

Premier Plan Overview

Understanding the details and benefits of the Premier Insurance Offering

The Premier Plan

- Underwritten by United States Fire Insurance Company
- Group Hospital Fixed 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
- Accidental Death, ER and Hospital Admission Benefits (300 and above)

Eligibility Requirements

- NCE embers 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

Daily Benefits

- Hospital Confinement: \$100/day, 30 days
- Emergency Room Visit (Injury): \$50/Visit, 1 Day
- Emergency Room Visit (Sickness): \$50/Visit, 1 Day

Additional Benefits

Daily 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		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
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

	Grou	р Асс	ident	Ber	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

200A Plan

Daily Benefits

- Hospital Confinement: \$200/Day, 30 Days
- Emergency Room Visit (Injury): \$50/Visit, 1 Day
- Emergency Room Visit (Sickness): \$50/Visit, 1 Day

Diagnostic Benefits

- Daily Physician Office Visit: \$50/Visit, 6 Days
- Daily Inpatient/Outpatient Diagnostic Radiology & X-ray:
 \$50/Day, 1 Day
- Daily Inpatient/Outpatient Diagnostic Laboratory Tests:\$50/Day, 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		<i>75</i> Pla		10 c 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
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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	1e1	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

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

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200+ Plan

Daily Benefits

- Hospital Confinement: \$200/Day, 30 Days
- Emergency Room Visit (Injury): \$50/Visit, 1 Day
- Emergency Room Visit (Sickness): \$50/Visit, 1 Day

Surgery Benefits

- Daily Inpatient Surgery: \$250/Day, 3 Days
- Daily Inpatient Surgery Anesthesia: \$100/Day, 3 Days
- Daily Outpatient Surgery: \$250/Day, 3 days
- Daily Outpatient Surgery Anesthesia: \$100/Day, 3 Days

Additional Benefits

- Daily Physician Office Visit: \$50/Visit, 10 Days
- Daily Inpatient/Outpatient Diagnostic Radiology & X-ray:
 \$50/Day, 1 Day
- Daily Inpatient/Outpatient Diagnostic Laboratory Tests:\$50/Day, 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 Pla		50 Pla		75 Pla		10 c 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
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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
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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
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	Grou	р Асс	ident	Ber	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

300 Plan

Daily Benefits

- Hospital Confinement: \$300/Day, 30 Days
- Emergency Room Visit (Injury): \$50/Visit, 1 Day
- Emergency Room Visit (Sickness): \$50/Visit, 1 Day

Surgery Benefits

- Daily Inpatient Surgery: \$250/Day, 3 Days
- Daily Inpatient Surgery Anesthesia: \$100/Day, 3 Days
- Daily Outpatient Surgery: \$250/Day, 3 Days
- Daily Outpatient Surgery Anesthesia: \$100/Day, 3 Days

Additional Benefits

Daily Physician Office Visit: \$50/Visit, 10 Days

Group Accident Benefits

Accidental Death: \$10,000

Hospital Admission: \$500/Day, 1 Day

Emergency Room: \$250/Day, 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 Pla		50 Pla		75 Pla		10 c 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
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	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

500 Plan (1/2)

Daily Benefits

- Hospital Confinement: \$500/Day, 30 Days
- Emergency Room Visit (Injury): \$50/Visit , 1 Day
- Emergency Room Visit (Sickness): \$50/Visit, 1 Day

Surgery Benefits

- Daily Inpatient Surgery: \$350/Day, 3 Days
- Daily Inpatient Surgery Anesthesia: \$100/Day, 3 Days
- Daily Outpatient Surgery: \$350/Day, 3 Days
- Daily Outpatient Surgery Anesthesia: \$100/Day, 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		30 Pla		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	Ber	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

500 Plan (2/2)

Additional Benefits

- Daily Physician Office Visit: \$50/Visit, 10 Days
- Daily Inpatient/Outpatient Diagnostic Radiology & X-ray:
 \$50/Day, 2 days
- Daily Inpatient/Outpatient Diagnostic Laboratory Tests:
 \$50/Day, 2 Days

Group Accident Benefits

■ Accidental Death: \$10,000

Hospital Admission: \$500/Day, 1 Day

Emergency Room: \$250/Day, 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		10 c 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	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 (1/2)

Daily Benefits

- Hospital Confinement: \$750/Day, 30 Days
- Emergency Room Visit (Injury): \$75/Visit , 1 Day
- Emergency Room Visit (Sickness): \$75/Visit , 1 Day

