

WHY SHOULD YOU CONSIDER

THE ACS HOSPITAL INDEMNITY INSURANCE PLAN?

What is the purpose of the ACS Hospital Indemnity Plan? The hospital indemnity plan supplements other medical care insurance you may carry. It is rare that any medical care plan covers all of the expenses of an accident or sickness especially if hospitalization is involved. Hospital indemnity insurance can provide cash just when you need it most: to help pay expenses during a hospitalization. You can use your benefit any way you choose: towards offsetting the cost of your medical coverage deductible or coinsurance, to help cover the cost of a private room or deposit the money in your savings account. The choice is yours.

Who is eligible for ACS Hospital Indemnity coverage? ACS members, under age 80, residing in the U.S* are eligible to apply for Hospital Indemnity Coverage for themselves and their eligible dependents. Acceptance is guaranteed and coverage is provided through New York Life Insurance Company.

Eligible dependents include the member's lawful spouse under age 80 and dependent children under age 26. An individual may apply for coverage as an eligible member or eligible spouse but not both and children may only be covered by one parent.

*The ACS Hospital Indemnity plan is currently not available to residents of CT, FL, LA, MN, MT, NV, NH, NC, OH, TX, VT and WA. If you are interested in this coverage, please contact the administrator and they will advise you as soon as it becomes available in your state.

Daily Benefit Amounts Available. When applying you may select a daily benefit of \$100 to \$500 (in \$100 units) for yourself. You may also elect to cover eligible dependents for the same daily benefit.

Daily benefits will be paid to you for each covered stay for which a Room and Board charge is made, for up to a maximum benefit period of 365 days per stay. Additional Benefits are payable as stated below. In no event will New York Life pay more than 200% of the Daily Benefit per covered person for any one day of confinement.

The daily benefit that will be paid can be used as you wish. It can help meet your deductible, coinsurance share of your medical care expenses or the extra cost of a private room.

Ambulance Benefit. A \$50 benefit is payable (limited to two benefits per calendar year, for each covered person transferred to a hospital by a professional ambulance service if it results in a Covered Stay.

Cancer Confinement Benefit. An additional 100% of the daily benefit for a covered person under age 65.

Common Accident Confinement. For insured member and insured spouse who are simultaneously confined as the result of the same accident, an additional 100% of the daily benefit is payable.

Chemical Dependency. The full daily benefit amount is payable for up to 30 days for each covered stay if confined for in-hospital treatment of chemical dependency. For treatment in a qualified Residential Treatment Facility for alcohol or drug abuse, 50% of the daily benefit amount is payable for up to 100 days per covered stay.

Home Convalescence Benefits. 50% of your daily benefit amount is payable for an insured member or insured spouse immediately following a stay in the hospital of at least 10 consecutive days for up to the lesser of the number of days of the hospital confinement or 30 days in a calendar year.

Intensive Care Unit Confinement. For covered persons under age 65, this plan can pay an additional 100% your daily benefit for intensive care confinement. For those covered persons age 65 and over the plan can pay an additional 50% of your daily benefit while confined to an intensive care unit. However, it will not apply to a hospital confinement for which the Cancer benefit is payable.

Intermediate Intensive Care Confinement. This plan can pay an additional 50% your daily benefit for intermediate intensive care confinement. However, it will not apply to a hospital confinement for which the Cancer benefit is payable.

Observation Care Benefit. The plan can pay 100% of your daily benefit amount if the covered person is assigned or admitted for observation in a hospital by a doctor as documented by admission, discharge, or other appropriate progress notes that are timed, written and signed by the doctor. This benefit will not be paid if receiving any other benefit or in a covered stay with the exception of the Common Accident Benefit or the first day of any confinement if age 60 or over. This benefit is limited to two benefits per calendar year.

Outpatient Surgery Benefit. The plan can pay 100% of your daily benefit amount if you undergo medically necessary outpatient surgery due to a covered injury or illness. This benefit is payable up to three times per calendar year. Covered outpatient surgery must be performed by a physician in a hospital or ambulatory surgical center and is limited to three benefits per calendar year.

Outpatient Emergency Accident Benefit. The plan can pay 100% of your daily benefit for covered persons under age 65 if you receive medical treatment on an outpatient basis in a hospital or ambulatory surgical center if the medical treatment was received within 48 hours of an accident causing injury which requires treatment on an emergency basis.

