



PROPOSAL FOR

HEMPHILL INDEPENDENT SCHOOL DISTRICT

Marketed by:



Underwritten and administered by:



American Fidelity Assurance Company

LIMITED BENEFIT GROUP HOSPITAL INDEMNITY INSURANCE

Plan Highlights

- Coverage available for your employees and, if elected, their spouse and children up to age 26 without answering health questions or performing a medical exam, provided the employee is actively at work
- Coverage may be portable.
- Compatible with a Health Savings Account (HSA)
- Pre-Existing Conditions Limitation of 12 months of continuous coverage and 12 months lookback period



Hospital Indemnity Benefits

	Basic	Enhanced	Enhanced Plus
Hospital Admission 1 day/Covered Person	\$500	\$1,000	\$1,500
Hospital Confinement Pays up to 30 days/Covered Person	\$100	\$150	\$200
ICU 10 days/Covered Person	\$200	\$300	\$400
Rehab 10 days/Covered Person	\$50	\$75	\$100
Accident Treatment - Emergency Room 3 days/Covered Person	\$200	\$300	\$400
Accident Treatment - Physician's Office or Urgent Care 6 days/Covered Person	\$50	\$75	\$100
Accident Surgery - Hospital or Ambulatory Surgical Center 3 days/Covered Person	\$1,000	\$1,500	\$2,000
Accident Surgery - Physician's Office or Urgent Care 6 days/Covered Person	\$125	\$125	\$250

Benefits are payable on a calendar year basis.



Monthly Premiums*

	Basic	Enhanced	Enhanced Plus
Employee	\$12.22	\$20.72	\$29.26
Employee + Spouse	\$23.54	\$39.76	\$56.06
Employee + Child	\$20.60	\$34.52	\$48.46
Family	\$31.92	\$53.56	\$75.26

*The premium and amount of benefits provided vary based upon the plan selected.

Exclusions

We will not pay benefits resulting from or caused by: (a) suicide or any attempt; (b) any intentionally self-inflicted injury or sickness; (c) voluntary abortion except, with respect to you or your covered dependent spouse: (1) where you or your dependent spouse's life would be endangered if the fetus were carried to term; or (2) where medical complications have arisen from abortion; (d) pregnancy of a dependent child; (e) participation in a riot, civil commotion, civil disobedience, or unlawful assembly; (f) commission of a felony; (g) participation in a contest of speed in power driven vehicles, parachuting, or hang gliding; (h) 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; (i) elective procedures or cosmetic surgery; (j) experimental treatment, drugs, or surgery, except in connection with an approved cancer clinical trial; (k) performance of military, naval, or air force service of any country; (l) dental or routine vision services, unless: (1) resulting from an Accident occurring while the covered person's coverage is in force and if performed within 12 months of the date of such Accident; or (2) due to congenital disease or anomaly of a covered newborn child; (m) immunizations, sports and routine annual physicals; (n) artificial insemination, in vitro fertilization, test tube fertilization, sterilization, tubal ligation, or vasectomy, and reversal thereof; (o) loss that takes place outside of North America; (p) participation in any sport for pay or profit; (q) alcoholism or drug use, unless such drugs were taken on the advice of a physician and taken as prescribed; (r) mental or emotional disorders without demonstrable organic disease; (s) air or ground ambulance.

Disclaimer

American Fidelity's Limited Benefit Hospital Indemnity policies contain certain exclusions, limitations, and terms for keeping the policy in force. The policy may be continued by timely payment of premium. The employer or the company may terminate the policy on any premium due date upon 31 days written notice to the other party. Products described in this proposal may not be available in all states. Specific policy provisions may vary by states. Premium rates for coverage are based on the plan selected. The information provided is intended to be a brief description of coverage to help you choose the plans to best meet your employees' needs. This policy may not be HSA qualified if optional benefits or riders, not included in this proposal, are selected. A more detailed description of the benefits, limitations, and exclusions will be found in the brochure provided at enrollment. For additional information you may contact your American Fidelity representative.

Hospital shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatric ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients. The definition of a Hospital may vary by state.

American Fidelity's Group Hospital Indemnity is inappropriate for people who are eligible for Medicaid coverage and is not intended to be a substitute for medical coverage.