per Day								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	Per Day	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Group Accident Benefits									
Accidental Death		\$10,000							
Hospital Admission Benefit	Per Day				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room	Per Day				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day

Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.

1000 Plan (2/2)

Additional Benefits

- Physician Visit: \$75/visit, 10 days
- Radiology & X-ray: \$100/day, 3 days

Additional Coverage

- Accidental Death: \$10,000
- Emergency Room (Group Accident): \$250/day, 1 day

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	Per Day	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission	Per Day								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)	Per Day								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	Per Visit	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Group Accident Benefits									
Accidental Death		\$10,000							
Hospital Admission Benefit	Per Day				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room	Per Day				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day
Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.									

1000+ Plan (1/2)

Daily Benefits

- Hospital Confinement: \$1,000/day, 30 days
- Emergency Room Visit: \$200/visit, 1 day

Surgery Benefits

- Inpatient: \$500/day, 3 days
- Outpatient: \$500/day, 3 days

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	Per Day	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission	Per Day								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)	Per Day								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	Per Day	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Group Accident Benefits									
Accidental Death		\$10,000							
Hospital Admission Benefit	Per Day				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room	Per Day				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day
Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.									

1000+ Plan (2/2)

Additional Benefits

- Physician Visit: \$75/visit, 10 days
- Radiology & X-ray: \$100/day, 3 days

Additional Coverage

- Accidental Death: \$10,000
- Emergency Room (Group Accident): \$250/day, 1 day

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person		100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	Per Day	\$100 30 Days	\$200 30 Days	\$200 30 Days	\$300 30 Days	\$500 30 Days	\$750 30 Days	\$1,000 30 Days	\$1,000 30 Days
Daily Hospital Admission	Per Day								\$1,000 5 Days
Daily Intensive Care/Coronary Care (ICU/CCU)	Per Day								\$1,000 15 Days
Daily Emergency Room Visit (Injury)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Emergency Room Visit (Sickness)	Per Visit	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$50 1 Day	\$75 1 Day	\$100 1 Day	\$200 1 Day
Daily Inpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Inpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Outpatient Surgery	Per Day			\$250 3 Days	\$250 3 Days	\$350 3 Days	\$400 3 Days	\$500 3 Days	\$500 3 Days
Daily Outpatient Surgery Anesthesia	Per Day			\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$100 3 Days	\$125 3 Days
Daily Physician Office Visit	Per Visit	\$50 6 Days	\$50 6 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$50 10 Days	\$75 10 Days	\$75 10 Days
Daily Inpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic radiology & x-ray	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Inpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Daily Outpatient diagnostic laboratory tests	Per Day		\$50 1 Day	\$50 1 Day		\$50 2 Days	\$50 2 Days	\$75 3 Days	\$100 3 Days
Group Accident Benefits									
Accidental Death		\$10,000							
Hospital Admission Benefit	Per Day				\$500 1 Day	\$500 1 Day	\$500 2 Days	\$500 3 Days	\$500 3 Days
Emergency Room	Per Day				\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day	\$250 1 Day
Available States: Alabama, Arkansas, Arizona, California, DC, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Michigan, Mississippi, North Dakota, Rhode Island, South Carolina, Tennessee, Wisconsin.									

Comparing the Plans

Feature	100 Plan	200A Plan	200+ Plan	300 Plan	500 Plan	750 Plan	1000 Plan	1000+ Plan
Daily Hospital Confinement	\$100	\$200	\$200	\$300	\$500	\$750	\$1,000	\$1,000
Daily Emergency Room Visit	\$50	\$50	\$50	\$50	\$75	\$100	\$200	\$200
Daily Inpatient Surgery	\$250	\$250	\$350	\$400	\$500	\$500	\$500	\$500
Daily Outpatient Surgery	\$250	\$250	\$350	\$400	\$500	\$500	\$500	\$500
Daily Physician Office Visit	\$50	\$50	\$50	\$50	\$50	\$75	\$75	\$75

Definitions and Limitations (1/3)

Important Exclusions

- Losses due to suicide, war, military service, illegal activities

Key Terms Defined

- Hospital Confinement: Medically necessary inpatient stay

GROUP HOSPITAL FIXED INDEMNITY DESCRIPTION OF BENEFITS

The following Provisions explain the benefits available under the Policy.