Skilled Nursing Facility Confinements. 50% of your daily benefit amount is payable for up to 100 days if you are confined to a skilled nursing facility before age 65. Confinement must begin within 7 days of a covered hospitalization of at least 5 consecutive days duration.

Exclusions/Limitations. Hospitalizations must begin while the covered person is being treated for a sickness or injury by a physician other than the member, a family member or a person residing in the member's household.

Benefits are not payable for hospitalizations due to: war or military service; an injury or illness resulting from the participation in or incarceration for an illegal occupation or activity or the commission of a felony, insurrection, riot or terrorist activity; intentionally self-inflicted injury, whether sane or insane; or a pre-existing condition as indicated below.

In addition benefits are not payable for confinements in a Veterans Administration or any other National Government owned or operated hospital for which no charge is made that the covered person must pay.

Pre-existing Conditions Limitations. A pre-existing condition is any injury or sickness for which a person has consulted a doctor, received any medical services or supplies, or taken any medication during the 12 months prior to becoming covered under this plan. These conditions will not be covered until this plan has been in force for at least 12 months. All new covered conditions that occur after the effective date of this plan will be covered immediately.

Successive Periods of Confinement. Successive periods of confinement are treated as if they were one unless they are separated by 180 consecutive days during which the person was not confined to an institution for medical care or treatment; or they are due to unrelated causes.

Definitions of Terms Used in this Description. Each insured person receives a Certificate of Insurance, which describes his or her coverage in detail and describes some important terms. Here are a few more important definitions:

Hospital means an institution for the care and treatment of injury, sickness or pregnancy. It must provide 24 hour nursing by graduate registered nurses, continuous supervision by a staff of one or more doctors and have organized facilities (or diagnosis and surgery). References to hospital include Chemical Dependency Treatment Facility and Psychiatric Residential Treatment Center. Hospital does not include an institution, or part of it, used mainly as a facility for rest, nursing, convalescent, the aged, or an extended care facility.

Skilled Nursing Facility is an institution for skilled nursing care of sick and injured persons. It must be supervised 24 hours a day by a physician, registered nurse, or licensed practical nurse; It must have a physician's services available at all times; It must have enough nurses to give continuous patient care; It must keep a daily medical record for each patient. It does not include a nursing home, a rest home or a place for care of the aged, alcoholics, mentally ill, or drug addicts; and or a place for custodial care.

Intensive Care Unit (ICU) means a cardiac unit or other unit or section of a hospital, which is reserved for critically ill patients, and which has: (a) specialized professional nursing care; and (b) special equipment and supplies on a standby basis. ICU does not include surgical recovery rooms, progressive care, ICU/CCU, or other intermediate care, private monitored rooms, observation units, telemetry units, post ICU/CCU, step-down rooms or other facilities that do not meet the standards described above.

Intermediate Intensive Care Unit means specifically designated facilities of a Hospital including surgical recovery rooms, progressive care rooms, ICU/CCU or other intermediate care, private monitored rooms, observation units, telemetry units, post ICU/CCU rooms, step-down rooms or other facilities which do not meet the standards for a Hospital as defined or standard private or semi-private rooms.

Ambulatory Surgical Center means a licensed institution whose primary purpose is the performance of surgery, if such institution has: (a) permanent facilities and all equipment necessary for surgery; (b) a staff of one or more DOCTORS; (c) a medical staff for patient care, if such staff includes registered professional nurses; and (d) a contract with a hospital for immediate acceptance of patients who require post-operative confinement. (Ambulatory Surgical Center does not include a private office or clinic of one or more doctors).

Residential Treatment Facility means a treatment center, which provides 24 hour daily care to one or more patients including, but not limited to, the following services: room and board; medical, nursing and dietary services; patient diagnosis, assessment and treatment; individual, family and group counseling; and educational and support services. A Residential Treatment Facility is not part of a Hospital, as defined. The care provided in a Residential Treatment Facility is not the acute level of care generally associated with Hospital patients.

When a covered person is confined in a Residential Treatment Facility, New York Life will only cover confinement for Chemical Dependency and the medical complication which results from such Chemical Dependency.

When Your Coverage Becomes Effective. Acceptance is guaranteed (subject to the Pre-existing Conditions Limitations). You can't be turned down for this plan—if you are an eligible ACS member as described in "Who Is Eligible for ACS Hospital Indemnity Coverage?"

