



HOSPITAL CONFINEMENT INDEMNITY PLAN

“This is NOT A MEDICARE SUPPLEMENT POLICY. If a Covered Person is eligible for Medicare, please review the Medicare Supplement Buyer’s Guide available from the Company”



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- ❑ Pays cash directly to you to help with hospital bills and out-of-pocket costs!
- ❑ 24-Hour Coverage On or Off the Job!
- ❑ Your choice of benefits and premiums!
- ❑ Pays in addition to all other insurance and worker's compensation!
- ❑ Helps pay deductibles and co-payments!
- ❑ Can be taken with you if you leave your present employer!

POLICY FEATURES

This brochure provides a brief description of a Hospital Confinement Indemnity Plan form HI-67-01 and Optional Benefit Riders forms HA-67-01, HE-67-01, HICR 63 388 & ACCR 3/91. This is not a major medical insurance policy and should be considered only as a supplement to your health insurance.

BENEFIT	PLAN A	PLAN B	PLAN C	BUILD A PLAN	ADDITIONAL BENEFIT INFORMATION
<p>DAILY HOSPITAL CONFINEMENT BENEFIT</p> <p style="text-align: right;">PER DAY</p>	\$200	\$100	\$50	\$ _____	<p>We will pay the Daily Hospital Confinement Benefit selected for each day a covered person is confined in a hospital as an inpatient for 24-hours or more due to a covered sickness or injury. Maximum of three hundred sixty-five (365) days per confinement. Periods of confinement separated by less than thirty (30) days will be considered the same period of confinement. NO LIFETIME MAXIMUM.</p>
<p>INITIAL HOSPITAL CONFINEMENT BENEFIT</p> <p style="text-align: right;">PER CONFINEMENT</p>	\$1,000	\$750	\$500	\$ _____	<p>We will pay the Initial Hospital Confinement Benefit selected each time a covered person is confined as an inpatient for at least a 24 -hour period in a hospital due to a covered sickness or injury. This benefit is payable only once per period of confinement. Periods of confinement separated by less than thirty (30) days will be considered the same period of confinement. NO LIFETIME MAXIMUM.</p>
<p>EMERGENCY ACCIDENT BENEFIT</p>	\$100	\$50	\$25	\$ _____	<p>We will pay the Usual and Customary Charges up to the Maximum Benefit Amount selected for treatment of a covered injury by a Physician in the physician's office, clinic, urgent care facility or emergency room. This benefit is limited to three (3) visits annually per person and six (6) visits annually per policy. NO LIFETIME MAXIMUM.</p>
<p>DAILY INTENSIVE CARE BENEFIT</p> <p style="text-align: right;">DAILY BENEFIT</p> <p style="text-align: right;">TRIPLE BENEFIT</p>	\$600	\$450	\$300	\$ _____	<p>We will pay the daily benefit selected each day a covered person is confined to an Intensive Care unit due to a covered accident or sickness. Benefits are payable from the first day of confinement for accidents and from the second day of confinement for sickness. PAYS BENEFITS FOR UP TO 30 DAYS FOR EACH CONFINEMENT. This benefit is payable in addition to the Daily Hospital Confinement Benefit.</p> <p>TRIPLE BENEFIT - We pay a daily benefit of TRIPLE the amount selected above for INTENSIVE CARE Confinement resulting from accidents in which any covered insured is the operator or passenger of; an automobile, motor home, bus, motorcycle, or any truck with a load capacity of 2,000 pounds or less or as a fare paying passenger on any vehicle, boat, ship, aircraft or train. The Triple Benefit pays for Intensive Care Confinement which occurs within 48 hours of the accident. NO LIFETIME MAXIMUM.</p>
	\$1,800	\$1,350	\$900	\$ _____	

BENEFIT	OPTIONAL MAJOR INJURY BENEFIT		ADDITIONAL BENEFIT INFORMATION
FRACTURES	Primary Insured \$1,500	Spouse & Children SPOUSE \$1,000 CHILD \$500	(Broken Bones) Pays Actual Charges Up To the amount shown for complete fracture requiring closed reduction. Pays 1½ times specific loss otherwise payable for fracture requiring open operation. In case of multiple fracture, the benefit paid will be the amount specified for each fracture. <u>See schedule for specified amounts.</u> NO LIFETIME MAXIMUM.
DISLOCATIONS	\$1,350	SPOUSE \$900 CHILD \$450	(Separated Joints) Pays Actual Charges Up To the amount shown for complete dislocation requiring closed reduction with anesthesia. Pays 1½ times specific loss otherwise payable for dislocation requiring open operation. <u>See schedule for specified amounts.</u> NO LIFETIME MAXIMUM.
DAILY INTENSIVE CARE BENEFIT	\$150	\$150	Pays \$150.00 each day a covered person is confined to an Intensive Care Unit for a period of up to 16 days , due to any one accident. NO LIFETIME MAXIMUM.
BLOOD AND PLASMA BENEFIT	\$450	\$450	Pays Actual Charges Up To \$450.00 for loss due to injury for each accident for each covered person. NO LIFETIME MAXIMUM.
X-RAY BENEFIT	\$75	\$75	Pays Up To \$75.00 for loss due to injury of a covered person which requires an x-ray examination, for each accident. NO LIFETIME MAXIMUM.
AMBULANCE BENEFIT	\$75	\$75	Pays Actual Charges Up To \$75.00 for each covered person for loss due to injury which requires the use of an ambulance for transportation to a hospital or emergency care unit for treatment for each accident. NO LIFETIME MAXIMUM.
TRANSPORTATION BENEFIT	\$450	\$450	Pays Actual Charges Up To \$450.00 for each covered person for loss due to injury which requires transportation by common carrier (air, rail or bus) to or from another city for treatment for each accident when recommended by a physician making the diagnosis. NO LIFETIME MAXIMUM.
PROSTHETIC DEVICES OR APPLIANCES	\$375	\$375	Actual Charges Up To \$375.00 for loss due to injury of a covered person which requires prosthetic devices used to replace physical organs or parts (<i>This benefit does not pay for Dental prosthetic devices or appliances.</i>) NO LIFETIME MAXIMUM.

