

Premier Plan Overview

Understanding the details and benefits of the **Premier Plan**

The Premier Plan

- Empowering NCE Members with Accessible and Affordable Coverage through United States Fire Insurance Company
- Group Hospital Fixed Indemnity for various situations
- Group Accident Insurance and support tools
- Accessibility and Affordability through structured benefits
- Personal Impact support

Key Features and Benefits

Accessibility

Affordability

Personal Impact (varies by plan)

First Health Network Discounts through NCE Membership

Cost Management Tools

GapAfford Plus (GAP)

Pre-negotiated Rates System

No Deductibles Support

How GapAfford Plus Works

- 1. Enroll through NCE Membership
- 2. Access pre-negotiated rates
- 3. Present NCE Member ID card at service
- 4. Receive discounted rates (GAP)
- 5. Enjoy reduced out-of-pocket costs

Preventive Care and Wellness

- Wellness Programs Services
- Advocacy Services Programs
- First Health Network provides medical discounts

Telehealth Services

- Virtual Visits
- 24/7 Access
- No Travel Required available
- **Direct Access** to care

Advocacy and Support Services

- Comprehensive healthcare advocacy
- Claims Management assistance
- Wellness Programs options
- Support Tools support

100 Plan (1/2)

Hospital Confinement

- **\$100/day (30 days)**
- \$50 ER visits (1 day)
- \$50 physician office visits (6 days)

Diagnostic Services

- \$50 inpatient diagnostic radiology & x-ray (1 day)
- \$50 outpatient diagnostic radiology & x-ray (1 day)

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

| BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person | | 10 Pla | | 20 Pla | | 200 Pla | | عد Pl: | | 50 Pla | | 75 Pla | | 100 Pla | | 1000 Pla | |
|--|--------------|-----------|------------|-----------|------------|------------|------------|-----------|------------|-----------|------------|-----------|------------|------------|------------|-------------|------------|
| 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 |
| oaily 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 | Bei | nef | its | | | | | | | |
|----------------------------|----------------|-------|----------|-------|----------|-------|-----------|-------|-----------|-------|-----------|
| Accidental Death | | | \$1 | 0,000 | | | | | | | |
| 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 |

100 Plan (2/2)

Laboratory Tests

- \$50 inpatient diagnostic laboratory tests (1 day)
- \$50 outpatient diagnostic laboratory tests (1 day)

Additional Benefits

- \$500 hospital admission benefit (1 day)
- \$250 emergency room benefit (1 day)

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

| BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person | | 10 Pl | | 20 Pla | | 20 Pla | | дс Pla | | 50 Pla | | 75 Pla | | 100 Pl <i>a</i> | | 1000 Pla | |
|--|--------------|----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|--------------------|------------|-------------|------------|
| 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 |
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| | Group Accident | Bei | 1ei | fits | | | | | | | |
|----------------------------|----------------|-------|----------|-------|----------|-------|-----------|-------|-----------|-------|-----------|
| Accidental Death | | | \$1 | 0,000 | | | | | | | |
| 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 |

200A Plan (1/2)

Hospital Confinement

- **\$200/day (30 days)**
- \$50 ER visits (1 day)
- \$50 physician office visits (6 days)

Diagnostic Services

- \$50 inpatient diagnostic radiology & x-ray (1 day)
- \$50 outpatient diagnostic radiology & x-ray (1 day)

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| BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person | | 10 Pla | | 20 Pla | | 200 Pla | | عد Pl: | | 50 Pla | | 75 Pla | | 100 Pla | | 1000 Pla | |
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| 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 |
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| 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 |
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|----------------------------|----------------|-------|----------|-------|----------|-------|-----------|-------|-----------|-------|-----------|
| Accidental Death | | | \$1 | 0,000 | | | | | | | |
| 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 |

200A Plan (2/2)

Laboratory Tests

- \$50 inpatient diagnostic laboratory tests (1 day)
- \$50 outpatient diagnostic laboratory tests (1 day)

Additional Benefits

- \$500 hospital admission benefit (1 day)
- \$250 emergency room benefit (1 day)