Your coverage will take effect on the first day of the month following or coinciding with the date your application is received by the ACS Group Insurance Office provided:

- The initial contribution is paid to the ACS Group Insurance Office within 31 days of that date;
- You and any dependents to be insured are not hospitalized on the date your coverage would become effective. In the event a person is hospitalized on that date, coverage will become effective upon discharge from the hospital.

Additional Dependents May be Automatically Covered. Generally a member must apply to add coverage for new dependents.

- Automatic coverage will be extended to a first child for the same hospital indemnity coverage in force for the member. Coverage will continue until the first regular billing date after the child is born, or for at least 31 days, if this is longer. If the member wishes to continue the coverage he must notify the ACS Group Insurance Office in writing and remit the added payment within 31 days after the automatic coverage would normally terminate. If both parents are insured as members, this child is eligible as a dependent of one parent only. The ACS Group Insurance Office must be given written notification of which parent will carry child coverage.
- If the member is insured for dependent children hospital indemnity coverage, additional eligible children are covered automatically for the same coverage and no notice or additional payment is required.

Coverage Terminates When:

Your Hospital Indemnity coverage will continue as long as you remain an ACS member, your premiums are paid and the Group Policy is not terminated by New York Life or the policyholder.

Dependent coverage terminates (1) for a spouse upon divorce or termination of domestic partnership; (2) for a dependent child when he or she becomes self-supporting or reaches age 26; (3) upon termination of a member coverage, unless the termination is due to the member's death. In this case, coverage may be continued for dependents while they remain eligible provided premium is paid when due.

There's No Obligation—Send No Money Now. You will have a full 30 days once your certificate arrives to make certain it fits your needs. If it does not, you may cancel it, within the 30 days for a full refund, without claim, of any premium paid.

Current Hospital Indemnity Annual Rates*

Charges are based on member age at issue and increases on the premium due date on or following the day the member enters a new age bracket.

Annual Rates per \$100 Daily Benefit (as of 07/01/2016)			
Member's Age	Member Only Premium	Member Plus—One Dependent Premium	Member Plus—Member Plus More Than One Dependent Premium
< 35	\$72.73	\$192.08	\$281.61
35-39	\$89.95	\$222.30	\$313.64
40-44	\$90.49	\$223.95	\$313.78
45-49	\$93.14	\$228.37	\$319.47
50-54	\$128.94	\$271.62	\$356.25
55-59	\$144.15	\$303.58	\$398.13
60-64	\$180.71	\$339.98	\$427.11
65-69	\$180.71	\$339.98	\$427.11
70-74	\$245.55	\$464.91	\$562.62
75-79	\$306.41	\$584.42	\$690.29
80+	\$348.66	\$664.82	\$778.35

*New York Life has the right to change rates on a class-wide basis.

Valuable Package Discount. If your personal ACS insurance package includes one or more of the Term Life Plans, one or both of the Disability Plans and either one or both the Accident Death and Dismember Plan or Hospital Indemnity Plan your total premium will be reduced by 25% on all plans. Incredible savings!! The discount only applies to qualifying group plans underwritten by New York Life Insurance Company.

This brochure is a general description of the principal provisions and features of the plan. The complete terms and conditions are set forth in the group policy issued to the Trustees of the American College of Surgeons Insurance Trust under Group Policy G-29007-0/GMR-FACE. A Certificate of Insurance is issued to the insured member. The American College of Surgeons Insurance Trust incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, it is reimbursed for these costs. The American College of Surgeons also receives a fee for the license of its name and logo in connection with this plan.

CONTACT US TODAY:

ACS-insurance.com | 800.433.1672

Mailing Address:

American College of Surgeons Insurance Program, P. O. Box 153054, Irving, TX 75015-3054
Phone: 1.800.433.1672 | Fax: 1.469.417.1675



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:
Highest Standards, Better Outcomes

100+ years

Fully Approved & Sponsored by The American College of Surgeons Insurance Trust



Underwritten by:

New York Life Insurance Company
51 Madison Avenue
New York, NY 10010
on policy form GMR

Administered & Marketed by:

AmWINS Group Benefits, Inc.
AR Lic. No. 248910, FL Lic. No. L048174
CA Insurance License No. 0D28750
TX Licensed Agent:
Samuel Hamin Fleet, Lic. No. 1091381