

**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 Plan

*Now's the time.... an opportunity to cover those "out-of-pocket" expenses.*

## Outline of Coverage - Hospital Indemnity Policy - Form HIP2 (3-07) - Limited Benefit Health Insurance

**READ YOUR POLICY CAREFULLY** — This outline of coverage provides a very brief description of the important features of the coverage. 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	PLAN 1	PLAN 2	PLAN 3
<b>Daily Hospital Confinement</b> Pays a daily benefit for inpatient hospital confinement due to a covered accident or sickness. <i>Maximum 180 days per confinement.</i>	\$50 per day	\$100 per day	\$200 per day
<b>Surgery and Anesthesia</b> 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.	Up to \$1,000 per operation	Up to \$1,500 per operation	Up to \$2,500 per operation
<b>Emergency Accident</b> 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>	Maximum \$100 per covered accident	Maximum \$250 per covered accident	Maximum \$500 per covered accident
<b>Outpatient Sickness</b> 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>	None	\$75 per visit	\$75 per visit
<b>Specified Injury</b> <b>Burns</b> treated within 72 hours. <i>Payable once per accident.</i>	\$375		
<b>Tendon / Ligament</b> surgically repaired within 1 year.*	\$150		
<b>Dislocation</b> (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		
<b>Eye injury</b> requiring surgery or removal of a foreign object within 30 days. <i>Payable once per accident.</i>	up to \$75		
<b>Fractures</b> diagnosed within 14 days and requiring open or closed reduction by a physician.*	up to \$625		
<b>Torn Knee Cartilage and Ruptured Disc</b> treated within 60 days and surgically repaired within 1 year. <i>Payable once per accident.</i>	up to \$155		
<b>Torn Rotator Cuff</b> surgically repaired within 90 days.	\$155		
<b>Internal Injuries</b> resulting in open abdominal, hernia or thoracic surgery within 30 days.	\$315		
<b>Concussion</b> resulting in EEG abnormality within 30 days.	\$15		
<b>Lacerations</b> repaired within 72 hours. <i>*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.</i>	up to \$125		
<b>Ambulance</b> 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>	Ground Ambulance \$250 Air Ambulance \$500	Ground Ambulance \$250 Air Ambulance \$500	Ground Ambulance \$500 Air Ambulance \$1,000



# You choose coverage that best fits your needs

- coverage from \$50 to \$200 for inpatient hospital stays
- coverage for sickness and accidents
- coverage for surgery and anesthesia
- coverage for specified injuries
- family coverage available

*plus*  
choose optional benefits for:

- initial hospitalization
- intensive care/coronary care
- lump sum benefits for certain critical illnesses



## WELLNESS BENEFIT

Pays per calendar year for an insured person to undergo a routine examination or other preventative testing. *Payable once per insured per calendar year and 2 times per family per calendar year.*

**PLAN 1** none **PLAN 2** \$75 **PLAN 3** \$75

- Mammogram
- Pap Smear
- Flexible Sigmoidoscopy
- Prostatic Specific Antigen (PSA) Test
- Chest X-Ray
- EKG
- Cholesterol & Diabetes Screening
- Colonoscopy
- Vision Examination
- Hearing Examination
- Dental X-Ray

ADDITIONAL COVERAGE OPTIONS	YOUR CHOICES
<b>Annual Hospital Admission</b> 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>	\$500 \$750 \$1,000
<b>Hospital Intensive Care Confinement</b> 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>	\$200 \$400 \$600
<b>Heart Attack, Stroke, Coma, or Paralysis</b> 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>	\$1,000 first diagnosis \$500 reoccurrence <b>OR</b> \$2,000 first diagnosis \$1,000 reoccurrence

## 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 while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer.
2. Intentional self-inflicted injury or attempted suicide.
3. Being engaged in an illegal occupation or felony.
4. Routine physicals.
5. Custodial, intermediate care, or rehabilitative confinement.
6. Mental, nervous, or emotional disorder without organic origin.
7. Alcoholism or drug addiction.
8. Dental, elective, or cosmetic surgery or treatment, except as a result of a covered injury or congenital defect of a newborn child.
9. Hernia during the first six months of coverage, unless treated on an emergency basis.
10. Well baby care.
11. Voluntarily acting as an organ donor.

## 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 twelve 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.

## RENEWABILITY AND CONTINUATION

The Hospital Confinement Plan (HCP) 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 HCP and/or riders prior to your 65th birthday, you may continue coverage after age 65, except for disability riders, 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 HCP 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 no change since the date of the application and the effective date of the policy in the health of any proposed insured person listed on the application.

*USABLE Life will mail your policy and purchased riders to you. If you do not receive your policy, please call our Customer Service Department at 1-800-370-5856.*

P.O. Box 1650 | Little Rock, AR 72203-1650 | 800.648.0271 | 501.375.7200 | [USABLELife.com](http://USABLELife.com)