



Metropolitan Life Insurance Company
200 Park Avenue, New York, New York 10166-0188

CERTIFICATE CONFIRMATION STATEMENT
Hospital Indemnity Insurance

PLEASE READ THE ATTACHED CERTIFICATE CAREFULLY. INSURANCE BENEFITS MAY BE SUBJECT TO CERTAIN REQUIREMENTS, LIMITATIONS AND EXCLUSIONS.

This confirmation statement supersedes any previous confirmation statement issued under your certificate.

Policyholder	American Better Health Organization
Group Number	0247173-2-G

BENEFITS

Plan Number:	X
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**HOSPITAL INDEMNITY
PLAN X**



**METROPOLITAN LIFE INSURANCE COMPANY
NEW YORK, NEW YORK**

CERTIFICATE OF HOSPITAL INDEMNITY INSURANCE

Metropolitan Life Insurance Company ("MetLife"), a stock company, certifies that You and Your Dependents are insured for the benefits described in this Certificate, subject to the provisions of this Certificate. References to coverage for Your Dependents throughout this Certificate only apply if insurance is in effect for Your Dependents. Please refer to the Eligibility Provisions: Dependent Insurance section for details.

This Certificate is issued to You under the Group Policy. This Certificate includes the terms and provisions of the Group Policy that describe Your insurance. **PLEASE READ THIS CERTIFICATE CAREFULLY.** The Group Policy is a contract between MetLife and the Group Policyholder. It may be changed or ended without Your consent or notice to You.

Group Policyholder: American Better Health Organization, Inc

Group Policy Number: 0247173-2-G

MetLife Toll Free Number: 1-800-GETMET8

Important Notice: The insurance evidenced by this Certificate provides limited benefits. The benefit amounts shown on the Schedule are not based on any medical expenses that are incurred. You should have medical coverage in force when You enroll for this insurance.

This is a supplement to health insurance and is 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.

Florida Residents: The benefits of the policy providing Your coverage are governed primarily by the laws of a state other than Florida.

Maryland Residents: The Group Policy providing coverage under this Certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

WE ARE REQUIRED BY STATE LAW TO INCLUDE THE NOTICE(S) SECTION WHICH FOLLOWS THIS PAGE. PLEASE READ THE(SE) NOTICE(S) CAREFULLY.

NOTICE

MetLife complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. Coverage is made available on the same terms for all individuals, regardless of sex assigned at birth, gender identity, or recorded gender. MetLife will not deny or limit coverage based on an individual's sex assigned at birth or gender identity.

NOTICE FOR RESIDENTS OF FLORIDA

If You were a resident of Florida on Your Certificate effective date, this notice applies to You.

The following provision is added to the When Insurance Ends section of this Certificate if that section does not include an Extension of Benefits provision. If the When Insurance Ends section includes an Extension of Benefits provision, We will only pay benefits under one provision, which will be the one that pays the most.

EXTENSION OF BENEFITS

If a Covered Person is Confined on the date Your insurance ends, and You do not continue insurance under the At Your Option: Continuation with Premium Payment provision, We will pay certain benefits for such Covered Person if the Confinement continues after Your insurance ends, in accordance with, and subject to all of the following:

- No benefits will be available under this Extension of Benefits provision if Your insurance ends due to non-payment of premium.
- The Confinement Benefit will be payable if requirements for payment of that benefit are met while the Covered Person is Confined. No other benefits will be payable.
- Benefits payable under this Extension of Benefits provision will be paid in accordance with and subject to the terms and conditions of this Certificate, except as set forth in this provision.
- Benefits under this Extension of Benefits provision will end on the earlier of:
 - the date the Covered Person is no longer Confined; or
 - the end of the number of days that Confinement Benefits are payable for the Confinement.
- If the Covered Person is again Confined at any time after discharge, no further benefits will be payable.

NOTICE FOR RESIDENTS OF MAINE

If You were a resident of Maine on Your Certificate effective date, this notice applies to You.

You have the right to designate a third party to receive notice if Your insurance is in danger of lapsing due to a default on Your part, such as non-payment of a Contribution that is due. You may make this designation by completing a "Third Party Notice Request Form" and sending it to MetLife. Once You have made a designation, You may cancel or change it by filling out a new Third Party Notice Request Form and sending it to MetLife. The designation will be effective as of the date MetLife receives the form. Call MetLife at the toll-free telephone number shown on the face page of this Certificate to obtain a Third Party Notice Request Form.

Within 90 days after cancellation of coverage for nonpayment of premium, You, any person authorized to act on Your behalf, or any covered Dependent may request reinstatement of the Certificate on the basis that You suffered from cognitive impairment or functional incapacity at the time of cancellation.

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SCHEDULE OF INSURANCE

IMPORTANT NOTE: Payment of the benefits listed in this Schedule is subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate. PLEASE READ THE ENTIRE CERTIFICATE CAREFULLY.

The benefits listed only apply to Dependents if insurance is in effect for Your Dependents under this Certificate. Please refer to the Covered Person Specifications page and the Eligibility Provisions: Dependent Insurance section of this Certificate for details.

