

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) online or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

HOSPITAL CONFINEMENT INDEMNITY POLICY

Outline of Coverage ~ Policy Form HIP2 (1-13)

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

Hospital Confinement Indemnity Coverage – Policies of this category are designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Such policies do not provide any benefits other than the fixed daily indemnity for hospital confinement and any *additional benefits described below*.

BENEFITS	<input type="checkbox"/> PLAN I	<input type="checkbox"/> PLAN II	<input type="checkbox"/> PLAN III
<p>Daily Hospital Confinement Pays a daily benefit for inpatient hospital confinement due to a covered accident or sickness. <i>Maximum 180 days per confinement.</i></p>	\$50 per day	\$100 per day	\$200 per day
<p>Surgery and Anesthesia Pays according to the policy surgical schedule, up to the amount selected, for a surgical procedure, inpatient or outpatient, when surgery is due to a covered accident or sickness. Anesthesia pays 25% of the amount payable under the surgical benefit.</p>	Up to \$1,000 per operation	Up to \$1,500 per operation	Up to \$2,500 per operation
<p>Emergency Accident Pays the charges incurred, up to the maximum selected, if the insured person is injured in a covered accident and received treatment in a hospital emergency room, physician’s office, or standalone emergency center within 72 hours after the accident. <i>Benefit is paid 2 times per calendar year per insured person, except for dependent children. The maximum number of visits for all dependent children combined is 2 visits per calendar year.</i></p>	Maximum \$100 per covered accident	Maximum \$250 per covered accident	Maximum \$500 per covered accident
<p>Outpatient Sickness Pays for treatment by a physician in a physician’s office, clinic, urgent care facility, or emergency room for a covered sickness. <i>Benefits are limited to 5 visits per calendar year per covered person, except for dependent children. The maximum number of visits for all dependent children (combined) is 5 visits per calendar year.</i></p>	None	\$75 per visit	\$75 per visit
<p>Ambulance Pays for ground ambulance or air ambulance to or from a hospital or between medical facilities. <i>Pays only one benefit, whichever occurs first, per calendar year per person.</i></p>	Ground Ambulance \$250 Air Ambulance \$500	Ground Ambulance \$250 Air Ambulance \$500	Ground Ambulance \$500 Air Ambulance \$1,000
<p>Wellness Benefit Pays per calendar year for an insured person to undergo a routine examination or other preventative testing. <i>Payable once per insured per calendar year and 2 times per family per calendar year.</i></p> <ul style="list-style-type: none"> ▪ Mammogram ▪ Pap Smear ▪ Flexible Sigmoidoscopy ▪ Prostatic Specific Antigen (PSA) Test ▪ Chest X-Ray ▪ EKG ▪ Colonoscopy ▪ Cholesterol & Diabetes Screening ▪ Vision Examination ▪ Hearing Examination ▪ Dental X-Ray 	none	\$75	\$75

BENEFITS (continued)	ALL PLANS
Burns treated within 72 hours. <i>Payable once per accident.</i>	\$375
Tendon / Ligament surgically repaired within 1 year.*	\$150
Dislocation (separated joint) diagnosed within 30 days.* <i>Payable only for the first dislocation of a joint. Subsequent dislocation of the same joint will not be covered.</i>	Up to \$625
Eye injury requiring surgery or removal of a foreign object within 30 days. <i>Payable once per accident.</i>	Up to \$75
Fractures diagnosed within 14 days and requiring open or closed reduction by a physician.*	Up to \$625
Torn Knee Cartilage and Ruptured Disc treated within 60 days and surgically repaired within 1 year. <i>Payable once per accident.</i>	Up to \$155
Torn Rotator Cuff surgically repaired within 90 days.	\$155
Internal Injuries resulting in open abdominal, hernia or thoracic surgery within 30 days.	\$315
Concussion resulting in EEG abnormality within 30 days.	\$15
Lacerations repaired within 72 hours.	Up to \$125

* If the insured receives a fracture or a dislocation and tears, ruptures, or severs a tendon or ligament, we will pay only one benefit, whichever is the largest. If the insured receives a fracture and a dislocation in the same accident, we will pay for both, but no more than 150% of the bone or joint with the highest amount.

