

Hospital Indemnity Insurance Policy

Outline of Coverage for Policy Form HI-GRI-WI

(Please retain this outline for your records)

THIS IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare in Wisconsin available from the Company.

READ YOUR POLICY CAREFULLY: This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and us. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

Hospital Indemnity Insurance Policy – Plans of this type are designed to pay a specific benefit amount for inpatient hospital confinement for sickness or injury, hospital observation, and inpatient hospital confinement for mental or nervous disorder. Coverage is subject to the provisions or other limitations that may be set forth in the policy.

Hospital Indemnity Benefits

Benefits are payable in accordance with the benefits shown in the POLICY – SCHEDULE OF BENEFITS, while a covered person's coverage is in force under the policy. Unless otherwise stated herein, all benefits are subject to:

- A. Benefit maximums per covered person as shown on the POLICY – SCHEDULE OF BENEFITS.
- B. Calendar year maximums per covered person as shown on the POLICY – SCHEDULE OF BENEFITS.
- C. Lifetime maximums per covered person as shown on the POLICY – SCHEDULE OF BENEFITS.
- D. Waiting periods per covered person as shown on the POLICY – SCHEDULE OF BENEFITS.
- E. The GENERAL EXCLUSIONS AND LIMITATIONS.
- F. All other provisions of the policy.

INPATIENT HOSPITAL CONFINEMENT FOR SICKNESS OR INJURY BENEFIT

Benefits are payable under the policy, as shown in the POLICY – SCHEDULE OF BENEFITS, for each day a covered person is confined to a hospital due to sickness or injury.

Benefits are paid in lieu of and not in addition to the Hospital Observation benefit or Inpatient Hospital Confinement for Mental or Nervous Disorder benefit.

HOSPITAL OBSERVATION BENEFIT

Benefits are payable under the policy, as shown in the POLICY – SCHEDULE OF BENEFITS, when a covered person is admitted for hospital observation as a result of a sickness or injury.

Benefits are paid in lieu of and not in addition the Inpatient Hospital Confinement for Sickness or Injury benefit.

INPATIENT HOSPITAL CONFINEMENT FOR MENTAL OR NERVOUS DISORDER BENEFIT

Benefits are payable under the policy, as shown in the POLICY – SCHEDULE OF BENEFITS, for each day a covered person is confined to a hospital due to a primary diagnosis of a mental or nervous disorder, unless expressly excluded in the policy.

Benefits are paid in lieu of and not in addition to the Inpatient Hospital Confinement for Sickness or Injury benefit.

General Exclusions and Limitations

This is not major medical insurance.

The policy does not pay benefits for any loss caused by, resulting from, for, or relating to any of the following:

- A. A loss occurring before the policy effective day, after termination of the policy, or during any time that coverage is not in force.
- B. Care or benefits which are not specifically provided for in the policy.
- C. Intentionally self-inflicted bodily harm (whether the covered person is sane or insane).
- D. Any act of declared or undeclared war.
- E. Active service in the armed forces of any country, or related auxiliaries including the National Guard or military reserve.
- F. The covered person taking part in a riot.
- G. The covered person's commission or attempt to commit a felony, whether or not charged.
- H. A loss incurred as a result of the covered person being intoxicated, as defined by applicable state law in the state in which the loss occurred, or under the influence of illegal narcotics or controlled substance unless administered or prescribed by a Physician or voluntary taking of any over the counter drug unless taken in accordance with the manufacturers recommended dosage.
- I. Cosmetic treatment, including inpatient hospital confinement, for such services.
- J. Modification of the physical body in order to improve the psychological mental or emotional well-being of the covered person, such as sex-change surgery.
- K. Breast reduction or augmentation unless necessary in connection with breast reconstructive surgery following a mastectomy performed while insured under the policy.
- L. Weight loss or modification, or complications arising therefrom, or procedures resulting therefrom, or for surgical treatment of obesity, including wiring of the teeth and all forms of surgery performed for the purpose of weight loss or modification.
- M. Any treatment or procedure that either promotes or prevents conception or prevents childbirth, including but not limited to:
 - 1. Artificial insemination;
 - 2. In-vitro fertilization or other treatment for infertility;
 - 3. Treatment for impotency;
 - 4. Sterilization or reversal of sterilization;unless otherwise stated elsewhere in the policy.
- N. Pregnancy or childbirth (except for complications of pregnancy) unless expressly provided for by the policy.
- O. Routine nursery charges and well-baby care of a newborn infant during an inpatient hospital confinement, except as expressly provided for by the policy.
- P. Inpatient hospital confinement primarily to receive rehabilitation, custodial care, educational care, or nursing services (unless expressly provided for by the policy).
- Q. Operating a taxi or any other passenger transportation services for wage, compensation, or profit.
- R. As a result of any injury sustained during or due to participating, instructing, demonstrating, guiding, or accompanying others in any of the following:
 - 1. Professional or semi-professional sports; intercollegiate sports (not including intramural sports);
 - 2. Parachute jumping; hang-gliding; para-sailing; para-planing, skydiving; bungee jumping; parakiting;
 - 3. Racing or speed testing any motorized vehicle or conveyance;

