

# Group Supplemental Hospital Indemnity BASIC Plan

Benefits Include Reimbursement For Visits To A Physician's Office For Sickness Or Annual Wellness Exam

Individual, comprehensive major medical health insurance can be expensive and beyond the means of many people. Although there are several alternatives that can provide benefits in the event of a catastrophic illness or accident, it is often the common health care services such as doctor's office visits for wellness, screening tests, sickness or well baby care that are not covered.

Continental American Insurance Company offers a Group Supplemental Hospital Indemnity Plan. This plan is a limited benefit insurance program designed to provide reimbursement for common medical services such as doctor's office visits, emergency room treatment for sickness or accidents as well as hospital confinement and surgical cash benefits.

## BASIC PLAN FEATURES

- No Deductibles or Co-Pays - See any doctor!
- Benefits available for entire family
- Supplements and pays regardless of any other insurance program
- Provides benefits for non-occupational injury or sickness and an annual wellness visit
- Pregnancy is covered same as sickness

**UP TO \$200  
PER SICKNESS**

### Out-patient Doctor's Office for Sickness\*

This benefit is payable for treatment received in an out-of-hospital facility (including a physician's office) due to a covered sickness up to the maximum amount shown.

**UP TO \$150  
PER YEAR**

### Wellness Benefit

This benefit is payable for an annual wellness visit to a physician or screening test.

**UP TO \$200  
PER SICKNESS**

### Out-Patient Emergency Room Benefit for Sickness\*

This benefit is payable for treatment received in a hospital emergency room, or outpatient facility, including X-Rays and lab tests.

\* The total amount payable for treatment of one sickness will not exceed the amount of the out-patient emergency room benefit per sickness. During a calendar year, a family may receive benefits up to the maximum amount per family. Maximum combined benefits per family per calendar year is \$2,000. Maximum calendar year benefits for employee only coverage is \$1,000.

**\$50 PER VISIT**

### Well Baby Care (Available with Children or Family Coverage)

Pays for up to 4 visits per year per insured baby (dependent child 12 months or younger).

**\$400 PER DAY  
PER ACCIDENT  
\$200 PER DAY  
PER SICKNESS**

### Daily Hospital Confinement Benefit

This benefit will be paid when you are admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. Benefits begin the first day of confinement and continue for a period up to 180 days. Confinement due to covered accident must begin within 6 months of the date of the covered accident.

**\$500**

### Hospital Admission Benefit

This benefit is payable when you are admitted to a hospital and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. This benefit will be paid once for each covered accident or covered sickness. This benefit is paid in addition to the Daily Hospital Confinement Benefit. Admission due to covered accident must be within 6 months of the date of the covered accident.

**\$600 PER DAY**

### Intensive Care Benefit

This benefit will be paid if you are confined in a hospital intensive care unit due to an injury in a covered accident or a covered sickness. This benefit begins the first day of confinement and lasts up to 20 days per confinement. This benefit is paid in addition to the Daily Hospital Confinement Benefit. Confinement due to accident must begin within 6 months of the covered accident.

SEE MORE INFORMATION  
ON REVERSE SIDE

The Benefit Alliance Plan

 Leslie & Associates, Inc.

**UP TO \$300  
PER ACCIDENT**

**UP TO \$3,000  
BASED ON THE  
SCHEDULE OF  
OPERATIONS**

**SCREENING TESTS**

### Emergency Accident

This benefit is payable if you are injured and receive initial emergency medical treatment within 72 hours of the covered accident by a Physician. We will pay up to the maximum amount of \$300 per accident, subject to the following internal limits.

<b>Physician Charges</b>	up to \$300.00
<b>Emergency Room</b>	up to \$300.00
<b>Appliances</b>	\$25.00
<b>X-Rays</b>	\$50.00

### Surgical & Anesthesia Benefits

**Surgical** – Pays the amount shown on the schedule of operations for surgery performed by a Physician in a Hospital (on an in-patient or out-patient basis), in an Ambulatory Surgical Center, or in a Physician's office if due to a covered injury or sickness.

**Anesthesia** – Pays 25% of the surgery benefits for anesthesia administered by a Physician in connection with such surgical procedures.

### Screening Test Benefits

**Mammogram** – Pays \$120 once between the ages of 35-39; once every two years for insured over the age of 40 (unless prescribed more frequently by a doctor); once every year for insured age 50 or older; and at least once per year or as recommended by a physician for any insured who has a personal history of biopsy-proven benign breast disease or breast cancer, a family (mother, sister, daughter) history of breast cancer or who has not given birth prior to age 30.

**Pap Smear** – Pays \$30 once per calendar year or more frequently if recommended by the insured's doctor.

**Prostate Specific Antigens (PSA) Test** – Pays \$30 when recommended by the insured's physician.

### MONTHLY PREMIUMS

<b>Employee Only</b>	<b>\$ 82.53</b>
<b>Employee &amp; Spouse</b>	<b>\$ 169.04</b>
<b>Employee &amp; Children</b>	<b>\$ 143.16</b>
<b>Family</b>	<b>\$ 232.68</b>

### Limitations and Exclusions

1. War – participating in war or any act of war, declared or not, or participating in the armed forces of or contracting with any country or international authority. We will return the pro-rated premium not covered by this certificate when you are in such service.
2. Traveling – traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica.
3. Self-Inflicted Injuries – injuries or attempting to injure yourself intentionally.
4. Illegal Acts – participating or attempting to participate in an illegal activity, or working at an illegal job.
5. Intoxication – being legally intoxicated or being under the influence of any narcotic, unless such is taken under the direction of a physician.
6. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
7. Services performed by a relative.
8. Services related to sex change, sterilization, in vitro fertilization, reversal of a vasectomy or tubal ligation.
9. Elective abortion.
10. Injury or sickness for which benefits are paid or payable by Worker's Compensation.
11. Cosmetic surgery, except when due to medically necessary reconstructive plastic surgery.

### Pre-existing Condition Limitation

If the employee or dependent has a Pre-existing Condition, we will not pay benefits for any claim or loss starting within 12 months of the effective date of the employee or dependent coverage, that is due to such Pre-existing Condition.

A claim for benefits starting after 12 months from the Effective Date of the employee's or dependent's coverage will not be reduced or denied on the grounds that it is caused by a Pre-existing Condition.

Pre-existing condition means those conditions for which medical advice, diagnosis, care or treatment were received or recommended within the 12 month period prior to the Effective Date of an insured's coverage.

***This Plan is not designed as a substitute for Basic or Major Medical Coverage***