



Hospital Indemnity Coverage

Hospital Indemnity Coverage provides benefits if you or your insured dependents are confined in a hospital as an inpatient. The levels of daily coverage are \$50, \$100 or \$150. The Employee-Paid daily benefit levels combined cannot exceed \$150. You must be enrolled for coverage in order to enroll your dependent(s). Coverage for your dependents cannot exceed your own.

If a child is born to anyone under this policy while family coverage is in force, the child shall automatically become a covered dependent from the moment of birth. However, you must still contact FBMC at 1.800.342.8017 and request a Change in Status form. This includes coverage for sickness or injury, and the necessary care and treatment of medically diagnosed congenital defects, birth abnormalities and premature birth. Routine care for the child is not covered under this policy.

You and your dependents may select different levels of coverage as long as (a) your amount does not exceed \$150 and (b) your dependent's level of coverage does not exceed your own.

Who is an eligible dependent for this coverage?

Eligible dependents covered under this plan include:

- Legal Spouse/Domestic Partner
- Unmarried children who are under age 25 provided:
 - the child is dependent upon the insured for support
 - the child is living in the insured's household, or
 - the child is a full-time or part-time student.

NOTE: 'Child' includes stepchild, legally adopted child, a child pending finalization of adoption proceedings, natural child, and children of a Domestic Partner (provided the Domestic Partner is also covered). Dependent eligibility will be determined at the time of claim.

When will my benefit payments start?

You are eligible for benefits on the first day of a covered hospitalization.

How long will the benefits continue?

These benefits are payable for each day you are confined as an inpatient in a covered hospital (see exclusions) for any period from one to 365 days. Successive periods of hospital confinement, due to the same or related causes, not separated by 60 days shall be considered as one period of hospital confinement.

Must I still pay my premiums if I am hospitalized or disabled and unable to work?

If you are confined in a hospital before your 60th birthday, coverage will be continued without further payment of premiums:

- a) after you have received benefits for 60 consecutive days during which premiums are paid, and
- b) while you remain in the hospital as an inpatient for the same or related injury or sickness and benefits continue to be paid to a maximum of 365 days.

If you become disabled before your 60th birthday, coverage will be continued without further payment of premiums after you have been disabled for nine (9) straight months during which premiums were paid. Premiums will continue to be waived as long as you remain hospitalized or disabled provided you are eligible to continue receiving benefits, but no more than 365 days.

Waiver of Premium applies only to you; however, coverage for your covered dependents will also be continued without further payments while premiums are waived.

When are benefits payable?

Benefits are payable for each day of a necessary hospital confinement when the insured is confined in a hospital as an inpatient as recommended by a doctor for care that is reasonably and medically necessary.

How do I obtain claim forms?

To obtain claim forms, call the Customer Care Center at 1.800.342.8017, Monday - Friday, 7 a.m. - 10 p.m. (ET).

Are benefits taxable?

The IRS may require you to pay taxes on payments you receive from the Hospital Indemnity Coverage plan under current law. For further information, consult your personal tax advisor.

Definitions

"Doctor" means a duly licensed practitioner of the healing arts acting within the scope of his/her license. Doctor does not include: the Insured or the Insured's spouse; or the Insured or the Insured spouse's child, parent, brother, sister; or a person living with the Insured.

"Hospital" means an institution which:

- a) is licensed as a hospital pursuant to applicable law;
- b) is primarily and continuously engaged in providing medical care and treatment to sick and injured persons on an inpatient basis;
- c) is under the supervision of a staff of doctors
- d) provides 24-hour nursing service by or under the supervision of a graduate registered nurse (R.N.)
- e) has medical, diagnostic and treatment facilities, with major surgical facilities:
 - 1) on its premises, or
 - 2) available to it on a prearranged basis, and
- f) charges for its services.

Is there a survivor benefit?

Yes, if benefits are unpaid at the time of your death, one lump sum payment will be made to the first surviving class of the following classes of persons:

- wife or husband
- child(ren)
- mother or father
- sister or brother

If there is no surviving member as stated above, the benefits will be paid to the Insured's estate.

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What injuries or sicknesses are excluded from coverage?

Benefits will not be paid for a loss caused by or resulting from:

- Intentionally self-inflicted injuries
- Voluntary self-administration of any drug or chemical substance not prescribed by, or taken according to the directions of a doctor (accidental ingestion of a poisonous substance is not excluded)
- Driving while intoxicated or driving under the influence of a controlled substance unless administered on the advice of a doctor
- Commission or attempt to commit a felony
- Participation in a riot or insurrection
- Declared or undeclared war or act of war
- Active duty service in any armed forces (proof of service will result in a refund of premium; reserve or national guard active duty or training is not excluded unless it extends beyond 31 days)
- Elective or cosmetic surgery (unrelated to trauma, infection or other disease of the involved part, or congenital disease or anomaly of a covered dependent child, which resulted in a functional defect)
- Dental surgery, unless the surgery is the result of an accidental injury
- Confinements in hospitals owned or operated by the national government, unless a charge is made, whether or not there is insurance coverage
- Injury or sickness covered by Workers' Compensation or any occupational disease law.

Also excluded:

- Outpatient procedures
- Confinement in a clinic, facility or unit of a hospital that provides custodial care, educational care, nursing care, aged care, care for drug addicts or alcoholics or rehabilitation
- Confinement in a military or veterans hospital, contracted for, or operated by, a national government or its agency unless the services are rendered on an emergency basis and in the absence of insurance, a legal liability exists to pay the charges for services given.

What insurance company makes this plan available to me?

Life Insurance Company of North America (LINA), underwrites this plan. A.M. Best's Reports, which compares and rates the financial strength and performance of insurance companies, rates LINA "A, Excellent."

This plan provides HOSPITAL INDEMNITY insurance only. This information is a brief description of important features of the plan. It is not a contract. Terms and conditions of coverage are set forth on Policy Form No. 604852 (FL), issued in Florida. The group policy is subject to the laws of the state in which it is issued.

NOTE: This product description does not constitute an insurance certificate or policy. The information provided is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusion of coverage for each benefit plan are contained in the certificates of coverage.

Certificate(s) of Coverage for your insurance benefits are available to you online throughout the year. A hard copy of these certificates will not be mailed to you automatically. Your Certificate(s) of Coverage are document(s) issued by the insurance company for benefits registered with the State of Florida. These documents are available for the benefits you selected during Open Enrollment or as a new employee. To view or print a copy of a Certificate of Coverage for any benefit, log on to www.dadeschools.net under highlights click on "Employee Benefits," and then under the M-DCPS New/Current Employees column, click on "Certificates of Coverage." If you prefer to have a hard copy mailed to your home address, please contact the appropriate insurance company directly. Their phone numbers are listed on the M-DCPS website under "Important Phone Numbers."

Cigna® Hospital Indemnity Plan Coverage

Coverage at \$50.00 Per Day	10-MONTH (20 Deductions)	11-MONTH (24 Deductions)	12-MONTH (26 Deductions)
Employee	\$2.55	\$2.13	\$1.96
Employee + Family	\$3.30	\$2.75	\$2.54
Family Only	\$0.75	\$0.63	\$0.58
Coverage at \$100.00 Per Day	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee	\$5.10	\$4.25	\$3.92
Employee + Family	\$6.60	\$5.50	\$5.08
Family Only	\$1.50	\$1.25	\$1.15
Coverage at \$150.00 Per Day	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee	\$7.65	\$6.38	\$5.88
Employee + Family	\$9.90	\$8.25	\$7.62
Family Only	\$2.25	\$1.88	\$1.73