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

| BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person | | 10 Pla | | 20 Pla | | 200 Pla | | 30 Pla | | 50 Pla | | 75 Pla | | 100 Pla | | 1000 Pla | |
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| 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 |
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| 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 |
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| Accidental Death | | | \$1 | 0,000 | | | | | | | |
| 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 |

200+ Plan (1/2)

Hospital Confinement

- \$200/day (30 days)
- \$250 inpatient/outpatient surgery (3 days)
- \$50 physician office visits (10 days)

Diagnostic Services

- \$50 inpatient diagnostic radiology & x-ray (2 days)
- \$50 outpatient diagnostic radiology & x-ray (2 days)

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

| BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person | | 10 Pla | | 20 Pla | | 200 Pla | | 30 Pla | | 50 Pla | | <i>75</i> Pla | | 100 Pla | | 1000 Pla | |
|--|--------------|-----------|------------|-----------|------------|------------|------------|-----------|------------|-----------|------------|------------------|------------|------------|------------|-------------|------------|
| 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 |
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| 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 |
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| 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 |
| oaily 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 |
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| Accidental Death | | | | \$1 | 0,000 | | | | | | | |
| 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 |

200+ Plan (2/2)

Laboratory Tests

- \$50 inpatient diagnostic laboratory tests (2 days)
- \$50 outpatient diagnostic laboratory tests (2 days)

Additional Benefits

- \$500 hospital admission benefit (2 days)
- \$250 emergency room benefit (1 day)

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

| BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person | | 10 Pla | | 20 Pla | | 200 Pla | | 30 Pla | | 50 Pla | | 75 Pla | | 100 Pla | | 1000 Pla | |
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| 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 |
| aily 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 |
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| | Group Accident | Bei | 1ef | its | | | | | | | |
|----------------------------|----------------|-------|----------|-------|----------|-------|-----------|-------|-----------|-------|-----------|
| Accidental Death | | | \$1 | 0,000 | | | | | | | |
| 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 |

300 Plan (1/2)

Hospital Confinement

- **\$300/day (30 days)**
- \$250 inpatient/outpatient surgery (3 days)
- \$50 physician office visits (10 days)
- \$10,000 accidental death benefit

Diagnostic Services

- \$50 inpatient diagnostic radiology & x-ray (2 days)
- \$50 outpatient diagnostic radiology & x-ray (2 days)

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

| BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person | | 10 Pl | | 20 Pla | | 20 Pla | | عد Pl: | | 50 Pla | | 75 Pla | | 100 Pla | | 1000 Pla | |
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| 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 |
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|----------------------------|----------------|-------|----------|-------|----------|-------|-----------|-------|-----------|-------|-----------|
| Accidental Death | | | \$1 | 0,000 | | | | | | | |
| 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 |

300 Plan (2/2)

Laboratory Tests

- \$50 inpatient diagnostic laboratory tests (2 days)
- \$50 outpatient diagnostic laboratory tests (2 days)

Additional Benefits

- \$500 hospital admission benefit (2 days)
- \$250 emergency room benefit (1 day)

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

| BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person | | 10 Pl | | 20 Pla | | 20 Pla | | عد Pl: | | 50 Pla | | 75 Pla | | 100 Pla | | 1000 Pla | |
|--|--------------|----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|------------|------------|-------------|------------|
| 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 | Bei | 1ef | fits | | | | | | | |
|----------------------------|------------|----------|-------|----------|-------|----------|-------|-----------|-------|-----------|-------|-----------|
| Accidental Death | | | | \$1 | 0,000 | | | | | | | |
| 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 |

500 Plan (1/2)

Hospital Confinement

- \$500/day (30 days)
- \$350 inpatient/outpatient surgery (3 days)
- \$50 physician office visits (10 days)
- \$10,000 accidental death benefit

Diagnostic Services

- \$50 inpatient diagnostic radiology & x-ray (2 days)
- \$50 outpatient diagnostic radiology & x-ray (2 days)

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

| BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person | | 10 Pla | | 20 Pla | | 200 Pla | | عد Pl: | | 50 Pla | | 75 Pla | | 100 Pla | | 1000 Pla | |
|--|--------------|-----------|------------|-----------|------------|------------|------------|-----------|------------|-----------|------------|-----------|------------|------------|------------|-------------|------------|
| 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 |
| oaily 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 Accide | nt Ber | ref | its | | | | | | | |
|----------------------------|--------------|--------|----------|-------|----------|-------|-----------|-------|-----------|-------|-----------|
| Accidental Death | | | \$1 | 0,000 | | | | | | | |
| 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 |

