



For Life's Major Moments

Group Hospital Indemnity Insurance

Minimize the Need to Tap into Personal Funds

When you are sick and confined to a hospital bed, how will you afford your medical bills? You probably already have health insurance that will cover the majority of your hospital costs, but how will you pay the remaining out-of-pocket expenses?

Benefits of having our Group Hospital Indemnity Insurance include:

- Coverage amounts up to \$300 per day
- Benefits paid directly to you
- Guaranteed acceptance for members under age 65

Benefits for Your Family

The American College of Obstetricians and Gynecologists (ACOG) is offering Group Hospital Indemnity Insurance—designed to complement other medical insurance and minimize the need to tap into personal funds. This plan can pay you up to \$300 a day, per confinement, when you must stay in a hospital due to injury or sickness. Benefits for your spouse can be paid up to \$300 a day, per confinement, not to exceed your daily benefit amount. Benefits for your children can be either \$50 or \$100 a day, per stay, not to exceed your daily benefit amount.

In-Hospital Daily Benefits

If you select benefits up to \$200 per day, benefits will start on the first day of eligible hospitalization. If you select benefits of \$250 or \$300 per day, benefits will start on the seventh day of consecutive confinement. Benefits can continue for up to 365 days per confinement for one injury or sickness. Successive confinements due to the same or related cause will be considered one confinement, unless each confinement is separated by at least 180 days.

Skilled Nursing Facility Benefits

If while covered under the plan, you or your spouse become totally disabled and are confined in a skilled nursing facility, the plan will pay a skilled nursing facility daily benefit amount for each day of confinement. The skilled nursing facility benefit amount equals 50% of the hospital indemnity benefit amount payable for hospital

confinement. The confinement in the skilled nursing facility must begin within 7 days of discharge from a hospital confinement for which daily benefits are payable. The hospital confinement must begin prior to age 65, and the total disability must also be continuous from the date of discharge from the hospital to the date of admission to the skilled nursing facility. The maximum period of benefits, per confinement, for the skilled nursing facility benefit combined with the daily home convalescent benefit is 365 days. Dependent children are not eligible for the skilled nursing facility benefit.

Daily Home Convalescent Benefit

If while covered under this benefit, you or your spouse become totally disabled immediately following a qualifying hospital confinement, the plan will pay the daily home convalescent benefit amount for each day of total disability. The daily home convalescent benefit amount equals one-half the hospital daily amount payable for the qualifying hospital confinement.

The benefit will be payable for the lesser of:

1. The number of days you or your dependent spouse received benefits under the group policy for the qualifying hospital confinement.
2. 365 days minus the number of days for which a skilled nursing facility is payable.

Qualifying hospital confinement with respect to the home convalescent benefit: you or your dependent spouse's inpatient stay in the hospital for which benefits are payable under the hospital indemnity benefit is covered for a least 7 continuous days. The qualifying hospital confinement must begin prior to attainment of age 65. Dependent children are not eligible for the skilled nursing facility benefit.

Double the Daily Benefit for Intensive Care and Coronary Care

If you are under age 65, your hospital indemnity benefit amount will be increased by two times your amount payable for confinement in an intensive care or coronary care unit. This benefit is not payable for post operative confinement of less than 24 hours in a recovery room, and is not payable if increased benefits are payable under any other



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additional benefit. The maximum period of benefits per confinement for the intensive care or coronary care unit benefit is 365 days.

Coverage for Your Family

When you enroll, you can include your spouse for a benefit amount not to exceed your own and your unmarried dependent children for a benefit amount of either \$50 or \$100, not to exceed your own. Eligible family members are: member's spouse under age 65, and member's dependent children under age 25.

When you or your spouse reach age 65, if the daily benefit amount is more than \$100, it will be reduced to \$100 per day and to \$50 per day for dependent children.

Filing Claims

Report a hospitalization promptly to the Plan Administrator, complete the claim form you'll receive in the mail, and send it back. Your benefits will be paid shortly, as long as you meet eligibility requirements.

Eligibility

Members in good standing under age 65, actively at work on a full-time basis (at least 26 hours a week), and not in active military duty for more than 30 days are eligible to enroll themselves, their lawful spouse under age 65, and unmarried dependent children under age 25. (Subject to state variations.)