HOSPITAL BENEFITS

Admission Benefit

Benefit / Limit

\$XXX for the day of admission
We will pay the Admission Benefit no more than: one time per Confinement; and 4 times per Covered Person, per calendar year

Confinement Benefit

\$XXX per day

We will pay the Confinement Benefit for no more than: 7 days per Covered Person, per confinement

SURGERY BENEFITS

Inpatient Surgery Benefit

Benefit / Limit

\$XXX per day

We will pay the Inpatient Surgery Benefit no more than 2 times per Covered Person, per calendar year

Outpatient Surgery Benefit

\$XXX per day

We will pay the Outpatient Surgery Benefit no more than 2 times per Covered Person, per calendar year

ADDITIONAL CARE BENEFITS

Ambulance Benefit

Benefit / Limit

Air Ambulance Transport

\$XXXX per day

Ground Ambulance Transport

\$XXX per day

We will pay the Ambulance Benefit no more than 2 times per Covered Person, per calendar year

SCHEDULE OF INSURANCE (Continued)

Diagnostic Procedure Benefit

\$XX per day

We will pay the Diagnostic Procedure Benefit no more than 2 times per Covered Person, per calendar year

SCHEDULE OF INSURANCE (Continued)

Emergency Care Benefit

Emergency Room

\$XX per day

We will pay the Emergency Care Benefit no more than 2 times per Covered Person, per calendar year

Physician Visit Benefit

\$XX per day

We will pay the Physician Visit Benefit no more than:
4 times per Covered Person, per calendar year; and
8 times per calendar year for all Covered Persons combined

DEFINITIONS

As used in this Certificate, the terms listed below will have the meanings set forth below. Other terms may be defined where they are used. When defined terms are used in this Certificate, they will appear with initial capitalization. The plural use of a term defined in the singular will share the same meaning.

Accident means an act or event which:

- is unexpected and unanticipated;
- is definite as to time and place;
- is not a Sickness; and
- occurs while insurance is in effect under this Certificate.

The term Accident includes unavoidable exposure to the elements if such exposure was a direct result of an Accident.

Accidental means happening by Accident.

Certificate means this Certificate including any riders attached to it.

Complications of Pregnancy means diseases or conditions, the diagnoses of which are distinct from pregnancy and not associated with normal pregnancy or Routine Childbirth, but are adversely affected or caused by pregnancy, such as: acute nephritis; nephrosis; cardiac decompensation; non-elective or emergency Caesarean section; ectopic pregnancy which is terminated; a spontaneous termination of pregnancy when a viable birth is not possible; puerperal infection; eclampsia; hyperemesis gravidarum and pre-eclampsia requiring Confinement; toxemia; missed abortion; or disease of the vascular, hemopoietic, nervous or endocrine systems.

The term Complications of Pregnancy does not include: false labor; occasional spotting; doctor prescribed rest during the period of pregnancy; morning sickness; multiple gestation pregnancy; elective abortion; or conditions of comparable severity associated with management of a difficult pregnancy.

Confined or Confinement means the assignment to a bed as a resident inpatient in a Hospital (including an Intensive Care Unit of a Hospital) on the advice of a Physician or confinement in an observation area within a Hospital for a period of no less than 20 continuous hours on the advice of a Physician.

Contribution means the amount You must pay towards the total premium charged by Us for insurance under this Certificate.

Covered Person means You and, if insured under the Group Policy for the insurance described in this Certificate, Your Dependents.

Dependent means Your Spouse, and/or Dependent Child. No person can be insured for Hospital Indemnity Insurance under the Group Policy as both a Member and a Dependent.

DEFINITIONS (Continued)

Dependent Child means the following:

- Your biological child, while such child is younger than the Dependent Child Age Limit;
- Your adopted child, while such child is younger than the Dependent Child Age Limit; or
- Your stepchild, including a child of Your Domestic Partner, while such child is younger than the Dependent Child Age Limit.

The term Dependent Child does not mean an unborn or stillborn child.

A person cannot be insured for Hospital Indemnity Insurance as a Dependent Child of more than one Member under the Group Policy.

Dependent Child Age Limit means:

- the end of the calendar month in which the Dependent Child reaches age 26.

Dependent Insurance means insurance under this Certificate for Your Dependents.

Domestic Partner means each of two people, one of whom is You, who:

1. have registered as each other's domestic partner or civil union partner with a government agency where such registration is available; or
2. are of the same or opposite sex and have a mutually dependent relationship so that each has an insurable interest in the life of the other. Each person must be:
 - 18 years of age or older;
 - unmarried;
 - the sole domestic partner of the other;
 - sharing a Primary Residence with the other; and
 - not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.

A Domestic Partner declaration attesting to the existence of an insurable interest in one another's lives must be completed and Signed by You.

DEFINITIONS (Continued)

Emergency Room means an area within a Hospital that is dedicated to the provision of emergency care. This area must:

- be staffed and equipped to handle trauma;
- be supervised and provide treatment by Physicians; and
- provide care seven days per week, 24 hours per day.

The term Emergency Room includes short stay observation units or clinical decision units within a Hospital that assess, within a period of less than 20 continuous hours, whether to discharge or admit patients.

General Anesthesia means an induced state of unconsciousness accompanied by a loss of protective reflexes, including the ability to maintain an airway independently and respond purposefully to physical stimulation or verbal command.

Group Policy means the policy of insurance issued by Us to the Group Policyholder under which this Certificate is issued.

Group Policyholder means American Better Health Organization, Inc.

Hospital means a short-term, acute care, general facility which:

- is primarily engaged in providing, by or under the continuous supervision of Physicians, to inpatients, diagnostic and therapeutic services for diagnosis, treatment and care of injured or sick persons;
- provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.);
- is duly licensed by the agency responsible for licensing such Hospitals; and
- is not, other than incidentally, a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts or alcoholics, or a place for convalescent, custodial, educational or rehabilitative care.

The term Hospital does not include a separate unit of a Hospital that is licensed as a hospice facility, nursing home, skilled nursing facility, assisted living facility, rehabilitation facility or an outpatient Surgery facility.

Injury means any bodily harm that results directly from an Accident.

