

Indemnity Benefit Play Pays

BENEFIT DESCRIPTION	STANDARD	PLUS	MAX
HOSPITAL CONFINEMENT Must be admitted to hospital as an inpatient into a hospital room due to injuries received in a covered accident or due to covered sickness. Observation not covered.	\$50 per day Up to 3 day(s) cym	\$75 per day Up to 10 day(s) cym	\$100 per day Up to 20 day(s) cym
DOCTOR'S OFFICE VISIT Benefit pays one benefit per day if the patient is seen by a doctor for an illness or injury.	\$150 Up to 2 day(s) cym	\$150 Up to 4 day(s) cym	\$150 Up to 5 day(s) cym
PREVENTIVE CARE OFFICE BENEFIT Routine immunizations, labs, well childcare, gynecology, prostate, wellness exams in a doctor's office. Preventive Care DXL Benefit Diagnostic, X-ray, Lab	\$100 Up to 1 day(s) cym	\$100 Up to 1 day(s) cym	\$100 Up to 1 day(s) cym

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BENEFIT DESCRIPTION	BRONZE	SILVER	GOLD
HOSPITAL CONFINEMENT Must be admitted to hospital as an inpatient into a hospital room due to injuries received in a covered accident or due to covered sickness. Observation not covered.	\$250 per day Up to 30 day(s) cym	\$500 per day Up to 30 day(s) cym	\$1,000 per day Up to 3 day(s) cym
HOSPITAL INTENSIVE CARE* Patient confined in a hospital intensive care unit.	\$250 per day Up to 3 day(s) cym	\$500 per day Up to 3 day(s) cym	\$500 per day Up to 3 day(s) cym
ADDITIONAL HOSPITAL ADMISSION <ul style="list-style-type: none"> Pays In addition to hospital indemnity Once per admission; Once per diagnosis Payable first day when admitted as an inpatient into a hospital room 	\$2,500 per day 1 day(s) cym	\$5,000 per day Up to 1 day(s) cym	\$5,000 per day Up to 1 day(s) cym
SURGERY BENEFIT** Inpatient Surgery must be performed due to illness or injury as an inpatient stay in a hospital.	\$1,500 1 day(s) cym	\$2,000 1 day(s) cym	\$2,000 1 day(s) cym
Outpatient Surgery must be performed due to an illness or injury at an outpatient surgical facility center or hospital outpatient surgical facility.	\$500 1 day(s) cym	\$1,000 1 day(s) cym	\$1,500 1 day(s) cym
Anesthesia Inpatient Anesthesia- 20% of the amount paid under the inpatient surgical benefit.	20%	20%	20%
Anesthesia Outpatient Anesthesia- 20% of the amount paid under the outpatient surgical benefit.	20%	20%	20%
OUTPATIENT SURGICAL FACILITY BENEFIT Surgery must be performed due to an illness or injury at an outpatient surgical facility center or hospital outpatient surgical facility.	\$500 per day 1 day(s) cym	\$1,000 per day 1 day(s) cym	\$1,500 per day 1 day(s) cym
DOCTOR'S OFFICE VISIT Primary/Specialist Benefit pays one benefit per day if the patient is seen by a doctor for an illness or injury.	\$150 4 day(s) CYM	\$150 4 day(s) CYM	\$150 5 day(s) CYM
DIAGNOSTIC, X-RAY, LAB TESTS*** <ul style="list-style-type: none"> Basic Pathology – Includes glucose test, urinalysis, CBC, and others. Hospital confinement is not required. Test must be ordered by a doctor. 	\$50 3 day(s) cym	\$50 3 day(s) cym	\$60 3 day(s) cym