OPTIONAL COVERAGE	YOUR CHOICES You have applied for:
Annual Hospital Admission Rider, HIP2-AH (3-07) Pays an annual benefit if the insured person is admitted to a hospital and confined as a resident bed patient because of a covered accident or sickness. <i>This benefit is payable only once per calendar year for each insured person.</i>	<input type="checkbox"/> \$500 <input type="checkbox"/> \$750 <input type="checkbox"/> \$1,000 <input type="checkbox"/> None
Hospital Intensive Care Confinement Rider, HIP2-ICU (3-07) Pays a daily benefit when an insured person is confined in a hospital intensive care or coronary care unit, due to a covered injury or sickness. <i>Limited to 30 days for any one period of confinement.</i>	<input type="checkbox"/> \$200 <input type="checkbox"/> \$400 <input type="checkbox"/> \$600 <input type="checkbox"/> None
Heart Attack, Stroke, Coma, or Paralysis Rider, HIP2-HS (3-07) Pays a lump sum benefit for first diagnosis and reoccurrence, upon diagnosis of a Heart Attack, Stroke, Coma or Paralysis. <i>First diagnosis benefit is only paid once per insured person. Reoccurrence benefit is paid for a diagnosis occurring more than 180 days after this benefit was last paid. No lifetime benefit maximum.</i>	<input type="checkbox"/> \$1,000 first diagnosis \$500 reoccurrence <input type="checkbox"/> \$2,000 first diagnosis \$1,000 reoccurrence <input type="checkbox"/> None

PRE-EXISTING CONDITIONS

Benefits will not be paid for pre-existing conditions during the first twelve months the coverage is in force. A "pre-existing condition" means a sickness or injury which was diagnosed or treated within six months before the effective date of coverage, or a pregnancy existing on the effective date of coverage. After the coverage has been in force for twelve months, we will pay benefits for any pre-existing condition not specifically excluded.

We will waive any time period applicable to a pre-existing condition exclusion or limitation period with respect to particular services for the period of time an individual was previously covered by qualifying previous coverage to the extent such previous coverage provided benefits with respect to such services, provided that the qualifying previous coverage was continuous to a date not more than sixty-three (63) days prior to the effective date of the new coverage.

EXCEPTIONS AND LIMITATIONS

The policy pays only for loss resulting from a covered sickness or accident as defined in the policy. It DOES NOT cover loss due to:

1. War or any act of war, declared or undeclared.
2. Intentional self-inflicted injury or attempting suicide.
3. Participation in a felony.
4. Routine physicals.
5. Rest cures or custodial care.
6. Mental or emotional disorders.
7. Alcoholism or drug addiction.
8. Dental surgery, except as a result of a covered injury or congenital disease or anomaly of a newborn child.
9. Cosmetic or elective surgery. EXCEPTION: Benefits will be paid for reconstructive surgery incidental to or following a surgical procedure(s) resulting from trauma, infection or other disease of the involved area. Benefits will also be paid for reconstructive surgery due to congenital disease or anomaly of a covered dependent child.

RENEWABILITY AND CONTINUATION

The Hospital Confinement policy and riders are guaranteed renewable during your lifetime. The company may change the established premium rate, but only if the rate is changed for all policies and riders like yours in your state. This coverage will not be issued to anyone 65 years of age or over. If you purchase the policy and riders prior to your 65th birthday, you may continue coverage after age 65, as long as you continue to pay the premium by the due date or during the 31 days that follow. Covered dependents who no longer meet eligibility requirements, may convert to a comparable individual policy without evidence of insurability. A spouse can continue coverage under this policy upon your death.

COVERAGE EFFECTIVE DATE

Effective date means the date shown on the Policy Schedule page for all persons accepted for coverage at the time of issue, provided the application has been accepted and approved by us; the policy is issued; and the first premium has been paid; or the date shown by endorsement for all persons added to coverage after the policy has been issued. The effective date is assigned by the Company in accordance with our policy dating rules in effect at the time your policy is issued. The coverage provided by the policy will not be effective unless there has been effective date of the policy in the health of any proposed insured person listed on the application.