DEFINITIONS (Continued)

Intensive Care Unit or ICU means a place which:

- is a specifically dedicated area of a Hospital that is restricted to patients who are critically ill or injured and who require intensive, comprehensive monitoring and care;
- is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
- is permanently equipped with special lifesaving equipment for the care of the critically ill or injured;
- is under close observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and
- has a Physician assigned to the intensive care unit on a full-time basis.

The term Intensive Care Unit includes Hospital units with the following names: intensive care unit; coronary care unit; neonatal intensive care unit; pulmonary care unit; burn unit; or transplant unit.

Medical Restriction means a person is:

- restricted to the person's home under a Physician's care;
- receiving or applying to receive disability benefits from any source;
- an inpatient in a Hospital;
- receiving care in a hospice facility, an intermediate care facility or a long-term care facility; or
- receiving chemotherapy, radiation therapy or dialysis.

Member means a member in good standing of the American Better Health Organization, Inc.

Outpatient Surgery means Surgery performed on an outpatient basis in an Outpatient Surgery Facility with any of the following types of anesthesia: General Anesthesia, spinal or epidural.

Outpatient Surgery Facility means a facility mainly engaged in performing outpatient Surgery. It must:

- be accredited as an ambulatory surgery center by either the Joint Commission or the Accreditation Association for Ambulatory Care;
- be approved as an ambulatory surgery center by Medicare; or
- meet all of the following criteria:
 - maintain all appropriate licensing for a facility that provides ambulatory Surgery;
 - be staffed by Physicians, and nurses under the supervision of a Physician;
 - have permanent operating and recovery rooms;
 - be staffed and equipped to provide emergency care; and
 - have written back-up arrangements with a local Hospital for emergency care.

DEFINITIONS (Continued)

Physician means:

- a person licensed to practice medicine and prescribe and administer drugs or to perform Surgery in the jurisdiction where such services are performed; or
- a medical practitioner who is licensed to provide a service for which a benefit is payable under this Certificate, according to the laws and regulations of the jurisdiction where such service is performed, and who is acting within the scope of such license.

The term Physician does not include:

- You;
- Your Spouse or anyone to whom You are related by blood or marriage;
- anyone with whom You are residing;
- Your adopted or stepchild;
- anyone with whom You share a business interest; or
- Your Member.

Primary Residence means the dwelling where a person lives for the majority of the time, whether the person owns or rents the dwelling.

Proof means Written evidence satisfactory to Us that a claimant has satisfied the conditions and requirements for any benefit described in this Certificate. When a claim is made for any benefit described in this Certificate, Proof must establish:

- the nature and extent of the loss or condition;
- Our obligation to pay the claim; and
- the claimant's right to receive payment.

Except as provided in the Examinations and Autopsy provisions of this Certificate, Proof must be provided at the claimant's expense.

Routine Childbirth means the vaginal delivery of a child or children or the delivery of a child or children by elective Cesarean section.

Routine Pregnancy means a normal pregnancy that does not have Complications of Pregnancy.

DEFINITIONS (Continued)

Schedule means the Schedule of Benefits that appears in this Certificate.

Sickness means:

- a physical illness, physical infirmity or physical disease;
- Complications of Pregnancy; or
- Routine Childbirth.

The term Sickness does not include Routine Pregnancy.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record. The signature may be transmitted by paper or electronic media, provided it is consistent with applicable law.

Spouse means Your lawful spouse or Your Domestic Partner.

Surgery means a procedure performed by a Physician involving an incision of the Covered Person's skin or tissue that, in and of itself, is intended to be curative, palliative or exploratory.

United States means the United States of America, its territories and its possessions.

We, Us and **Our** mean Metropolitan Life Insurance Company.

Write, Written or **Writing** means a record that may be transmitted by paper or electronic media, and that is consistent with applicable law.

You and **Your** means a Member who is insured under the Group Policy for the insurance described in this Certificate.

ELIGIBILITY PROVISIONS: INSURANCE FOR YOU

ELIGIBLE CLASS

All Members of the Association who are under age 85 at the time of enrollment who elect Class 1.

DATE YOU ARE ELIGIBLE FOR INSURANCE

You may only become eligible for the Hospital Indemnity Insurance available for Your eligible class.

If You are in an eligible class on the date insurance becomes available for the class, You will be eligible for insurance on the date You complete any applicable eligibility waiting period set by the Group Policyholder.

If you enter an eligible class after the date insurance becomes available to members of that class, You will be eligible for insurance on the date You complete any applicable eligibility waiting period set by the Group Policyholder.

ENROLLMENT PROCESS

If You are eligible for insurance, You may enroll for such insurance by completing the required form.

DATE YOUR INSURANCE TAKES EFFECT

Insurance under this Certificate will take effect for You on the Certificate effective date.

BENEFIT CHANGES

Once Your insurance takes effect, You may only change Your benefits in accordance with the options available through the Group Policyholder. Please contact Us or the Group Policyholder for more information.

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ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE

ELIGIBLE CLASS FOR DEPENDENT INSURANCE

All Members of the Association who are under age 85 at the time of enrollment who elect Class 1 as specified in the Eligibility Provisions: Insurance For You section of this Certificate are eligible for Dependent Insurance.

DATE YOU ARE ELIGIBLE FOR DEPENDENT INSURANCE

If You are in a class of Members who are eligible for Dependent Insurance on the date Your insurance takes effect, You will be eligible for Dependent Insurance on the later of the following:

- the date Your insurance takes effect; and
- the date an individual becomes Your first Dependent.

If You enter a class of Members who are eligible for Dependent Insurance after the date Your insurance takes effect, You will be eligible for Dependent Insurance on the later of the following:

- the date You enter a class eligible for Dependent Insurance; and
- the date an individual becomes Your first Dependent.