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<p>• Basic Radiology – Non-invasive image scan to diagnose a patient: Hospital confinement is not required. Test must be ordered by a doctor.</p>	\$100 3 day(s) cym	\$150 3 day(s) cym	\$200 3 day(s) cym
<p>• Advanced Studies – CT Scans, MRI, and others. Hospital confinement is not required. Test must be ordered by a doctor.</p>	\$50 3 day(s) cym	\$75 3 day(s) cym	\$100 3 day(s) cym
<p>EMERGENCY ROOM Pays one benefit per day for services received in an ER as a result of an illness.</p>	\$500 2 day(s) cym	\$500 2 day(s) cym	\$500 2 day(s) cym
<p>AMBULANCE Pays one benefit per day for emergency ground or air ambulance transportation.</p>	\$100 1 day(s) cym	\$100 1 day(s) cym	\$100 1 day(s) cym
<p>HOSPICE Treatment of a terminally ill patient in last stages of a terminal illness. Facility is a health care institution, not a convalescent home; nursing home, SNF or similar unit. Palliative and supportive care either directly or consult basis w/ a physician or another community agency like visiting nurses' association.</p>	\$100 10 day(s) cym	\$100 10 day(s) cym	\$100 10 day(s) cym
<p>REHABILITATION THERAPY Medically necessary physical, occupational, speech therapy. Must be prescribed by a doctor. Can be in a hospital or non-hospital setting.</p>	\$100 1 day(s) cym	\$100 1 day(s) cym	\$100 1 day(s) cym
<p>SKILLED NURSING FACILITY BENEFIT Patient must be admitted to a skilled nursing facility following a covered stay in a hospital. Confinement begins the Day that the coverage is in force and immediately following a Hospital confinement of at least 3 days.</p>	\$100 10 day(s) cym	\$100 10 day(s) cym	\$100 10 day(s) cym
<p>MENTAL ILLNESS Covered Person confined to a hospital or other licensed institution accredited by the joint commission on accreditation of Hospitals as a Mental Illness program.</p>	In-Patient \$100 10 day(s) cym Out-Patient \$50 3 day(s) cym	In-Patient \$100 10 day(s) cym Out-Patient \$50 3 day(s) cym	In-Patient \$100 10 day(s) cym Out-Patient \$50 3 day(s) cym
<p>SUBSTANCE USE DISORDER & DEPENDENCY Inpatient/Outpatient Covered Person confined to a hospital or other licensed institution accredited by the joint commission on accreditation of Hospitals as alcoholism, substance use or chemical dependence treatment programs.</p>	In-Patient \$100 10 day(s) cym Out-Patient \$50 3 day(s) cym	In-Patient \$100 10 day(s) cym Out-Patient \$50 3 day(s) cym	In-Patient \$100 10 day(s) cym Out-Patient \$50 3 day(s) cym
<p>PREVENTIVE CARE OFFICE BENEFIT Wellness / Preventive care services administered. Routine immunizations, labs and wellness exams administered in a doctor's office</p>	\$100 1 day(s) cym	\$100 Up to 1 day(s) cym	\$100 Up to 1 day(s) cym
<p>PREVENTIVE CARE DXL BENEFITS Diagnostic x-rays and labs ordered due to current symptoms or abnormal tests</p>	\$100 1 day(s) cym	\$100 Up to 1 day(s) cym	\$100 Up to 1 day(s) cym
<p>SUPPLEMENTAL ACCIDENT BENEFIT Inpatient Admission – Admission to a hospital for an accident</p>	\$1,500 1 day(s) cym	\$1,750 1 day(s) cym	\$2,000 1 day(s) cym
<p>Emergency Room – Pays one benefit per day for services received in an ER as a result of an accident</p>	\$500 2 day(s) cym	\$500 2 day(s) cym	\$500 2 day(s) cym
<p>All Other Services- Anything other than inpatient and an emergency room</p>	\$50 3 day(s) cym	\$50 3 day(s) cym	\$50 3 day(s) cym
<p>AD&D Lump sum paid in the event of a covered accident or death</p>	Member - \$1,000 Spouse - \$1,500 Children - \$250	Member - \$3,000 Spouse - \$1,500 Children - \$750	Member - \$5,000 Spouse - \$2,500 Children - \$1,250
<p>CRITICAL ILLNESS Lump sum paid for specified major health events (diagnosis of invasive cancer, heart attack, stroke). There is a 30 day waiting period for sickness.</p>	\$2,500 Maximum Benefit	\$5,000 Maximum Benefit	\$10,000 Per first ever occurrence per covered person

* Intensive Care will only be payable if confinement is payable. Hospital Intensive Care is payable in lieu of confinement benefit.

** If inpatient and outpatient are performed on the same day, payment will only be granted for the inpatient surgery.

*** If more than 1 test is done on the same day, the plan will pay the one benefit that has the highest dollar value.



THIS COVERAGE PROVIDES BENEFITS DUE TO ACCIDENT AND SICKNESS. THIS CERTIFICATE EXPLAINS THE BENEFITS PROVIDED UNDER THE GROUP ACCIDENT AND SICKNESS HOSPITAL INDEMNITY INSURANCE POLICY. BENEFITS PROVIDED ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES.

American Financial Security Life Insurance Company hereby certifies that members of the class(es) eligible for insurance are insured under the above Policy as determined by the Eligibility and Effective Date provisions. Class is defined in the Certificate Schedule. This Certificate is evidence of insurance provided under the Policy. All benefits are paid according to the terms of the Policy. This Certificate describes the essential features of the insurance coverage.

In this Certificate, the words "Named Insured" or "You" means a member of an eligible class as described on the Certificate Schedule, who is insured under the Policy and for whom premiums are remitted. The words "Covered Person" refer to any person covered under the Policy as described on the Certificate Schedule. The words "We", "Us", "Our" or "Company" refer to American Financial Security Life Insurance Company. "Policy" means the Group Accident and Sickness Hospital Indemnity Insurance Policy available for review by You. If the terms of Your Certificate of coverage and the Policy differ, the Policy will govern.

The Policy and this Certificate may be changed in whole or in part or cancelled as stated in the Policy. Such action may be taken without the consent of or notice to any Covered Person. Only an authorized officer of Ours can approve a change. The approval must be in writing and endorsed on or attached to the Policy. No other person, including an agent, may change the Policy or Certificate or waive any of its provisions. Premiums are subject to periodic changes.

The male pronoun includes the female whenever used.

This Policy is delivered in and governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.