500 Plan (2/2)

Laboratory Tests

- \$50 inpatient diagnostic laboratory tests (2 days)
- \$50 outpatient diagnostic laboratory tests (2 days)

Additional Benefits

- \$500 hospital admission benefit (3 days)
- \$250 emergency room benefit (1 day)

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

| BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person | | 10 Pla | | 20 Pla | | 200 Pla | | до Pla | | 50 Pla | | <i>75</i> Pla | | 100 Pla | | 1000 Pla | |
|--|--------------|-----------|------------|-----------|------------|------------|------------|-----------|------------|-----------|------------|------------------|------------|------------|------------|-------------|------------|
| 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 |
| aily 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 | Bei | nef | fits | | | | | | | |
|----------------------------|----------------|-------|----------|-------|----------|-------|-----------|-------|-----------|-------|-----------|
| Accidental Death | | | \$1 | 0,000 | | | | | | | |
| 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 |

750 Plan (1/2)

Hospital Confinement

- \$750/day (30 days)
- \$400 inpatient/outpatient surgery (3 days)
- \$75 physician office visits (10 days)
- \$10,000 accidental death benefit

Diagnostic Services

- \$75 inpatient diagnostic radiology & x-ray (3 days)
- \$75 outpatient diagnostic radiology & x-ray (3 days)

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

| BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person | | 10 Pla | | 20 Pla | | 200 Pla | | عد Pl: | | 50 Pla | | 75 Pla | | 100 Pla | | 1000 Pla | |
|--|--------------|-----------|------------|-----------|------------|------------|------------|-----------|------------|-----------|------------|-----------|------------|------------|------------|-------------|------------|
| 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 |
| oaily 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 Accide | nt Ber | ref | its | | | | | | | |
|----------------------------|--------------|--------|----------|-------|----------|-------|-----------|-------|-----------|-------|-----------|
| Accidental Death | | | \$1 | 0,000 | | | | | | | |
| 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 |

750 Plan (2/2)

Laboratory Tests

- \$75 inpatient diagnostic laboratory tests (3 days)
- \$75 outpatient diagnostic laboratory tests (3 days)

Additional Benefits

- \$500 hospital admission benefit (3 days)
- \$250 emergency room benefit (1 day)

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

| BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person | | 10 Pl | | 20 Pla | | 20 Pla | | عد Pl: | | 50 Pla | | 75 Pla | | 100 Pla | | 1000 Pla | |
|--|--------------|----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|------------|------------|-------------|------------|
| 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 | Bei | nef | fits | | | | | | | |
|----------------------------|----------------|-------|----------|-------|----------|-------|-----------|-------|-----------|-------|-----------|
| Accidental Death | | | \$1 | 0,000 | | | | | | | |
| 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 |

1000 Plan (1/2)

Hospital Confinement

- **\$1,000/day (30 days)**
- \$500 inpatient/outpatient surgery (3 days)
- \$75 physician office visits (10 days)
- \$10,000 accidental death benefit

Diagnostic Services

- \$100 inpatient diagnostic radiology & x-ray (3 days)
- \$100 outpatient diagnostic radiology & x-ray (3 days)

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

| BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person | | 10 Pl | | 20 Pla | | 20 Pla | | عد Pl: | | 50 Pla | | 75 Pla | | 100 Pla | | 1000 Pla | |
|--|--------------|----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|------------|------------|------------|-------------|------------|
| 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 | Bei | nef | fits | | | | | | | |
|----------------------------|----------------|-------|----------|-------|----------|-------|-----------|-------|-----------|-------|-----------|
| Accidental Death | | | \$1 | 0,000 | | | | | | | |
| 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 |

1000 Plan (2/2)

Laboratory Tests

- \$100 inpatient diagnostic laboratory tests (3 days)
- \$100 outpatient diagnostic laboratory tests (3 days)