ENROLLMENT PROCESS

If You become eligible for Dependent Insurance, You may enroll for such insurance by providing Us with any information We require for each Dependent to be insured.

DATE DEPENDENT INSURANCE TAKES EFFECT

Newborn Children

A Dependent Child born to You while insurance is in effect under the Certificate will be covered from the moment of birth. The effective date of insurance for a newborn child will be determined without regard to whether the child is under a Medical Restriction.

Adopted Children

A Dependent Child adopted by You or Placed for Adoption with You while insurance is in effect under the Certificate will be covered:

- from the moment of birth if Placement for Adoption or adoption occurs within 31 days after the child's birth; or
- from the date of adoption or Placement for Adoption if the child is adopted by You or Placed for Adoption with You more than 31 days after the child's birth.

ELIGIBILITY PROVISIONS: DEPENDENT INSURANCE (Continued)

The effective date of insurance for a newly adopted child will be determined without regard to whether the child is under a Medical Restriction.

Placed for Adoption or **Placement for Adoption** means the assumption and retention by You of a legal obligation for total or partial support of a child in anticipation of Your adoption of the child.

Other Dependents

Dependent Insurance for a Dependent who is not under a Medical Restriction will take effect on the later of:

- the date Your insurance takes effect; or
- the date a person becomes Your Dependent.

If a Dependent is under a Medical Restriction on the date insurance for such Dependent would otherwise take effect, insurance for the Dependent will take effect on the date the Dependent is no longer under a Medical Restriction.

BENEFIT CHANGES

Benefit changes with respect to a Dependent are subject to the Benefit Changes provision in the Eligibility Provisions: Insurance for You section of this Certificate.

SPECIAL RULES FOR COVERED PERSONS PREVIOUSLY INSURED UNDER ANOTHER INSURANCE POLICY ISSUED TO THE GROUP POLICYHOLDER

The Group Policy is replacing another policy of group insurance that provided similar benefits, that was issued to the Group Policyholder. This section explains how the replacement of that other group insurance policy will affect people who were covered under that policy.

In this section, the terms listed below will have the meanings listed below.

New Policy means the Group Policy under which this Certificate is issued.

Old Policy means the policy of group insurance that was replaced by the New Policy.

Replacement Date means the effective date of the New Policy.

Transferring Dependents means each of Your Dependents who:

- was insured under the Old Policy on the date it ended; and
- meets the requirements to be eligible for insurance under the New Policy, or is a Disabled Child.

If You were insured under the Old Policy on the date it ended and, You meet the requirements to be eligible for insurance under the New Policy, You, and each of Your Transferring Dependents will be insured under the New Policy on the Replacement Date subject to and in accordance with the provisions of this section.

You and each of Your Transferring Dependents will be automatically enrolled and insured under the New Policy on the Replacement Date.

Crediting of Time

For purposes of applying the Preexisting Condition Limitation in the Limitations section of this Certificate, We will credit the time a person was continuously insured under the Old Policy as of the date it ended to determine how long insurance under this Certificate has been in effect for that person.

Benefits for Confinement in Progress on the Replacement Date

If You were or a Transferring Dependent was Confined on the last day that the Old Policy was in effect for treatment of an Injury or a Sickness and such person remains Confined on the Replacement Date, We will pay the Confinement Benefit shown on the Schedule for each day of continuous Confinement after the Replacement Date for up to 31 days - the Confinement Benefit will be determined as if the first day coverage is effective under the New Policy is the 2nd day of Confinement.

SPECIAL RULES FOR COVERED PERSONS PREVIOUSLY INSURED UNDER ANOTHER INSURANCE POLICY ISSUED TO THE GROUP POLICYHOLDER (Continued)

The following limitations and requirements apply to this provision:

- The requirements for payment of benefits specified in this Certificate must be met, except as described in this provision.
- The requirement that an Accident must occur while insurance is in effect under this Certificate does not apply to payment of benefits under this provision.
- The Admission Benefit is not payable under this provision.
- If the person who was Confined and receiving payment of benefits under this provision is discharged and within 180 days is again Confined for the same or related Injury or Sickness, We will treat the subsequent Confinement as a continuation of the previous Confinement for purposes of determining the benefits payable under this Certificate.
- We may reduce any amounts payable under this provision, by any amounts payable under the Old Policy for the same services. In no case will the benefits payable under both the Old Policy and the New Policy exceed the benefits payable under the New Policy.
- The only benefits available under this Certificate for a Confinement that was in progress when the Old Policy ended and the New Policy began are those that are described in this provision.
- We will not pay any benefits which require payment of a Confinement Benefit if the Confinement Benefit that would be the basis of the payment is paid under this provision.

Disabled Child means a child who:

- has attained the Dependent Age Limit but otherwise meets the definition of Dependent Child;
- is incapable of self-sustaining employment by reason of developmental disability, mental impairment or disorder, or physical disability; and
- is chiefly dependent on You for support and maintenance.

HOSPITAL BENEFITS

Payment of the Hospital Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

HOSPITAL ADMISSION BENEFITS

Admission Benefit

If a Covered Person is admitted for Confinement to a Hospital for treatment of an Injury or Sickness, We will pay the Admission Benefit shown on the Schedule for the day of admission, subject to all of the following:

- The admission must occur on or after the date that coverage took effect under this Certificate for such Covered Person.
- The Admission Benefit is not payable for Emergency Room treatment or outpatient treatment.
- We will only pay the Admission Benefit for a Covered Person for one Hospital admission at a time, even if the admission is caused by more than one Injury or Sickness or a combination of Injury and Sickness.
- For Hospital admission for treatment of an Injury, the admission must occur within 180 days after the Accident occurs.
- If a Covered Person is discharged from a Confinement for which We paid an Admission Benefit and, within 30 days is again Confined for the same or related Injury or Sickness, We will treat the subsequent Confinement as a continuation of the previous Confinement (and an additional Admission Benefit will not be payable).
- We will only pay an Admission Benefit for a newborn baby who is born in a Hospital if, due to a Sickness or Injury, the newborn baby is admitted to the Intensive Care Unit.
- If a Covered Person is admitted to a Hospital and is then transferred to another Hospital, We will not pay an additional Admission Benefit.
- We will pay the Admission Benefit no more than the number of times shown on the Schedule.