Hospital Admission Benefit

We will pay the Hospital Admission Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined and all of the following conditions are met:

1. the Hospital stay is Medically Necessary and the direct result, from no other causes, of Injuries or Illness sustained in a Covered Accident or Sickness; and
2. the Hospital stay is the first Hospital Confinement for the Covered Person for each occurrence during the Policy Period.

This benefit will be paid in addition to the Daily Hospital Confinement benefit.

Benefit payments will end on the first of the following dates:

1. the date the Hospital stay ends; or
2. the date the Covered Person dies; or
3. the date insurance under the Policy ends.

Daily Hospital Confinement Benefit

We will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined as an inpatient and all of the following conditions are met:

1. the Hospital stay is Medically Necessary and the direct result, from no other causes, of Injuries or Illness sustained in a Covered Accident or Sickness; and
2. Confinement is at the direction and under the care of a Physician; and
3. While the coverage is in effect.

Benefit payments will end on the first of the following dates:

1. the date the Hospital stay ends; or
2. the date the Covered Person dies; or
3. the date the Maximum Benefit for this benefit is payable; or
4. the date insurance under the Policy ends.

Daily Intensive Care/Coronary Care Unit Benefit

We will pay the Intensive Care Unit (ICU)/Coronary Care Unit (CCU) Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined in the Intensive Care Unit and all of the following conditions are met:

1. the ICU/CCU confinement is Medically Necessary and the direct result, from no other causes, of Injuries or Illness sustained in a Covered Accident or Sickness; and
2. ICU/CCU stay is at the direction and under the care of a Physician;
3. While the coverage is in effect.

Benefit payments will end on the first of the following dates:

1. the date the ICU/CCU stay ends; or
2. the date the Covered Person dies; or
3. the date the Maximum Benefit for this benefit is payable; or
4. the date insurance under the Policy ends.

This benefit will be paid in lieu of the Daily Hospital Confinement benefit.

Daily Emergency Room Visits Benefit for Sickness and Injury

We will pay the benefit shown in the Schedule of Benefits for Emergency Room Visits if a Covered Person requires Hospital emergency room treatment for a Medical Emergency as the result of a Covered Accident or Sickness.

"Emergency Room" means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician's office.

Daily Inpatient Surgery Benefit

We will pay the Daily Inpatient Surgery Benefit shown in the Schedule of Benefits if a Covered Person is ordered by a Physician to undergo Medically Necessary Surgery as the result of a Covered Accident or Sickness.

"Surgery" means the treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure, that is:

1. necessary for treatment of the Covered Person; and
 2. performed in a Hospital.
- Inpatient Surgery must be performed in the operating room of a Hospital.

Daily Inpatient Surgery Anesthesia Benefit

We will pay the Daily Inpatient Anesthesia Benefit shown in the Schedule of Benefits if a Covered Person is administered anesthesia on an inpatient basis for a Medically Necessary Surgery as the result of a Covered Accident or Sickness.

This is a brief description of coverage provided under group policy number US2156443 and US2166744, form numbers HIP-30000C and GAC-30000, and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for complete details. Coverage may vary or may not be available in all states. Insurance Plans are underwritten by United States Fire Insurance Company, Eatontown, NJ.

Definitions and Limitations (2/3)

Emergency Room Visit

- Treatment for acute medical conditions

Surgery

- Medically necessary procedures from accidents or sicknesses

GROUP HOSPITAL FIXED INDEMNITY BENEFIT EXCLUSIONS

The Limited Fixed Indemnity insurance portion of your membership does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following:

