

# Description of Benefits

## **Outpatient Physician Office Visit Indemnity Benefit**

This benefit pays the amount shown per physician's office visit as a result of sickness or accident. Benefits are payable for a maximum number of visits per calendar year, per person.

## **Emergency Room Sickness Benefit**

This benefit will pay for each sickness visit to the emergency room for a number of visits per calendar year, per covered person. Emergency room visits for accidents are not covered under this benefit.

## **Outpatient Diagnostic X-ray and Laboratory Indemnity Benefit**

This benefit pays the amount shown per testing day for tests performed for the purpose of diagnosis of a covered sickness or accident as indicated by symptoms that would suggest an injury or sickness had occurred. The benefit is limited to a number of days per testing, per calendar year, per covered person and is not payable while the insured is confined in a hospital (i.e. it applies to outpatient services only).

## **Wellness Indemnity Benefit**

This benefit will pay the selected amount for each covered person who undergoes the following: physical examinations, mammograms, pap smears, immunizations, flexible sigmoidoscopy, prostate-specific antigen tests, and blood screenings. The benefit is payable only once each calendar year for each covered person. Services must be under the supervision or recommended by a physician, a charge must be incurred. Well baby visits are covered under this benefit; 4 visits per year for children 0-12 months and 2 visits per year for children 12-24 months.

## **Daily In-Hospital Indemnity Benefit**

When a covered person is confined in a hospital as a result of an accident or sickness, this benefit pays the benefit amount for each day over 23 hours the insured is confined in a hospital, up to a maximum of 30 days per confinement.

## **Intensive Care Indemnity Benefit**

This benefit pays per day for confinement in an intensive care unit, for a maximum of 30 days per covered person, per calendar year. This benefit pays in addition to the Daily In-Hospital Indemnity Benefit.

## **Surgical and Anesthesia Indemnity Benefit**

When a covered person undergoes a surgical procedure listed in the Schedule of Surgical Indemnity Benefits in the certificate as a result of an accident or sickness, the policy pays the benefit amount shown in the Schedule based on the plan level selected. The anesthesia benefit is 20% of the surgical benefit amount. If two or more procedures are performed through the same incision or operative field, the benefit paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed.

## **In-Hospital and Inpatient Surgical Additional Indemnity Benefit**

This benefit pays an additional benefit per covered person, per calendar year when he/she receives treatment or surgery while confined to a hospital as an inpatient as a result of a covered accident or sickness. The maximum benefit per covered person, per calendar year is one confinement.

## **Daily Inpatient Drug and Alcohol Indemnity Benefit**

This benefit pays per day if a covered person is confined as an inpatient in a rehabilitation facility for substance abuse. The maximum benefit per covered person, per calendar year is 30 days. The lifetime maximum for this benefit is \$30,000.

## **Daily Skilled Nursing Benefit Rider**

This benefit pays per day when a covered person is confined in a qualified skilled nursing facility for a maximum of 60 days per calendar year, with a 120 day lifetime maximum. There is an elimination period of 60 days.

## **Daily Inpatient Mental and Nervous Indemnity Benefit**

This benefit pays per day if a covered person is confined as an inpatient in a rehabilitation facility for a mental or nervous condition. The maximum benefit per covered person, per calendar year is 30 days. The lifetime maximum for this benefit is \$30,000.

**Off-the-Job Accidental Injury Benefit**

This benefit pays 100% of expenses up to the selected amount for each covered accident (maximum of 5 covered accidents per covered person per calendar year), for x-rays used to diagnose an accidental injury and for treatment of a covered accident by a physician in the physician’s office, clinic, urgent care facility, or hospital emergency room. Treatment must be received within 72 hours of the accident for benefits to be payable.

**Ambulance Indemnity Benefit**

This benefit pays per trip in an ambulance. This benefit allows a maximum of 3 trips per covered person, per calendar year with a lifetime maximum of 6 trips. Treatment must be received within 72 hours of the accident or onset of sickness, and must be provided by a licensed ambulance company for benefits to be payable.

**Critical Illness Indemnity and Subsequent Critical Illness Indemnity Benefit**

When a covered person is diagnosed with a covered critical illness, the scheduled amount will be paid. This amount is payable up to two times for each covered person; once under the Critical Illness Indemnity Benefit and once under the Subsequent Critical Illness Indemnity Benefit. These benefits are paid in addition to any other benefits in this booklet. The Subsequent Critical Illness Indemnity Benefit is paid if the covered person is diagnosed as having a subsequent and separate covered critical illness more than sixty (60) days after the first covered illness.

For example: If a covered person is diagnosed for the first time with a heart attack, and then is diagnosed with a stroke for the first time more than sixty (60) days later, he or she will receive the scheduled benefit amount for each illness. This benefit is payable one time for each covered person. The Subsequent Critical Illness Indemnity Benefit is not payable for Skin Cancer or Carcinoma in Situ.

Benefits are payable for the following critical illnesses:

- Cancer (including leukemia and Hodgkin’s Disease, except Stage 1 Hodgkin’s Disease)
- Heart Attack (diagnosis must be based on EKG changes consistent with injury elevation of cardiac enzymes, and confirmatory neuroimaging studies)
- Stroke (diagnosis must be based on documented neurological deficits and confirmatory neuroimaging studies)
- End Stage Renal Failure (chronic, irreversible failure of the function of both kidneys, such that a covered person must undergo regular hemodialysis or peritoneal dialysis at least weekly)

- Major Organ Transplant (undergoing surgery as a recipient of a transplant of a human heart, lung, liver, kidney or pancreas)
- Skin cancer including basal cell epitheloma or squamous cell carcinoma; does not include malignant melanoma or mycosis fungoides
- Carcinoma in Situ (cancer that is confined to the site of origin without having invaded neighboring tissue)

Benefit Description	% of Benefit Amount
Cancer*	100%
Heart Attack*	100%
Stroke*	100%
End-Stage Renal Failure*	100%
Major Organ Transplant*	100%
Skin Cancer	5%
Carcinoma in Situ	5%

\*Dependents coverage is 50% of this benefit

**Group Term Life Insurance Policy with Accidental Death and Dismemberment (AD&D) Rider**

Benefit amounts vary by plan selected by the member. All children in each family will be covered for the same amount of term life insurance. The AD&D coverage amount will match the amount of group term life insurance. Under the AD&D rider, when a covered accident results in any of the following losses, benefits are payable for the following specified percentages of the coverage amount subject to any limitations and exclusions.

Loss Percentage Payable	%
Loss of life or loss of two or more members (hand, foot, sight of an eye)	100%
Quadriplegia (total and permanent paralysis of both upper and lower limbs)	100%
Loss of speech AND hearing in both ears	100%
Paraplegia (loss or paralysis of both lower limbs)	75%
Loss of one member, or loss of speech, or loss of hearing in both ears	50%
Hemiplegia (total and permanent paralysis of the upper and lower limbs of one side of the body)	50%
Loss of hearing of one ear, or loss of thumb and index finger of same hand	25%

Only one such amount will be paid as a result of a single covered accident. AD&D coverage is not available for eligible dependent children.