

Features:

- ▶ **Guaranteed Issue—No Health Questions Asked!**
- ▶ **No pre-existing condition exclusion (except pregnancy).**
- ▶ Benefits paid directly to you or to your assigned doctor or hospital.
- ▶ Supplements and pays regardless of any other insurance program.



Hospital Indemnity Insurance Benefits:

PHYSICIAN OFFICE VISIT/HOSPITAL EMERGENCY ROOM VISIT

\$50 PER VISIT

If you are injured in a covered accident or have treatment as the result of a covered sickness, benefits will be paid for each visit as shown for Physician's office charges and Emergency room charges. This benefit is limited to 6 visits per calendar year.

HOSPITAL ADMISSION BENEFIT

\$250 PER ADMISSION

This benefit is payable when you are admitted to a hospital other than a recovery room and confined as a resident bed patient because of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, you must be admitted to a hospital within 6 months of the date of the covered accident.

DAILY HOSPITAL CONFINEMENT BENEFIT

\$200 PER DAY

This benefit is payable for a maximum of 30 days when you are confined to a hospital as a resident bed patient as the result of injuries received in a covered accident or because of a covered sickness. In order to receive this benefit for injuries received in a covered accident, you must be confined to a hospital within 6 months of the date of the covered accident.

INTENSIVE CARE BENEFIT

\$250 PER DAY

If you are confined in a hospital intensive care unit due to an injury received in a covered accident or because of a covered sickness, the daily benefit amount shown will be paid for a maximum of 30 days. In order to receive this benefit for a covered accident, you must be admitted to a hospital intensive care unit within 6 months of the date of the covered accident. This benefit pays in addition to the Daily Hospital Confinement Benefit.

WELLNESS BENEFIT

\$50

We will pay the amount shown per calendar year when you visit a doctor and you are neither injured nor sick.

MEDICAL FEES

\$300 PER ACCIDENT

If you are injured in a covered accident and receive treatment from a physician within one year after the accident, we will pay the amount shown in the benefit schedule for:

- Emergency room services and supplies
- X-rays
- Appliances
- Physician services

We will pay for these services the amount shown for medical fees in the benefit schedule, for each covered accident. This benefit is payable if you received initial treatment within 60 days after the accident.

WELL BABY CARE

\$50

We will pay the amount shown per visit. Pays for up to 4 visits per calendar year per insured baby. (Our definition of a baby is a dependent child 12 months of age or younger.)

ACCIDENTAL DEATH

\$5,000

If you are in a covered accident and the injury causes you to die within 90 days after the accident, we will pay the appropriate Accidental Death Benefit shown in the benefit schedule.

SEMI-MONTHLY PREMIUMS

Employee	\$16.05
Employee and Spouse	\$31.30
Employee and Children	\$28.09
Family	\$43.34

LIMITATIONS AND EXCLUSIONS

Pregnancy will not be covered if conception was before the Effective Date of an Insured Person's Certificate. Pregnancy will be covered as any other sickness when date of conception is after the Insured Person's Effective Date of coverage.

We will not pay benefits for loss contributed to, caused by, or resulting from: 1. War - declared or undeclared or military conflicts, participation in an insurrection or riot, or civil commotion. This exclusion does not include acts of terrorism. We will return the prorated premium for any period not covered by this certificate when you are in such service. 2. Suicide - committing or attempting to commit suicide, while sane or insane. 3. Self-inflicted Injuries - injuring or attempting to injure yourself intentionally. 4. 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, except under the Accidental Common Carrier Death Benefit. 5. Intoxication - being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician. 6. Illegal activities or participation in an illegal occupation.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. This brochure is subject to the terms, conditions, and limitations of policy form series CA8500-MP (FL).

ENROLLMENT & SERVICE:

Custom benefit Services, Inc.
P.O. Box 4078
Ocala, Florida 34478
Phone (800)809-8161

FOR CLAIMS AND CUSTOMER SERVICE CALL TOLL FREE:

1-800-433-3036

UNDERWRITTEN BY:



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