HOSPITAL BENEFITS (Continued)

HOSPITAL CONFINEMENT BENEFITS

Confinement Benefit

If a Covered Person is Confined in a Hospital for treatment of an Injury or Sickness, We will pay the Confinement Benefit shown on the Schedule for each day of Confinement, subject to all of the following:

- The Confinement must begin while coverage is in effect under this Certificate for such Covered Person. For Confinement for treatment of an Injury, the Confinement must begin within 180 days after the Accident occurs.
- If a Covered Person is Confined in a Hospital and is then transferred to another Hospital, We will treat the transfer as a continuation of the prior Confinement.
- We will only pay one Confinement Benefit per Covered Person, per day.
- We will pay the Confinement Benefit for no more than the number of days shown on the Schedule.

SURGERY BENEFITS

Payment of the Surgery Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

INPATIENT SURGERY BENEFIT

If on a day for which an Admission Benefit or a Confinement Benefit is payable for a Covered Person, such Covered Person undergoes Surgery to treat the Injury or Sickness for which the Covered Person was Confined, We will pay the Inpatient Surgery Benefit shown on the Schedule, for the day on which the Surgery is performed, subject to all of the following:

- General Anesthesia must be provided to the Covered Person during the Surgery;
- For inpatient Surgery to treat an Injury, the Surgery must be performed within 365 days after the Accident occurs.
- If the Inpatient Surgery Benefit, and one or both of the Outpatient Surgery Benefit and the Diagnostic Procedure Benefit are also payable for a Covered Person for the same day, We will only pay one of these benefits, which will be the one that pays the highest amount.
- We will only pay one Inpatient Surgery Benefit per Covered Person, per day.
- Once We pay an Inpatient Surgery Benefit for treatment of an Injury or Sickness, if a Covered Person has a subsequent Inpatient Surgery for the same or related Injury or Sickness, We will only pay the Inpatient Surgery Benefit for such subsequent Surgery if it is performed more than 180 days after the previous inpatient Surgery for which We paid the Inpatient Surgery Benefit.
- We will pay the Inpatient Surgery Benefit no more than the number of times shown on the Schedule.

OUTPATIENT SURGERY BENEFIT

If a Covered Person undergoes Outpatient Surgery to treat an Injury or Sickness, We will pay the Outpatient Surgery Benefit shown on the Schedule for the day on which the Surgery is performed, subject to all of the following:

- For Outpatient Surgery to treat an Injury, the Surgery must be performed by a Physician within 180 days after the Accident occurs.
- If the Outpatient Surgery Benefit, and one or both of the Inpatient Surgery Benefit and the Diagnostic Procedure Benefit are also payable for a Covered Person for the same day, We will only pay one of these benefits, which will be the one that pays the highest amount.
- We will only pay one Outpatient Surgery Benefit per Covered Person, per day.
- Once We pay an Outpatient Surgery Benefit for treatment of an Injury or Sickness, if a Covered Person has a subsequent Outpatient Surgery for the same or related Injury or Sickness, We will only pay the Outpatient Surgery Benefit for such subsequent Surgery if it is performed more than 180 days after the previous Outpatient Surgery for which We paid the Outpatient Surgery Benefit.
- We will pay the Outpatient Surgery Benefit no more than the number of times shown on the Schedule.

ADDITIONAL CARE BENEFITS

Payment of the Additional Care Benefits described in this section are subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

AMBULANCE BENEFIT

Air Ambulance

We will pay the Ambulance Benefit that applies to air ambulance transport shown on the Schedule for the day on which a licensed professional air ambulance service is required to transport a Covered Person by air to or from a Hospital or between medical facilities, where treatment for an Injury or a Sickness is received, subject to both of the following:

- For treatment of an Injury, the air ambulance transportation must be within 90 days after the Accident occurs.
- Payment of the Ambulance Benefit for air ambulance transport is subject to the Ambulance Benefits Limits provision below.

Ground Ambulance

We will pay the Ambulance Benefit that applies to ground ambulance transport shown on the Schedule for the day on which a licensed professional ambulance service is required to transport a Covered Person by ground to or from a Hospital or between medical facilities, where treatment for an Injury or a Sickness is received, subject to the following:

- For treatment of an Injury, the ground ambulance transportation must be within 90 days after the Accident occurs.
- Payment of the benefit for ground ambulance is subject to the Ambulance Benefits Limits provision below.

Ambulance Benefit Limits

We will only pay one Ambulance Benefit per Covered Person, per day. If a Covered Person is transported by both air ambulance and ground ambulance on the same day, We will pay the Ambulance Benefit that applies to air ambulance transportation.

We will pay the Ambulance Benefit no more than the number of times shown on the Schedule.