Members must be actively at work on the date insurance is to take effect. If not, insurance will take effect on the day they resume such work. Member, member's spouse, and member's dependent children must also not be hospitalized on the date insurance is to take effect. If so, insurance will take effect on the day after discharge.

Tax-Free Benefits

Current tax codes exempt hospital indemnity plan benefits received for yourself or a dependent from being subject to federal income tax, as long as you pay your premiums with personal funds. Consult your personal tax advisor for guidance.

Please be sure to review the following definitions, exclusions, and limitations.

Supported by a Company Known for its Longevity and Financial Strength

New York Life has the highest possible financial strength ratings currently awarded to any life insurer from all four of the major credit

rating agencies: A.M. Best (A++), Fitch (AAA), Moody's Investors Service (Aaa), Standard & Poor's (AA+).*

Extension of Benefits for Disability

If this policy cancels while the insured person is disabled and entitled to benefits, the benefits will continue as long as the person remains disabled by the same disability, but will not continue beyond the date benefits would have ceased had the insurance remained in force.

Continuation During Temporary Layoff or Leave of Absence

An insured person may continue coverage if he ceases to be actively at work due to a temporary layoff, a leave of absence, or a leave of absence required by state law or by the Family and Medical Leave Act of 1993 (FMLA).

Coverage may continue up to 30 days during a temporary layoff or a leave of absence other than state mandated or FMLA leave; or with respect to state and federal mandated leaves, the greater the period required by state law or a duration equal to that required by FMLA. The leave authorization must be in writing and the required premium paid.

Exclusions

No benefits will be paid for any confinement that is:

- Applied toward satisfaction of a waiting period at the beginning of a confinement
- Beyond the date benefits have been payable for the maximum payment period, or would end under limitations, exclusions, or reductions that apply to the benefit duration in the group policy

No benefits will be paid for charges incurred for treatment which:

- Is given after a person's insurance ends, regardless of when the injury or sickness occurred
- Is not essential for the necessary care or treatment of the injury or sickness involved
- Would be given free of charge if the person was not insured
- Is the result of an intentional or self-inflicted injury, suicide or attempted suicide, whether sane or insane, (in Missouri or Colorado while sane)
- Is related to any loss caused or contributed to by war or act of war, whether war is declared or not
- Is related to any loss which occurs while the insured person is in any of the armed forces, whether land, water, or air of any country or international authority
- Is for, or in connection with, confinement due to normal pregnancy or



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childbirth if the confinement commences during the first 10 months of an insured person's insurance. Complications of pregnancy are covered the same as any other sickness

- Is for confinement in a Veterans Administration Hospital or any other national government owned or operated hospital
- For routine nursery care of a newborn child, routine well-baby care, immunizations and medical examinations or tests of any kind not necessitated by sickness or injury
- Is related to any loss or confinement resulting from, or in connection with, taking part in the commission of an assault, felony, or being engaged in an illegal activity
- For cosmetic surgery unless: to correct a condition caused by injury; incidental to an infection or other diseases of the involved part; or for reconstruction surgery because of congenital disease or anomaly of an insured person who is a child and such disease or anomaly has resulted in a functional defect

Upon request, the pro-rata portion of any premium paid for the period an insured person is in the armed forces will be refunded.

Pre-Existing Condition Limitation

Pre-Existing Condition means an injury or sickness for which you incurred charges, received medical treatment, consulted a physician, or took prescribed drugs within 12 months before you became insured. If disability is due to a pre-existing condition and it begins within 24 months of the date you become insured, no benefits will be paid unless you have not incurred charges, received medical treatment, consulted a physician, or taken prescribed drugs for such condition, or any complication of it, for 12 continuous months, while insured. If disability is due to a pre-existing condition and it begins more than 24 months after the date you become insured, benefits will be paid as they accrue.