4. Racing or speed testing any non-motorized vehicle or conveyance (if the covered person is paid to participate or to instruct);
 5. Scuba/skin diving (when diving 60 or more feet in depth);
 6. Rodeo sports; horseback riding (if the covered person is paid to participate or instruct);
 7. Rock or mountain climbing (if the covered person is paid to participate or instruct); or
 8. Skiing (if the covered person is paid to participate or instruct).
- S. As a result of any injury sustained while operating, riding in, or descending from any type of non-commercial aircraft if the covered person is a pilot, officer, or member of the crew of such aircraft or is giving or receiving any kind of training or instructions or otherwise has any duties that require him or her to be aboard the aircraft.
- T. An injury or sickness arising out of, or in the course of, employment for wage or profit, if the covered person is insured, or is required to be insured, by workers' compensation insurance pursuant to applicable state or federal law. If you enter into a settlement that waives a covered person's right to recover future medical benefits under a workers' compensation law or insurance plan, this exclusion will still apply. In the event that the workers' compensation insurance carrier denies coverage for your workers' compensation claim, this exclusion will still apply unless that denial is appealed to the proper governmental agency and the denial is upheld by the agency.
- U. Directly or indirectly engaging in an illegal occupation or illegal activity.
- V. Services performed by a member of the covered person's immediate family.
- W. Services or supplies that are not administered or ordered by a physician.
- X. Any loss sustained while the covered person is incarcerated in a state or federal prison or other detention facility.
- Y. Any loss related to the treatment of substance use disorder or for court ordered treatment programs for substance use disorder.
- Z. Any loss related to performance of an abortion (unless the life of the mother would be endangered if the fetus were carried to term).
- AA. Any loss related to any examination or fitting related to eyeglasses, contact lenses, hearing aids, eye refraction, or visual therapy.
- BB. Radial keratotomy or any eye surgery when the primary purpose is to correct nearsightedness, farsightedness, astigmatism, or any other refractive error.
- CC. Any services rendered outside of the United States, except for services rendered for emergency treatment of a covered person.
- DD. Any loss for dental services, unless a covered person sustains an injury, due to an accident, after the covered person's effective date, which results in:
 1. Damage to his or her natural teeth (injury to the natural teeth will not include any injury as a result of chewing); and
 2. The services resulting in the dental care are received within six months of the accident or as part of a treatment plan which was prescribed by a physician and was begun within six months of the accident.
- EE. Mandibular or maxillofacial surgery to correct growth defects after one year from the date of birth, jaw disproportions or malocclusions, or to increase vertical dimension or reconstruct occlusion.

Preexisting Conditions Limitation

Benefits will not be paid under the policy for a loss which manifests due to, results from, is caused or otherwise contributed to by, a preexisting condition, or complications resulting from a preexisting condition.

The preexisting condition limitation will not apply longer than 6 months after a covered person's applicable effective date under the policy.

Definitions

“Grievance” means any dissatisfaction with us in writing in any form to us by you, or on your behalf, including any of the following:

- A. Provision of services.
- B. Determination to reform or rescind a policy.
- C. Determination of a diagnosis or level of service required for evidence-based treatment of autism spectrums disorder.
- D. Claim practices.

Term of Coverage and Renewability

The policy term begins as of the effective date of the policy. You may keep the policy in force by paying us the required premium as it comes due. However, we may cancel the policy if there is fraud or material misrepresentation made by or with the knowledge of a covered person in filing a claim.

Premiums

From time to time, we may change the rate table used for this policy form. Each premium will be based on the rate table in effect in on the premiums due date. The type and level of benefits and age of the covered person on the policy effective date are some of the factors that could be used in determining your premium rates. At least 60-days written notice of any plan to take an action or make a change permitted by this clause will be mailed to you at your last address as shown in our records. We will make no change in your premium solely because of claims made under the policy or a change in a covered person's health.