DIAGNOSTIC PROCEDURE BENEFIT

If a Covered Person undergoes a Diagnostic Procedure to evaluate an Injury or Sickness, We will pay the Diagnostic Procedure Benefit shown on the Schedule for the day on which the Diagnostic Procedure is performed. Payment of the Diagnostic Procedure Benefit is subject to all of the following:

- The Covered Person must not be Confined on the day that the Diagnostic Procedure is performed.
- The procedure must be ordered by a Physician.
- We will not pay the Diagnostic Procedure Benefit for a procedure performed during the course of a routine physical exam.
- We will only pay one Diagnostic Procedure Benefit per Covered Person, per day.
- If the Diagnostic Procedure Benefit and the Outpatient Surgery Benefit is also payable for a Covered Person for the same day, We will only pay one of these benefits, which will be the one that pays the highest amount, as shown on the Schedule.
- We will pay the Diagnostic Procedure Benefit no more than the number of times shown on the Schedule.

ADDITIONAL CARE BENEFITS (Continued)

Diagnostic Procedure means any of the following:

- angiogram;
- arteriogram;
- barium enema/lower GI series;
- barium swallow/upper GI series;
- biopsies;
- bone marrow testing;
- bronchoscopy;
- computed tomography scan (CT) or computed axial tomography (CAT);
- colonoscopy;
- cystoscopy;
- electrocardiogram (EKG);
- electroencephalogram (EEG);
- electromyogram (EMG);
- esophagogastroduodenoscopy (EGD);
- excision of lesion;
- hysteroscopy;
- laryngoscopy;
- loop electrosurgical excisional procedure (EEP);
- magnetic resonance imaging (MRI) or magnetic resonance (MR);
- nerve conduction velocity test (NCV);
- nuclear medicine test;
- positron emission tomography (PET Scan);
- pulmonary function test (PFT);
- single-photon emission computed tomography (SPECT Scan);
- thallium stress test;
- transesophageal echocardiogram (TEE);
- laboratory tests (e.g., blood, urine, fecal);
- x-rays.

EMERGENCY CARE BENEFIT

If a Covered Person receives emergency care for initial treatment of an Injury or Sickness from a Physician in an Emergency Room, We will pay the applicable Emergency Care Benefit amount shown on the Schedule for the day on which such care is received.

Payment of the Emergency Care Benefit is subject to the following:

- We will not pay the Emergency Care Benefit for a Covered Person for any day in which an Admission Benefit or Confinement Benefit is payable for such Covered Person.
- For treatment of an Injury, the emergency care must be received within 48 hours after the Accident occurs.
- We will only pay one Emergency Care Benefit per Covered Person, per day.
- We will pay the Emergency Care Benefit no more than the number of times shown on the Schedule.

ADDITIONAL CARE BENEFITS (Continued)

PHYSICIAN VISIT BENEFIT

If a Covered Person visits a Physician for outpatient treatment for an Injury or a Sickness in a Physician's office, We will pay the Physician Visit Benefit shown on the Schedule for the day of the visit, subject to all of the following:

- For treatment of an Injury, treatment must:
 - be provided within 180 days after the Accident occurs; and
 - be specific to the Injury.
- Treatment must not be for routine examinations, or preventive testing, or any treatment for which a benefit is payable under the Diagnostic Procedure Benefit or the Outpatient Surgery Benefit.
- If the Admission Benefit, Confinement Benefit or the Emergency Care Benefit is payable for the same day as the Physician Visit Benefit, We will not pay the Physician Visit Benefit.
- We will only pay one Physician Visit Benefit per Covered Person, per day.
- We will pay the Physician Visit Benefit no more than the number of times shown on the Schedule.

LIMITATIONS

PREEXISTING CONDITION LIMITATION

We will not pay any benefits under this Certificate for treatment of a Covered Person for a Preexisting Condition during the first 6 months that such Covered Person is insured under this Certificate.

We will not pay any increase in a benefit amount under this Certificate for treatment of a Covered Person for a Preexisting Condition during the first 6 months that such Covered Person is insured for the increase under this Certificate.

Preexisting Condition means a Sickness for which, in the 3 months before a Covered Person becomes insured under this Certificate, or in the 3 months before the effective date of an increase in benefit amounts, medical advice, treatment or care was sought by the Covered Person, or, was recommended by, prescribed by or received from a Physician.

This Preexisting Condition Limitation provision does not apply to Routine Childbirth or Complications of Pregnancy. Routine Childbirth and Complications of Pregnancy are instead subject to the Elimination Period for Routine Childbirth and Complications of Pregnancy provision below.

EXCLUSIONS

We will not pay benefits for any loss due to an Accident or Sickness for a Covered Person caused or contributed to by:

- the Covered Person's voluntary use, by any means, of:
 - any intoxicant or narcotic, unless it is:
 - taken or used as prescribed by a Physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
 - alcohol in combination with any narcotic;
- the Covered Person's suicide or attempted suicide;
- the Covered Person's intentionally self-inflicted injury;
- war, whether declared or undeclared; or act of war;
- the Covered Person's active participation in an insurrection, rebellion, riot, or terrorist act;
- the Covered Person's engagement in any activity that constitutes a felony under the laws of the jurisdiction in which the activity occurred;
- dental procedures or Surgery except as the result of an Accident causing Injury to a sound natural tooth;
- cosmetic Surgery, except when such Surgery is performed to:
 - treat an Injury or Sickness;
 - correct a disorder of normal bodily function or structure that was caused by an Injury or Sickness for which coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Injury or Sickness for which coverage is not otherwise excluded under this Certificate;
- the Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:
 - any drug, medication or sedative that is taken or used as prescribed by a Physician; or
 - an "over the counter" drug, medication or sedative taken as directed; or
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority.

In addition, We will not pay benefits for:

- a Covered Person while incarcerated in any type of penal or detention facility; or
- any of the following outside of the United States, Canada or Mexico:
 - any medical or healthcare treatment, services or transportation; or
 - any inpatient admission or stay in any medical or health care facility.

