



Limited Benefit Hospital Indemnity Insurance

Help pay for your stay.

If you experienced a medical emergency, would you be able to cover the out-of-pocket medical expenses? What about life's other expenses—like bills, groceries and housing?

With rising deductibles and copays, major medical insurance may not be enough to keep you financially protected.



Did you know?

The average cost of a 3-day hospital stay is around \$30,000.¹

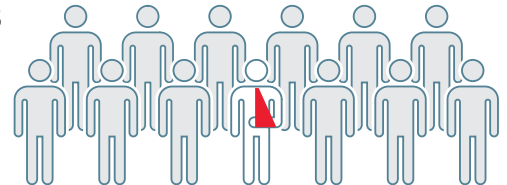
Limited Benefit Hospital Indemnity Insurance can help.

Hospital indemnity insurance is designed to help pay for eligible out-of-pocket expenses, like a hospital stay.

The unexpected can happen to anyone.

From major accidents to sudden diagnoses, hospital stays aren't uncommon.

About **1 in 15** Americans visited a hospital emergency room due to an unintentional injury in 2021.²



Plan Highlights

- No health questions required to apply
- Benefits paid directly to you
- Keep your policy if you leave your employer
- Coverage available for you, your spouse, and your children up to age 26

Health Savings Account Qualified Plan



Help offset high deductibles and copays while protecting yourself from the unexpected. With this plan, you get the tax benefit and potential savings from a Health Savings Account (HSA) while helping pay for large, out-of-pocket expenses.

This brochure highlights important features of the policy. Please refer to your certificate for complete details. Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile.

Choose Your Coverage

Hospital Benefits	Basic	Enhanced	Enhanced Plus
Hospital Admission Once per Covered Person, per calendar year	\$500	\$1,000	\$1,500
Hospital Confinement Up to 30 days per Covered Person	\$100	\$150	\$200
Intensive Care Unit Up to 10 days per Covered Person	\$200	\$300	\$400
Rehabilitation Facility Up to 10 days per Covered Person	\$50	\$75	\$100



Hospital Benefits

Get paid directly for your hospital costs if hospitalized.

Hypothetical Example with Enhanced plan: After feeling ill, you are rushed to the ER and diagnosed with Pertussis (whooping cough). You're admitted and stay three days for treatment. Then, you complete 10 days of treatment in a rehabilitation facility.

Cost of Care	Out-of-Pocket Costs	Payable Plan Benefits
Confinement ³ \$12,512	Deductible of \$3,000 plus 20% Coinsurance of \$2,226	Admission \$1,000
Rehab ⁴ \$1,620		Confinement \$450
		Rehab \$750
Total Cost of Care \$14,132	Total Out-of-Pocket Cost \$5,226	Total Benefit Payment \$2,200

Accident Benefits	Basic	Enhanced	Enhanced Plus
Accident Treatment - ER Up to 3 days per Covered Person	\$200	\$300	\$400
Accident Treatment - Physician's Office or Urgent Care Up to 6 days per Covered Person	\$50	\$75	\$100
Accident Surgery - Hospital or Ambulatory Surgical Center Up to 3 days per Covered Person	\$1,000	\$1,500	\$2,000
Accident Surgery - Physician's Office or Urgent Care Up to 6 days per Covered Person	\$125	\$125	\$250



Accident Benefits

No matter your situation, accidents happen.

Hypothetical Example with Enhanced plan: You are traveling in your car and are hit by a driver running a red light. Your arm is broken and requires an ER visit, surgery, hospital admission and a two-night hospital stay.

Cost of Care	Out-of-Pocket Costs	Payable Plan Benefits
ER Visit ⁵ \$2,200	Deductible of \$3,000 plus 20% Coinsurance of \$3,040	ER Visit \$300
Surgery ⁶ \$16,000		Surgery \$1,500
		Hospital Admission \$1,000
		Hospital Confinement \$300
Total Cost of Care \$18,200	Total Out-of-Pocket Cost \$6,040	Total Benefit Payment \$3,100

Benefits are paid per Covered Person, per calendar year.

Premiums

Monthly Premium	Basic	Enhanced	Enhanced Plus
Employee	\$14.54	\$24.54	\$34.60
Employee + Spouse	\$27.76	\$46.80	\$65.90
Employee + Child	\$29.94	\$49.66	\$69.62
Family	\$43.16	\$71.92	\$100.92

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

Plan Benefit Highlights

Hospital Admission Benefit: This benefit does not apply to outpatient treatment, emergency room treatment or a stay of less than 18 hours in an observation unit.

Hospital Confinement Benefit: This benefit does not apply to outpatient treatment or a hospital stay of less than 18 hours. Hospital shall not include an institution used by the covered person 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.

Intensive Care Unit Benefit: This benefit does not apply to an intensive care unit stay of less than 18 hours.

Rehabilitation Facility Confinement Benefit: Confinement to the facility must be physician-authorized for at least 18 continuous hours and begin immediately following a hospital confinement. Successive rehabilitation facility stays will be considered as one confinement if they are due to the same or related accident or sickness and separated by less than 30 days.

Outpatient Accident Treatment Benefit: Pays a benefit when any covered person incurs an expense and receives treatment by a physician in an emergency room, physician's office or urgent care facility due to a covered accident. Accident means an event, which results in bodily injury, that is independent of disease or bodily infirmity or any other cause and occurs while coverage is in force.

Accident Surgical Procedure Benefit: Pays a benefit when any covered person incurs an expense and requires a surgical procedure due to a covered accident. The procedure must be performed by a physician in a hospital, ambulatory surgical center, urgent care facility or physician's office. Only one accident surgical procedure performed on the same day will be payable even if caused by more than one accident. This benefit is not payable for colonoscopy or flexible sigmoidoscopy. The surgical procedure must occur while the policy is in force.