PARTIAL LIST OF FRACTURES AND DISLOCATIONS BENEFITS

(Benefits are 1½ times amount shown with open operation.)

FRACTURES

Hip, Thigh (Femur)	\$1,500
Pelvis (includes Ilium, Ischium, Pubis, Acetabula) ..	1,200
Leg (Tibia and/or Fibula)	900
Ankle.....	750
Knee Cap (Patella)	750
Forearm (Radius an/or Ulna)	750
Foot (Except Toes)	750
Hand or Wrist (Except Fingers)	750
Collar Bone (Clavicle)	600
Arm, between Elbow and Shoulder (Humerus)	525
Coccyx.....	120
One Rib, Finger or Toe	120

DISLOCATIONS

Benefits are payable only for the first dislocation. Recurrent dislocations of the same bone or joint are not covered.

Hip Joint.....	\$1,350
Bone or Bones of the Foot, other than Toes.....	600
Ankle Joint.....	600
Wrist Joint	375
One Finger	120
One Toe.....	120

NOTE: In order for Surgical Benefits to be approved for a Dislocation, it must be a complete Dislocation Requiring closed reduction with anesthesia.

DEPENDENTS: If this rider provides for family coverage, benefits for a Dislocation or Fracture suffered by a Covered Person other than the Primary Insured are payable as follows: Covered Spouse-2/3 of Specified Amount, Covered Dependent Children-1/3 of Specified Amount. Dependent Children means, "any child born to or legally adopted by the primary insured who has not attained their 25th birthday." Broken Bone and Dislocation benefits are payable for each loss which occurs within 90 days from the date of the accidental injury.

(See actual policy for complete schedule of Benefits)

PREMIUM RATES (AGES 18-64)

COVERAGE TYPE	PLAN A		PLAN B		PLAN C	
	WEEK	MONTH	WEEK	MONTH	WEEK	MONTH
TWO PARENT FAMILY EMPLOYEE & SPOUSE	\$27.09	\$117.40	\$16.57	\$ 71.80	\$ 9.80	\$42.45
ONE PARENT FAMILY EMPLOYEE ONLY	\$20.17	\$ 87.40	\$12.24	\$ 53.05	\$ 7.20	\$31.20
ONE PARENT FAMILY EMPLOYEE ONLY	\$16.50	\$ 71.50	\$10.13	\$ 43.89	\$ 6.00	\$26.00
EMPLOYEE ONLY	\$10.89	\$ 47.20	\$ 6.57	\$ 28.45	\$ 3.95	\$17.10

WITH OPTIONAL MAJOR INJURY BENEFIT						
COVERAGE TYPE	PLAN A		PLAN B		PLAN C	
	WEEK	MONTH	WEEK	MONTH	WEEK	MONTH
TWO PARENT FAMILY EMPLOYEE & SPOUSE	\$29.86	\$129.40	\$19.34	\$ 83.80	\$12.57	\$54.45
ONE PARENT FAMILY EMPLOYEE ONLY	\$22.94	\$ 99.40	\$15.01	\$ 65.05	\$ 9.97	\$43.20
ONE PARENT FAMILY EMPLOYEE ONLY	\$18.58	\$ 80.50	\$12.21	\$ 52.89	\$ 8.08	\$35.00
EMPLOYEE ONLY	\$12.28	\$ 53.20	\$ 7.95	\$ 34.45	\$ 5.33	\$23.10

BUILD A PLAN

COVERAGE TYPE	DAILY ROOM \$25 to \$500 Per \$25		INITIAL HOSPITAL \$50 to \$1,000 Per \$50		EMERGENCY ACCIDENT \$25 to \$100 Per \$25		INTENSIVE CARE \$150 to \$750 Per \$150		MAJOR INJURY THREE UNITS	
	WEEK	MONTH	WEEK	MONTH	WEEK	MONTH	WEEK	MONTH	WEEK	MONTH
TWO PARENT FAMILY EMPLOYEE & SPOUSE	\$ 1.62	\$ 7.00	\$.46	\$ 2.00	\$.52	\$ 2.25	\$.72	\$ 3.10	\$ 2.77	\$12.00
ONE PARENT FAMILY EMPLOYEE ONLY	\$ 1.33	\$ 5.75	\$.29	\$ 1.25	\$.23	\$ 1.00	\$.72	\$ 3.10	\$ 2.77	\$12.00
ONE PARENT FAMILY EMPLOYEE ONLY	\$.92	\$ 4.00	\$.29	\$ 1.25	\$.40	\$ 1.75	\$.43	\$ 1.88	\$ 2.08	\$ 9.00
EMPLOYEE ONLY	\$.69	\$ 3.00	\$.17	\$.75	\$.12	\$.50	\$.36	\$ 1.55	\$ 1.38	\$ 6.00