The following additional exclusions apply to payment of benefits for any loss due to an Accident:

We will not pay benefits for any loss due to an Accident for a Covered Person caused or contributed to by:

- the Covered Person's operation, while intoxicated, of a motor vehicle involved in the incident. For purposes of this exclusion:
 - intoxicated means that the Covered Person's blood alcohol level met or exceeded .08%; and
 - motor vehicle means any vehicle that is powered by a motor, including, but not limited to: an automobile; a boat; a motorcycle; a truck; an all-terrain vehicle; or a snow mobile;
- the Covered Person's travel or flight in any aircraft except as a fare-paying passenger on a regularly scheduled charter or commercial flight;
- the Covered Person parachuting or otherwise exiting from a motorized or non-motorized aircraft while such aircraft is in flight, except for self-preservation;
- the Covered Person riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- the Covered Person participating in any semi-professional or professional competitive athletic activity for which any type of compensation or remuneration is received; or
- the Covered Person bungee jumping, base jumping, hang gliding, para-kiting, sail-gliding, scuba diving deeper than 130 feet; spelunking; or mountaineering including rock climbing using ropes and any other climbing equipment. For the purposes of this exclusion the term mountaineering does not include backpacking, mountain biking, hiking or trail running.

EXCLUSIONS (Continued)

The following additional exclusions applies to payment of benefits for any loss due to a Sickness:

We will not pay benefits under this Certificate for:

- a Dependent Child's Routine Childbirth and any well baby or nursing care provided to the Dependent Child's newborn child; or
- the Covered Person's alcoholism, drug addiction, chemical dependency or complications thereof.

WHEN INSURANCE ENDS

Please Note: If insurance ends under this section, in certain cases it may be continued as stated in the Continuation of Insurance section of this Certificate. Please see that section for details.

DATE YOUR INSURANCE ENDS

Your insurance under this Certificate will end on the earliest of:

- the date the Group Policy ends;
- the date You attain age 90;
- the date You die;
- the date insurance ends for Your class;
- the end of the period for which the last full premium has been paid for Your insurance;
- the end of the calendar month in which You notify Us that You wish to cancel Your insurance;
- the end of the calendar month in which You cease to be in an eligible class, subject to the Change in Class provision of the Eligibility Provisions: Insurance for You section; or
- the end of the calendar month in which Your employment ends.

DATE DEPENDENT INSURANCE ENDS

A Dependent's insurance under this Certificate will end on the earliest of:

- the date Your insurance under this Certificate ends;
- the date You attain age 90;
- the date Dependent Insurance ends under the Group Policy for all Members or for Your class;
- the end of the calendar month in which the person ceases to be a Dependent;
- the end of the calendar month in which You cease to be in a class that is eligible for Dependent Insurance;
- the end of the calendar month in which the Dependent is no longer eligible as described in the Eligible Classes for Dependent Insurance provision; or
- the end of the period for which the last full premium has been paid for insurance for the Dependent.

WHEN INSURANCE ENDS (Continued)

CHANGE IN CLASS

If there is more than one class eligible for insurance under the Group Policy, and each class has its own certificate, instead of receiving a new certificate when You move between classes, You will remain insured under this Certificate if:

- You move to a class that is eligible for Hospital Indemnity Insurance under the Group Policy; and
- the benefits available to Your new class are identical to the benefits available under this Certificate.

In all other cases when You move between classes, Your insurance under this Certificate will end on the date You are no longer a member of the class eligible for insurance under this Certificate.

CONTINUATION OF INSURANCE

AT YOUR OPTION: CONTINUATION WITH PREMIUM PAYMENT

If Your insurance ends under the Date Your Insurance Ends provision of this Certificate, in certain situations, it may be continued for You and Your Dependents, as described in this provision. This is referred to in this provision as "Continued Insurance". Evidence of insurability will not be required to obtain Continued Insurance. For purposes of this provision, insurance in effect under the Group Policy for which the Group Policyholder remits premium is referred to in this provision as "Group Billed Insurance".

Except as described below, Continued Insurance is subject to all of the conditions, maximums, limitations, exclusions and Proof requirements contained in the provisions of this Certificate.

Requirements for Continued Insurance

Continued Insurance will be available to You if:

- Your Group Billed Insurance ends for any reason other than:
 - non-payment of premium or Contribution; or
 - the end of the Group Policy, provided that Continued Insurance will be available to You if You do not become eligible, within 30 days after the end of the Group Policy, for hospital indemnity insurance under another policy of group insurance available through the Group Policyholder;
- We receive Your completed Written request for Continued Insurance on a form approved by Us within 31 calendar days after Your Group Billed Insurance ends; and
- You pay premiums required for Continued Insurance by the due date specified in the premium notice sent to You.

Changes in Continued Insurance

You may elect to decrease Your insurance after the date that Continued Insurance goes into effect for You if a lower benefit option is available. In addition, You may end insurance for any or all of Your Dependents. Please contact Us for information. You may not increase insurance once Continued Insurance goes into effect.

Contributions for Continued Insurance

The Contribution that You must pay for Continued Insurance is the amount of Your Contribution for Your Group Billed Insurance before it ended, plus any amount of premium that the Group Policyholder paid. The Contribution that You must pay for Continued Insurance will be determined on the same basis as premium rates charged for Group Billed Insurance. We have the right to change premium rates in accordance with the terms set forth in the Group Policy. All payments for Continued Insurance must be made directly to Us by the due date specified in the premium notice We send to You.