Exclusions: Benefits resulting from or caused by the following will not be payable:

- (a) suicide or any attempt, while sane or insane;
- (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. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
- (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, including complications of 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;
- (t) Pre-Existing Conditions, unless the covered person has satisfied the Pre-Existing Condition exclusion period of 12 months.

Plan Benefit Highlights (continued)

Pre-Existing Condition: A disease, sickness, accident or physical condition for which the covered person had treatment; incurred expense; took medication; or received a diagnosis or advice from a physician, during the 12-month period immediately before the effective date of the covered person's coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, sickness, accident or physical condition.

Pregnancy Limitation: The company will not pay benefits due to any covered person giving birth during the first 10 months of coverage as a result of a normal pregnancy, including cesarean section. Complications of pregnancy will be covered to the same extent as any other covered benefit. Complications of Pregnancy include but are not limited to conditions requiring confinement (when pregnancy is not terminated), whose diagnoses are distinct from pregnancy but are adversely affected by pregnancy or are caused by pregnancy, such as acute nephritis, nephrosis, cardiac decompensation, missed abortion, and similar medical and surgical conditions of comparable severity; ectopic pregnancy, which is terminated; spontaneous termination of pregnancy, which occurs during a period of gestation in which a viable birth is not possible; puerperal infection; eclampsia and toxemia.

Complications of pregnancy shall not include false labor, occasional spotting, physician-prescribed rest during the period of pregnancy, morning sickness, hyperemesis gravidarum, preeclampsia and similar conditions associated with the management of a difficult pregnancy not constituting a classifiable or distinct complication of pregnancy.

Portability: Upon becoming no longer eligible for coverage, you will have 30 days to request continuation of coverage. Providing you pay premiums when due, you may continue your coverage provided under the policy upon leaving employment until the date the policy is terminated or the date you fail to pay the required premium, whichever date is earlier. You must have been continuously covered for 12 consecutive months prior to the date your coverage under the policy ends.

Continuation of Coverage: Coverage for you and your covered dependent(s) may be continued during a layoff or leave of absence for up to a maximum period of three months. Coverage will continue as long as the group policy remains in force, the premiums are paid, and you remain eligible for the coverage under the policy.

Termination of Insurance: Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated or premiums may be increased on any premium due date with 31 days advance notice.

This product may contain limitations, exclusions and waiting periods. This may not be HSA-qualified if optional benefits or riders for this coverage are selected. This product is inappropriate for people who are eligible for Medicaid coverage.

¹HealthCare.gov: Protection from High Medical Costs; accessed November 13, 2023 from HealthCare.gov. ²National Safety Council, Injury Facts, 2023 Web. ³AHRQ Healthcare Cost and Utilization Project, National Inpatient Sample as of January 7, 2021. ⁴MD Save: Procedures A to Z; accessed November 13, 2023 from MDsave.com. ⁵TalktoMira: How Much an ER Visit Costs Without Insurance in 2023; accessed November 13, 2023 from talktomira.com/post/how-much-does-an-er-visit-cost. ⁶CostHelper: How Much Does a Broken Arm Cost?; accessed November 13, 2023 from health.costhelper.com.



American Fidelity Assurance Company
americanfidelity.com

Help Us Help the Environment

Electronic delivery of policy documents can offer you access to the most up-to-date documents keeping them safe so that you can have access to them at any time.

If you would like to receive and manage your American Fidelity Assurance Company Policy Documents online electronically, please read the Consent to Electronic Delivery of Policy Documents and place your initials in the space provided below.

Consent to Electronic Delivery of Policy Documents

I hereby request and agree to Electronic Delivery of Policy Documents ("Consent"), if available, by American Fidelity Assurance Company (AFA).

Policy Documents

I understand that: (1) Policy Documents will be hosted on a secure Web site; (2) I will receive an e-mail from AFA to the e-mail address that I have designated below containing instructions and AFA's web address; (3) Electronic Delivery is in lieu of regular U.S. Mail delivery; (4) Electronic Delivery is sufficient to meet all requirements under the Policy; (5) paper copies of any and all electronically delivered Policy Documents are available to me upon my request; and (6) if I have executed more than one Consent, only my last election will be in effect.

Systems Requirements

I understand that in order to receive Policy Documents electronically, I must use a valid e-mail address, an Internet connection, and a computer that meets the following minimum requirements: Internet Explorer 6.0 or later and Adobe® Reader® 8.0 or newer, available free on www.afadvantage.com or www.adobe.com.

Revocation of Consent

I understand that either party may revoke this Consent unilaterally at any time with ten (10) days prior notice to the other party. The Certificateholder/Policy Owner may revoke by calling, toll-free: 1-800-654-8489; or by writing to: American Fidelity Assurance Company, 9000 Cameron Parkway, Oklahoma City, Oklahoma 73114-3701. Upon revocation of this Consent, AFA will communicate all future Policy Documents via regular U.S. Mail to the last known designated address of the Certificateholder/Policy Owner.

Transmittal of Policy Documents

I understand that I am responsible at all times, as the Certificateholder/Policy Owner, to notify AFA in writing of any and all changes associated with the transmittal of Policy Documents. That I, as the Certificateholder/Policy Owner, agree that I will hold AFA harmless with respect to any and all delivery errors caused by my failure to provide current and valid information for the receipt of Policy Documents.

By initialing in the box below, I **agree** **do not agree** to the Electronic Delivery of my Policy Documents.

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INITIAL ABOVE

DATE

Name and designated electronic transmittal e-mail address of the Certificateholder/Policy Owner:

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PRINTED NAME

E-MAIL ADDRESS