



**HOSPITAL INDEMNITY INSURANCE
OUTLINE OF COVERAGE
FORM H-0205.TN**

Notice: This insurance is not a substitute for comprehensive health insurance coverage and does not qualify as minimum essential health coverage under the Patient Protection and Affordable Care Act.

READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of some of the important features of your 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 is designed to provide you with a fixed daily benefit during periods of hospital confinement resulting from a covered injury or sickness. Coverage is provided for the benefits outlined in the table below, subject to the limitations and exclusions described below.

* First Day Hospital Confinement Benefit Percentage (one per Calendar Year per Covered Person) First day confinements are limited to the percentage shown for Daily Indemnity Benefit during Confinement in a Hospital and Daily Indemnity Benefit during Confinement in a Hospital's Intensive Care Unit (ICU)	100% / 80% / 50% / 20%		
Lifetime Maximum (per policy)	\$5,000,000		
Maximum Covered Benefits per Covered Person per Calendar Year	\$100,000	\$250,000	\$1,000,000

HOSPITAL INDEMNITY BENEFIT			
	1 Unit	2 Units	3 Units
Facility Fees			
Daily Indemnity Benefit during Confinement in a Hospital (including Observation Unit stay for 24 hours or more) as a result of a covered:			
Sickness	\$1,500	\$3,000	\$4,500
Injury	\$3,000	\$6,000	\$6,000
* First Day Hospital Confinement Benefit Percentage applies			
Daily Indemnity Benefit during Confinement in a Hospital for Mental Illness, Alcohol and/or Substance Abuse Dependency	\$200	\$400	\$600
Daily Indemnity Benefit during Confinement in a Hospital's Intensive Care Unit (ICU) up to 20 days per calendar year as a result of a covered:			
Sickness	\$2,250	\$4,500	\$6,750
Injury	\$3,000	\$6,000	\$6,750
* First Day Hospital Confinement Benefit Percentage applies			
Daily Indemnity Benefit during Confinement in a Rehabilitation Facility or a Skilled Nursing Facility (does not include Mental Illness, Alcohol and/or Substance Abuse Dependency)	\$750	\$1,500	\$2,250
Daily Indemnity Benefit for Outpatient Hospital or ambulatory surgical center services when surgery is performed	\$500	\$1,000	\$1,500
Daily Indemnity Benefit for Outpatient Radiation Therapy or Chemotherapy	\$750	\$1,500	\$2,250
Professional Services			
Daily Inpatient Physicians Care Indemnity Benefit -- Non-Surgical	\$50	\$100	\$150
Daily Surgery Indemnity Benefit for covered services when performed while confined in a Hospital (Pre-certification of a Hospital admission for surgery is mandatory)	\$1,000	\$2,000	\$3,000
Daily Surgery Indemnity Benefit for covered services when performed in an Outpatient Hospital or ambulatory surgical center	\$500	\$1,000	\$1,500
Daily Inpatient Pathologist/Radiologist Benefits for covered services	\$80	\$160	\$240
Daily Assistant Surgeon Surgical Services Indemnity Benefit for covered services	20% of surgical benefits payable		
Daily Anesthesia Indemnity Benefit for covered services	25% of surgical benefits payable		

ADDITIONAL OUTPATIENT BENEFITS (Outpatient Benefits are payable for services performed on an outpatient basis only)

	1 Unit	2 Units	3 Units
Aggregate Calendar Year Maximum (per covered person)	\$2,000	\$4,000	\$6,000
Daily Outpatient Physicians Indemnity Benefit (for each day a covered person sees a physician in office or outpatient clinic)(limit of 6 benefit days per covered person per calendar year)	\$40	\$60	\$80
Daily Diagnostic Radiology Indemnity Benefit (except X-ray and EKG)	\$175	\$350	\$525
Daily X-ray and EKG Indemnity Benefit	\$40	\$80	\$120
Daily Laboratory Indemnity Benefit	\$15	\$30	\$45
Daily Injection Indemnity Benefit	\$5	\$10	\$15
Daily Emergency Department Indemnity Benefit (limit 1 benefit per covered person per calendar year)	\$100	\$200	\$400
Daily Urgent Care Center Indemnity Benefit (limit 1 benefit per covered person per calendar year)	\$100	\$100	\$100
Daily Generic Prescription Indemnity Benefit (per covered person per prescription filled)	\$5	\$10	\$15
Daily Brand Name Prescription Indemnity Benefit (per covered person per prescription filled)	\$10	\$20	\$30
Daily Preventive Care Indemnity Benefit (coverage starts 60 days after the effective date of each covered person)(limit 1 benefit per covered person per calendar year)(not subject to the Pre-existing Conditions Exclusion)	\$125		
Daily Ambulance Indemnity Benefit (limit 2 benefit payments (ground) and 1 benefit payment (air) per covered person per calendar year)	\$500 ground / \$1,500 air		

Daily time periods are 24 or more consecutive hours.