1. Suicide, attempted suicide or intentional self-inflicted injury while sane or insane;
2. War or any act of war, declared or undeclared;
3. While the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
4. Active participation in a riot or insurrection;
5. Treatment which arises out of, or in the course of fighting, brawling, assault or battery;
6. Treatment for Mental Illness or Nervous Disorders, except as specifically provided in the Policy;
7. Treatment for Substance Abuse, except as specifically provided in the Policy;
8. Injury or Sickness caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician;
9. Violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation;
10. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family Member of the Covered Person;
11. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
12. Travel or activity outside the United States, except for a Medical Emergency;
13. Participation in any motorized race or speed contest;
14. Aggravation or re-injury of a prior injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician;
15. Injury to a Covered Person resulting from that Covered Person's willful violation of the Policyholder's rules or regulations. Willful violation includes, but is not limited to: a) working without protective clothing, helmets, gloves, etc., required by the Policyholder's rules or regulations; or b) participating in any activity that is in violation of the Policyholder's rules or regulations;
16. Pregnancy, except Complications of Pregnancy or childbirth unless conception occurred while coverage was in force under the Policy;
17. Elective Abortion, including complications. "Elective Abortion" means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
18. Experimental or Investigational drugs, services, supplies or procedure that is Experimental or Investigational at the time the procedure is done. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The procedure will also be considered Experimental or Investigational if the Covered Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption;
19. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications;
20. Treatment or services provided by a private duty nurse, unless provided for in the Policy;
21. Treatment of a detached retina unless caused by an injury suffered from a Covered Accident;
22. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in the Policy;
23. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofascial pain, except as specifically provided in the Policy;

Definitions and Limitations (3/3)

Limitations

- Coverage excludes certain medical procedures

Additional Terms

- Definitions and scope of coverage

GROUP HOSPITAL FIXED INDEMNITY BENEFIT EXCLUSIONS, CONT.

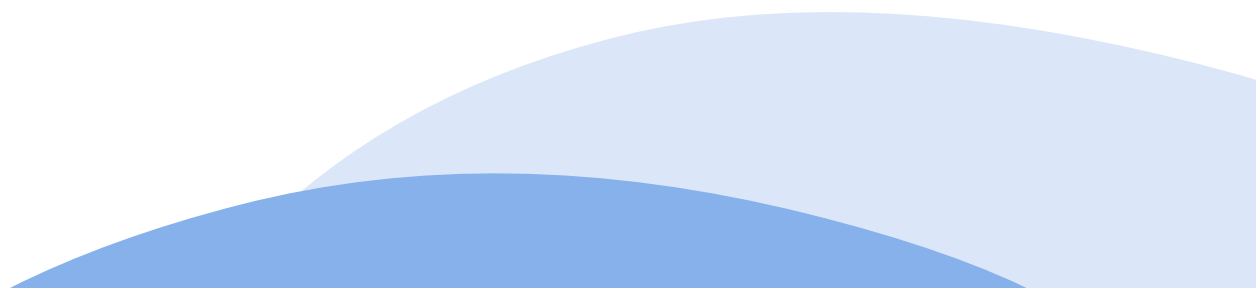
24. Treatment for blood or blood plasma;
25. Routine vision care;
26. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
27. Travel in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snow mobile; or riding in a rodeo according to the Policy provisions; or any off road motorized vehicle not requiring licensing as a motor vehicle;
28. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - While being used for any test or experimental purpose; or
 - While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of His household;
 - A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - An ultra light, hang gliding, parachuting or bungee cord jumping. Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes.
29. Rest cures or custodial care;
30. Prescription Drugs unless specifically provided for under the Policy;
31. Elective or cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
32. Physiotherapy services.

Pre-existing Conditions Limitation

Pre-existing Conditions will not be covered for a period of the first 12 months after the Covered Person's Effective Date of coverage (applies to Hospital, Surgery and related Anesthesia benefits only).

THE INSURANCE PORTION OF THE MEMBERSHIP IS A LIMITED POLICY. THIS IS NOT COMPREHENSIVE MAJOR MEDICAL INSURANCE. The insurance described in this document provides limited benefits. Limited benefits are insurance products with reduced benefits intended to supplement comprehensive health insurance plans. This insurance is not an alternative to comprehensive coverage. It does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.

Key Takeaways

- **Plan Highlights:** Comprehensive coverage for hospital, surgeries
 - **Value Propositions:** Tailored plans, benefits increase with higher tiers
 - **Next Steps:** Evaluate needs, select appropriate coverage, consult representative
- 

Thank You!

Continue to be great!