Date Insurance Ends

Your insurance will end at the earliest of:

1. The date the group policy ends
2. The date insurance ends for your class
3. Premium is not paid when due
4. The date you cease to be actively at work for reasons other than total disability
5. The date you enter active military duty
6. The date you reside outside of the United States
7. The date that you have been on foreign travel for longer than 3 months

In addition, a dependent's insurance will end at the earliest of:

1. The date your insurance ends under the group policy
2. The date the group policy is changed to end dependents' insurance

3. The date the person ceases to be a dependent
4. Premium is not paid for the dependent when due

Definitions

TOTAL DISABILITY

A total disability is a disability which wholly and continuously prevents the person from performing the material and substantial duties of his or her occupation, if gainfully employed full-time. If not gainfully employed full-time, a total disability is a disability which would wholly and continuously prevent the person from performing any occupation for which he is qualified by education, training, or experience.

The total disability must be due to the same or related medical condition as that which caused the hospital confinement. Gainfully employed full-time refers to an occupation for remuneration or profit performed on a regular basis for at least 26 hours per week.

HOSPITAL is an institution which:

- Operates pursuant to the law
- Primarily and continuously provides medical care and treatment of sick and injured persons on an individual basis
- Operates facilities for medical and surgical diagnosis and treatment by or under the supervision of a staff of legally qualified physicians
- Provides 24-hours-a-day nursing service by or under the supervision of registered graduate nurses (R.N.)
- Is located within the United States or its territories and is approved as a hospital by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)

Hospital does not mean a place, or part thereof, which is used mainly as:

- A nursing home
- A place for rest, custodial care, or for the aged
- A clinic
- A place for the treatment of mental illness, alcoholism, or drug addiction

However, a place for the treatment of mental illness will be regarded as a hospital if:

- It is part of an institution that meets the above requirements
- It is listed in the American Hospital Association Guide as a general hospital

INTENSIVE CARE UNIT means a separate area of a hospital reserved only for critical and seriously ill patients who need constant medical care. The unit must provide:

- Room and board
- Registered nursing care
- Special equipment and supplies on a standby basis



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SKILLED NURSING FACILITY is an institution which:

- Operates pursuant to the law
- Primarily and continuously provides skilled nursing care and related services to persons recuperating from sickness or injury on an inpatient basis for which a charge is made
- Has established policies developed and executed by a professional group, including at least one legally qualified physician and at least one registered professional nurse
- Provides adequate procedures for the administration of drugs
- Provides each patient with a planned program of medical care by or under the supervision of a physician
- Has a qualified physician available to furnish medical care in case of emergency

Skilled Nursing Facility does not mean an institution, or part thereof, used principally as:

- A hospital
- A rest home for the aged, or a place for custodial care
- A place for the care of drug addicts, alcoholics, or the mentally ill

Important Notice

This plan is not intended to provide comprehensive health care coverage. The Hospital Indemnity Policy and the associated certificates are supplemental to health insurance and are not a substitute for major medical coverage. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

If you do not maintain major medical coverage or other essential coverage, you are not eligible for coverage under this plan. If you maintain your hospital indemnity coverage, that will be affirmation to New York Life Insurance Company that you also **maintain** major medical coverage or other required essential coverage.

Questions About This Coverage?

Call **800.214.8122**

Underwritten by: 

ACOG Group Hospital Indemnity Insurance is underwritten by New York Life Insurance Company, 51 Madison Ave., New York, NY 10010, under Group Policy No. G-30465-0 on Policy Form GMR-FACE/G-30465-0.

New York Life is licensed/authorized to transact business in all 50 United States, the District of Columbia, Puerto Rico, and Canada. However, not all group plans it underwrites are available in all jurisdictions. Please check the applicable insurance brochures for current availability.

Complete details, including features, costs, eligibility, renewability, limitations, and exclusions are in the Certificate of Insurance. Certain state restrictions apply.

ACOG incurs costs in connection with this sponsored program. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. ACOG also receives a fee for the license of its name and logo used in connection with the plan.

Administered & Brokered by:

 **PEARL[®] INSURANCE**
1200 E Glen Ave, Peoria Heights, IL 61616
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State specific insurance licenses include: AR 1322, CA 0F76076, MN 8698, OK 0100102347, TX 1442641.
Excluded states are AK, DE, FL, KY, LA, ME, MD, MN, MO, MT, NV, NH, NC, OH, OR, SD, TX, UT, VT, WA, WY.



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