GUARANTEED RENEWABLE TO AGE 65. THE COMPANY RESERVES THE RIGHT TO CHANGE PREMIUM RATES ON A CLASS BASIS.

You have the right to renew the policy until the first premium due date on or after your 65th birthday.

We reserve the right to establish a new schedule of premium rates; such schedule of rates will be effective on the following premium due date for all or any class of insured's covered by the policy. Premiums may also change due to attained age. Please read the Premium Rate Change provision carefully that is contained in the policy.

EXCLUSIONS AND LIMITATIONS

With respect to all of the benefits provided under the policy, no benefits will be payable as the result of: any service, supplies or treatment that is not a covered service; suicide or any attempt thereat, while sane or insane; any intentionally self-inflicted injury or sickness; rest care; cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from an injury if initial treatment of the covered person is begun within 12 months of the date of the injury; immunization shots and routine examinations such as: health exams; periodic check-ups; pre-marital exams; and routine physicals, except as otherwise covered under the policy; routine newborn care, including routine nursery charges; voluntary abortion, except with respect to the insured or covered dependent where such person's life would be endangered if the fetus were carried to term, the fetus is non-viable or where medical complications have arisen from an abortion; a covered person's participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority; a covered person committing, attempting to commit, or taking part in a felony or engaging in an illegal occupation; a covered person's participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee-jumping, or hang gliding; air travel, except: (1) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or (2) as a passenger for transportation only and not as a pilot or crew member; any Injury occurring directly or indirectly as a result of the voluntary use of intoxicants, narcotics or hallucinogens unless taken on the written advice of a physician except for treatment of Alcohol and/or Substance Abuse Dependency as provided in the policy; sex changes; any dental care, treatment or service to the teeth, gums or mouth; experimental treatments or surgery; the reversal of tubal ligation or vasectomies; artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or physician's services, unless required by law; treatment of exogenous obesity or weight control; an act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes injury sustained or sickness contracted while in the service of any military, naval or air force of any country engaged in war. We will refund the pro rata unearned premium for any such period the covered person is not covered; injury or sickness arising out of or as the result of any work for wage or profit when coverage is in force for the injury or sickness under Workers' Compensation, employer's liability or similar laws or coverage; any service, supplies or treatment that is not medically necessary; any facility charges for treatment at a hospital in excess of the indemnity amount specified in the policy; pregnancy, childbirth or voluntary abortion, except for complications of pregnancy as defined in the policy; pre-existing conditions as defined in the policy; any service or treatment rendered outside the territorial limits of the United States of America; treatment of jaw joint

problems including temporomandibular joint syndrome and craniomandibular disorder, or other conditions of the joint linking the jaw bone and skull and the complex of muscles, nerves and other tissues related to that joint; voluntary sterilization.

Pre-Existing Condition means a condition for which medical treatment was rendered or recommended by a Physician or for which drugs or medicine was prescribed within 12 months prior to a covered person's effective date. A condition shall no longer be considered a Pre-Existing Condition after the date a person has been covered under the policy for 12 consecutive months.

TERMINATION OF A COVERED PERSON'S INSURANCE

An insured persons insurance will cease on the earliest of: (a) the date of lapse at the end of the grace period for non-payment of premium; (b) the later of the date a written request to terminate the policy is received by the company or the date specified in the written request; or (c) the premium due date following the date the covered person attains the limiting age.

The insurance on a dependent will cease on the earliest of: (a) the date the Insured's coverage terminates; (b) the premium due date following the date the dependent attains the limiting age for dependents; (c) the end of the last period for which premium payment has been made to the company, subject to the grace period; (d) the first day of the month following the date the dependent no longer meets the definition of dependent, as defined in the policy; (e) the date the policy is modified so as to exclude dependent coverage; or (f) the date the policy terminates.

The company shall have the right to terminate the coverage of any covered person who submits a fraudulent claim under the policy.

If the company accepts a premium for coverage for a covered person after the date on which the policy provides that a covered person will cease to be covered, the coverage for that covered person will continue in force until the end of the period for which such premium has been accepted.

TEN DAY FREE LOOK

You have 10 days after receiving the policy, and if you are not satisfied for any reason, you may return it to the company for a full refund of all premiums paid. Mail the policy with your written request for cancellation to us at our Home Office. We will promptly refund the premium paid and the insurance will be void.

Received \$ _____ for _____ month's premium with application for: If for any reason policy is not issued, payment is to be refunded. Insurance is not effective until policy applied for has been issued. If you do not receive the policy in 30 days, please call or write the company. Authorized Representative _____ Date _____
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Important Notice: This Outline of Coverage provides general information about the policy. It is not a contract. Only the actual policy provisions issued by the company will control.