Surgery Benefits

- Daily Inpatient Surgery: \$400/Day, 3 Days
- Daily Inpatient Surgery Anesthesia: \$100/Day, 3 Days
- Daily Outpatient Surgery: \$400/Day, 3 Days
- Daily Outpatient Surgery Anesthesia: \$100/Day, 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		30 Pla		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
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	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

750 Plan (2/2)

Additional Benefits

- Daily Physician Office Visit: \$50/Visit, 10 Days
- Daily Inpatient/Outpatient Diagnostic Radiology & X-ray:
 \$50/Day, 2 Days
- Daily Inpatient/Outpatient Diagnostic Laboratory Tests:
 \$50/Day, 2 Days

Group Accident Benefits

Accidental Death: \$10,000

Hospital Admission: \$500/Day, 2 Days

Emergency Room: \$250/Day, 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		10 c Pla		1000 Pla	
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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
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	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 (1/2)

Daily Benefits

- Hospital Confinement: \$1,000/Day, 30 Days
- Emergency Room Visit (Injury): \$100/Visit, 1 Day
- Emergency Room Visit (Sickness): \$100/Visit, 1 Day

Surgery Benefits

- Daily Inpatient Surgery: \$500/Day, 3 Days
- Daily Inpatient Surgery Anesthesia: \$100/Day, 3 Days
- Daily Outpatient Surgery: \$500/Day, 3 Days
- Daily Outpatient Surgery Anesthesia: \$100/Day, 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		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
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 Accid	ent Bene	efits	;						
Accidental Death			\$10,000)						
Hospital Admission Benefit	Per Day	\$500 ¹	\$500	0 1 Day	\$500	2 Days	\$500	3 Days	\$500	3 Days
Emergency Room	Per Day	\$250 Da	\$250	D 1 Day	\$250	1 Day	\$250	1 Day	\$250	1 Day

1000 Plan (2/2)

Additional Benefits

- Daily Physician Office Visit: \$75/Visit, 10 Days
- Daily Inpatient/Outpatient Diagnostic Radiology & X-ray:
 \$75/Day, 3 Days
- Daily Inpatient/Outpatient Diagnostic Laboratory Tests:
 \$75/Day, 3 Days

Group Accident Benefits

■ Accidental Death: \$10,000

Hospital Admission: \$500/Day, 3 Days

Emergency Room: \$250/Day, 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	
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

	Grou	р Асс	ident	Ber	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

1000+ Plan (1/2)

Daily Benefits

- Hospital Confinement: \$1,000/Day, 30 Days
- Daily Hospital Admission: \$1,000/Day, 5 Days
- Daily Intensive Care/Coronary Care (ICU/CCU):
 \$1,000/Day, 15 Days
- Emergency Room Visit (Injury): \$200/Visit , 1 Day
- Emergency Room Visit (Sickness): \$200/Visit , 1 Day

Surgery Benefits

- Daily Inpatient Surgery: \$500/Day, 3 Days
- Daily Inpatient Surgery Anesthesia: \$125/Day, 3 Days
- Daily Outpatient Surgery: \$500/Day, 3 Days
- Daily Outpatient Surgery Anesthesia: \$125/Day, 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		30 Pla		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 Accide	nt Ben	ef	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)

Additional Benefits

- Daily Physician Office Visit: \$75/Visit, 10 Days
- Daily Inpatient/Outpatient Diagnostic Radiology & X-ray:
 \$100/Day, 3 Days
- Daily Inpatient/Outpatient Diagnostic Laboratory Tests:
 \$100/Day, 3 Days

Group Accident Benefits

Accidental Death: \$10,000

Hospital Admission: \$500/Day, 3 Days

Emergency Room: \$250/Day, 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		дс Pla		50 Pla		75 Pla		10 C 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	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

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

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Plan Definitions & Limitations

Key Terms

- Hospital Confinement: Medically Necessary Inpatient stay
- Emergency Room Visit: Treatment for Acute Medical Conditions
- Surgery: Medically Necessary procedures from accidents or sickness

Important Exclusions

- Losses from Suicide, War, or Military Service
- Illegal activities
- Certain medical procedures (see policy for details)

GROUP HOSPITAL FIXED INDEMNITY BENEFIT EXCLUSIONS

GROUP HOSPITAL FIXED INDEMNITY BENEFIT EXCLUSIONS, CONT.



GROUP ACCIDENT BENEFIT EXCLUSIONS

GROUP ACCIDENT BENEFIT EXCLUSIONS, CONT.

Key Takeaways

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

Thank You!

Continue to be great!



DISCLAIMER