

# AFEUSA ACCIDENT & SICKNESS HOSPITAL INDEMNITY COVERAGE

## AFFORDABLE INSURANCE TO ASSIST WITH YOUR EXPENSES.

### Underwritten by Zurich American Insurance Company.

Your medical plan provides benefits to help with medical costs resulting from an inpatient hospitalization or treatment. Once you leave the hospital, you shouldn't have to worry about financial setbacks that you didn't expect during your recovery. Things like lost wages plus the cost for help with transportation, meals, child care, or even housekeeping can all add up. Accident & Sickness Hospital Indemnity Insurance provides fixed benefits regardless of any other insurance you have when you are hospitalized due to a covered accident or sickness. Benefits are paid directly to the insured individual, who can use them however they wish.

By pairing with your medical plan, you can extend your protection to help with unexpected costs, and focus on recovery.

HOSPITAL INDEMNITY PLAN	PLAN 1	PLAN 2	PLAN 3	PLAN 4
In Hospital Indemnity (1 Day Elimination Period for Accident or Sickness)	\$250 Per Day	\$500 Per Day	\$750 Per Day	\$1,000 Per Day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
Intensive Care Unit (1 Day Elimination Period for Accident or Sickness)	\$250 Per Day	\$500 Per Day	\$750 Per Day	\$1,000 Per Day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
<b>MONTHLY COST*</b>				
Primary Member	\$17.65	\$35.27	\$52.90	\$70.52
Primary Member + Spouse/Domestic Partner	\$35.40	\$70.74	\$106.12	\$141.48
Primary Member + Dependent Child(ren)	\$34.17	\$68.28	\$102.43	\$136.55
Family	\$56.25	\$112.46	\$168.68	\$224.90
HOSPITAL INDEMNITY PLAN	PLAN 5	PLAN 6	PLAN 7	PLAN 8
In Hospital Indemnity (1 Day Elimination Period for Accident or Sickness)	\$250 Per Day	\$500 Per Day	\$750 Per Day	\$1,000 Per Day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
Intensive Care Unit (1 Day Elimination Period for Accident or Sickness)	\$250 Per Day	\$500 Per Day	\$750 Per Day	\$1,000 Per Day
Max Days Per Confinement	5	5	5	5
Max Number of Days Per Plan Year	10	10	10	10
ER Visit (Limit one Visit per Day):	\$100 Per Day	\$150 Per Day	\$200 Per Day	\$250 Per Day
Max Number of Days Per Plan Year	2	2	2	2
Physician Office Visit (Limit one Visit per Day)	\$25 Per Day	\$50 Per Day	\$75 Per Day	\$100 Per Day
Max Number of Days per Plan Year:	2	2	2	2
<b>MONTHLY COST*</b>				
Primary Member	\$23.88	\$46.82	\$70.65	\$108.12
Primary Member + Spouse/Domestic Partner	\$47.25	\$92.93	\$140.35	\$214.75
Primary Member + Dependent Child(ren)	\$48.87	\$94.93	\$142.78	\$218.70
Family	\$78.86	\$153.65	\$231.35	\$353.86

The benefit amount for a covered spouse and covered child is equal to the Primary Member's benefit amount. Benefits reduce to 50% at age 67.

\*Monthly cost includes billing and administrative fees and insurance premium; monthly Association dues not included.

# LIMITATIONS & EXCLUSIONS

## **Benefits will not be provided under the Hospital Indemnity Policy for any Illness or Injury that is caused by, or results from:**

- suicide or attempted suicide while sane or insane or from intentionally self-inflicted injury.
- war or any act of war, whether declared or undeclared.
- involvement in any type of active military service. Reserve or National Guard active duty training is not excluded, unless it extends beyond 31 consecutive days. If you notify us of active duty service or training, We will refund any premiums paid for any period for which no coverage is provided as a result of the exclusion.
- participation in the commission or attempted commission of any felony, insurrection or Participation in a Riot.
- engaging in an illegal organization.
- being intoxicated while operating a motor vehicle.
- a Covered Person will be conclusively presumed to be intoxicated if the level of alcohol in a Covered Person's blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
- an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Covered Person's intoxication.
- being under the influence of any Prescription Drug, controlled substance, or hallucinogen, unless such Prescription Drug, controlled substance, or hallucinogen was prescribed by a Physician and taken in accordance with the prescribed dosage.
- occupation or employment for compensation, wage or profit or for which benefits may be payable under a workers' compensation law, occupational disease law or similar law, whether or not application for such benefits has been made.
- ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/ stunts (for motor vehicles), acrobatic/ stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing;
- participation in any organized sport in a professional or semi-professional capacity;
- participation in abseiling, base jumping, bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, free-running, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, lugging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying or other similar extreme sports or high risk activities;
- elective abortion or complications thereof;
- artificial insemination, in vitro fertilization, test tube fertilization;
- gender change, sterilization, tubal ligation or vasectomy, and reversal thereof;
- aroma therapeutic, herbal therapeutic, or homeopathic services;
- any Mental and Nervous Disorder, unless specifically allowed by a provision of this Certificate;
- Substance Abuse, unless specifically allowed by a provision of this Certificate;
- medical mishap or negligence on the part of any Physician, Medical Professional, or Therapist, including malpractice;
- Treatment, supplies or services provided by, through or, behalf of any government agency or program; unless payment is required by a Covered Person;
- Custodial Care, unless specifically allowed by a benefit provision in this Certificate or any rider attached to the Policy (if applicable);
- elective or cosmetic surgery or procedures, except for reconstructive surgery;
  1. incidental to or following surgery for disease, infection or trauma of the involved body part; or
  2. due to Congenital Anomaly or disease of a Dependent Child which has resulted in a functional defect;
- dental care or Treatment, except for Treatment due to an Injury to sound natural teeth within 12 months of the Accident;
- Treatment necessary due to Congenital Anomaly or disease; Congenital Anomalies of newborn and newly adopted children are not excluded if otherwise covered under the terms of the Policy.
- pregnancy or childbirth, except Complications of Pregnancy.

## **Pre-Existing Condition Limitation:**

No benefits are payable for any Illness or Injury for a Pre-existing Condition.

A condition will no longer be considered a Pre-existing Condition after the Covered Person's coverage under the Policy has been in effect for 12 consecutive months.

This product is only available to AFEUSA Members.

The insurance benefits described are underwritten by Zurich American Insurance Company (Zurich), 1299 Zurich Way, Schaumburg, Illinois 60196, 1 800 987 3373 (NAIC # 16535). This website provides a general description of certain provisions and features of this insurance program for informational purposes only and does not revise or amend the applicable policies. In the event of a discrepancy between this document and your certificate of insurance or the group policy, the terms of the group policy shall apply. All benefits are subject to the terms and conditions of the group policy. Please refer to your certificate of insurance for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination.

Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. Benefits decrease at age 67. Coverage terminates at age 75. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative, it is intended to help supplement Comprehensive coverage. This insurance does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.