



OPTIONAL IN-HOSPITAL INDEMNITY PLAN

INTRODUCTION

Coverage under the In-Hospital Indemnity Coverage is available for all Employees who choose to allocate their employer medical contribution to this coverage instead of the Major Medical Coverage. If an Employee selects coverage under this In-Hospital Indemnity coverage, that Employee cannot be covered under the Major Medical portion of the Plan.

Coverage under this portion of the Plan is subject to all terms, conditions, exclusions and limitations as the Major Medical portion of the Plan unless specifically stated below.

PARTICIPATION REQUIREMENTS

All employees participating in this plan will be required to show proof of coverage under a spouse or other family member

IN-HOSPITAL INDEMNITY PLAN WITH MATERNITY BENEFIT

The specified per day benefit is payable from the first day of Hospital Confinement up to thirty (30) days for each separate Illness or Injury. Benefits are paid in addition to other insurance the insured may have. The payment is issued to the Employee and can be used in any way he or she wishes.

MULTIPLE CONFINEMENTS

There is no limit to the number of times benefits are payable for separate periods of Hospital Confinement. However, two (2) or more periods of confinement shall be considered as one period of confinement unless such subsequent confinements are due to unrelated causes or are separated by at least ninety (90) days.

CONVALESCENT CARE

When the insured is confined to a Skilled Nursing Facility, 50% of the Daily Hospital Indemnity Benefit will be paid for each day of confinement. This benefit is payable if:

1. The attending Physician certifies that twenty-four (24) hour nursing care is essential for recuperation.
2. The skilled confinement is preceded by at least three (3) consecutive days of Hospital Confinement for which benefits were payable; and
3. It is due to the same Injury or Illness and commences within fourteen (14) days after a previous hospital or Skilled Nursing Facility confinement for which benefits were payable.

When an insured is convalescing at home, and all three (3) of the above requirements are met, 50% of the Daily Hospital Benefit will be paid for each day nursing services are rendered, provided that such services are rendered by someone other than a Close Relative.

MATERNITY BENEFIT

All claims in connection with pregnancy will be treated the same as any other Illness or injury.

EXCLUSION

Outpatient stays are not eligible under this benefit.

SCHEDULE OF BENEFITS

OPTIONAL IN-HOSPITAL INDEMNITY PLAN Benefits:	Maximum Allowance Per Day:
In-Hospital Indemnity Benefit (Includes Maternity)	\$ 150.00
Intensive Care Benefit	\$ 199.00
<p>There is a limit of thirty (30) days coverage per confinement. There is no limit to the number of times benefits are payable for separate Hospital Confinements. However, two (2) or more confinements should be considered as one confinement unless such subsequent confinements are due to unrelated causes or are separated by at least ninety (90) days.</p>	