Additional Benefits

- \$500 hospital admission benefit (3 days)
- \$250 emergency room benefit (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 | | доо Plan | | 500 Plan | | 750 Plan | | 1000 Plan | | n Pla | |
|--|--------------|-------------|------------|--------------|------------|--------------|------------|-------------|------------|-------------|------------|-------------|------------|--------------|------------|---------|------------|
| 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 |
| aily 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 | Bei | nef | fits | | | | | | | |
|----------------------------|----------------|-------|----------|-------|----------|-------|-----------|-------|-----------|-------|-----------|
| Accidental Death | | | \$1 | 0,000 | | | | | | | |
| 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 |

1000+ Plan (1/2)

Hospital Confinement

- **\$1,000/day (30 days)**
- \$1,000 hospital admission (5 days)
- \$1,000 ICU care (15 days)
- \$500 inpatient/outpatient surgery (3 days)
- \$10,000 accidental death benefit

Diagnostic Services

- \$100 inpatient diagnostic radiology & x-ray (3 days)
- \$100 outpatient diagnostic radiology & x-ray (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 | | доо Plan | | 500 Plan | | 750 Plan | | 1000 Plan | | n Pla | |
|--|--------------|-------------|------------|--------------|------------|--------------|------------|-------------|------------|-------------|------------|-------------|------------|--------------|------------|---------|------------|
| 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 |
| aily 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 | Bei | 1ef | its | | | | | | | |
|----------------------------|----------------|-------|----------|-------|----------|-------|-----------|-------|-----------|-------|-----------|
| Accidental Death | | | \$1 | 0,000 | | | | | | | |
| 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 |

1000+ Plan (2/2)

Laboratory Tests

- \$100 inpatient diagnostic laboratory tests (3 days)
- \$100 outpatient diagnostic laboratory tests (3 days)

Additional Benefits

- \$500 hospital admission benefit for accident (3 days)
- \$250 emergency room benefit (1 day)

GROUP HOSPITAL FIXED INDEMNITY AND GROUP ACCIDENT INSURANCE

| BENEFIT WAITING PERIOD: 30 days for Sickness per Covered Person | | 10 Pla | | 20 Pla | | 200 Pla | | 30 Pla | | 50 Pla | | 75 Pla | | 100 Pl <i>a</i> | | 1000 Pla | |
|--|--------------|-----------|------------|-----------|------------|------------|------------|-----------|------------|-----------|------------|-----------|------------|--------------------|------------|-------------|------------|
| 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 |
| aily 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 Ac | cident E | 3en | ıef | its | | | | | | | |
|----------------------------|------------|----------|-----|----------|-------|----------|-------|-----------|-------|-----------|-------|-----------|
| Accidental Death | | | | \$1 | 0,000 | | | | | | | |
| 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 |

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 |
| ER Visit (Injury/Sickness) | \$50 | \$50 | \$50 | \$50 | \$50 | \$75 | \$100 | \$200 |
| Physician Office Visits | \$50 | \$50 | \$50 | \$50 | \$50 | \$75 | \$75 | \$75 |
| Inpatient/Outpatient Surgery | - | - | \$250 | \$250 | \$350 | \$400 | \$500 | \$500 |
| Accidental Death Benefit | - | - | - | \$10,000 | \$10,000 | \$10,000 | \$10,000 | \$10,000 |

Definitions and Limitations

Exclusions

- Pre-existing conditions not covered for 12 months
- TMJ disorders, elective surgeries
- Routine vision care, blood treatments

Limitations

- 30-day waiting period for sickness
- Travel-related exclusions

Specific Exclusions

- Accidents without a valid license
- Non-passenger aircraft travel

Additional Exclusions

- Rest cures, custodial care
- Prescription drugs unless specified

GROUP HOSPITAL FIXED INDEMNITY BENEFIT EXCLUSIONS, CONT.

- 24. Treatment for blood or blood plasma;
- 25. Routine vision care;
- 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;
- Prescription Drugs unless specifically provided for under the Policy;
- Elective or cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
- 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 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.

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Key Takeaways and Reminders

- Flexibility with multiple tiers
- Balance of cost-effective coverage
- Next Steps for enrollment
- Support Contact Information required

Thank You!

Continue to be great!