CONTINUATION OF INSURANCE (Continued)

End of Continued Insurance

Continued Insurance will end on the earliest of the following dates:

- the date You die;
- if You do not pay a Contribution that is required for Continued Insurance, the end of the period for which the last full premium has been paid for Your insurance;
- with respect to Continued Insurance for a Dependent:
 - the date Continued Insurance for You ends for any reason;
 - the end of the calendar month in which the Dependent no longer meets the definition of a Dependent; or
 - the end of the calendar month in which the Dependent is no longer eligible as described in the Eligibility Provisions: Dependent Insurance section of this Certificate.

FOR MENTALLY OR PHYSICALLY HANDICAPPED CHILDREN

Insurance for a Dependent Child may be continued past the age limit if that child is incapable of self-sustaining employment because of a mental or physical handicap as defined by applicable law. Proof of such handicap must be sent to Us within 31 days after the date the Dependent Child attains the age limit and at reasonable intervals after such date, but no more often than annually after the two year period following such Dependent Child's attainment of the limiting age.

Except as stated in the Date Dependent Insurance Ends provision of the When Insurance Ends section of this Certificate, insurance will continue while such Dependent Child:

- remains incapable of self-sustaining employment because of a mental or physical handicap; and
- continues to qualify as a Dependent Child, except for the age limit.

FOR A DEPENDENT CHILD CALLED TO ACTIVE DUTY

Dependent Insurance for a Dependent Child may be continued past the Dependent Child Age Limit at which insurance for that Dependent Child would otherwise end if the Dependent Child is a full-time student and insurance ends due to the Dependent Child being ordered to active duty (other than active duty for training) for 30 or more consecutive days as a member of the Pennsylvania National Guard or a Reserve Component of the Armed Forces of the United States.

Insurance will continue if such Dependent Child:

- reenrolls as a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located;
- reenrolls for the first term or semester, beginning 60 or more days from the child's release from active duty;
- continues to qualify as a Dependent Child, except for the Dependent Child Age Limit; and
- submits the required Proof of the child's active duty in the National Guard or a Reserve Component of the United States Armed Forces.

Subject to the Date Dependent Insurance Ends provision of the When Insurance Ends section of this Certificate, this continuation will last until the earlier of the following dates:

- the date the insurance has been continued for a period of time equal to the duration of the child's service on active duty; or
- the date the child is no longer a full-time student at an accredited school, college or university that is licensed in the jurisdiction where it is located.

CLAIMS

NOTICE OF CLAIM

You must give Us notice of a claim under this Certificate by Writing to Us or calling Us at the toll free number shown on the face page of this Certificate within 30 days of the date of the loss.

CLAIM FORM

When We receive notice of a claim under this Certificate, We will provide You or the claimant with a claim form. If We do not provide the claim form within 15 days from the date We received notice of claim, Our claim form requirements will be satisfied if We are provided with the required Proof in support of the claim.

PROOF OF LOSS

Proof must be provided to Us not later than 90 days after the date of the loss. If notice of claim or Proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and Proof are given as soon as is reasonably possible, and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

PAYMENT OF BENEFITS

When We receive the claim form and Proof, We will review the claim and, if We approve it, We will pay benefits subject to the terms and provisions of this Certificate and the Group Policy.

Unless You have assigned this insurance, all benefits to be paid under this Certificate will be paid to You, except as follows:

- If You are not alive to receive benefits that are payable to You, We will pay any benefits in accordance with the provision below titled Your Beneficiary.
- If You are living when benefits are to be paid to You, but You are not legally competent to claim or receive the benefits, We may pay up to \$10,000 to anyone related to You by blood or marriage who We believe is entitled to payment of the benefits. If We make such a payment in good faith, We will not be liable to anyone for the amount We pay. Any remaining benefits will be paid to Your legal representative.

If benefits have been assigned, We will pay benefits in accordance with the Assignment provision of the General Provisions section.

YOUR BENEFICIARY

A beneficiary may be named by You to receive any benefit that becomes payable to You under this Certificate that You are not alive to receive.

You may request to change Your beneficiary at any time. A beneficiary change request must be made to Us in Writing. Once the request is recorded, the change will take effect as of the date You sign the request, whether or not You are living when We receive the request. The change will be subject to any legal restrictions. It will also be subject to any payment We made or action We took before We recorded the change. If You designated two or more beneficiaries and their shares are not specified, they will share the benefit payable equally.

If there is no beneficiary designated or no surviving beneficiary at Your death, We will determine the beneficiary according to the following order:

1. Your Spouse, if alive;
2. Your child(ren), if there is no surviving Spouse;
3. Your parent(s), if there is no surviving child;
4. Your sibling(s), if there is no surviving parent; or
5. Your estate, if there is no surviving sibling.

CLAIMS (Continued)

Instead of making payment in the order above, We may pay Your estate. Any payment made in good faith will discharge our liability to the extent of such payment. If a beneficiary or a Payee is a minor or incompetent to receive payment, We will pay that person's guardian.

AUTHORIZATIONS

We may require that You provide authorization for Us to obtain medical information and any other information pertinent to Your claim.

PHYSICAL EXAMINATIONS AND AUTOPSY

At Our own expense, We shall have the right and opportunity to examine You and conduct telephone or in person interviews with You when and as often as We may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

TIME LIMIT ON LEGAL ACTIONS

No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after Written Proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time Written Proof of loss is required to be furnished.

REFUND TO US FOR OVERPAYMENT OF BENEFITS

If, at any time, We determine that the benefits paid under this Certificate were more than the benefits due:

- You, or any other person, entity or health care provider to whom We over paid benefits have the obligation to reimburse Us for the amount of such overpayment; and
- We have the right to recover the amount of such overpayment from You, or any other person, entity or health care provider to whom We over paid benefits, including offsetting future benefits payable to You or such other person, entity or health care provider by an amount equivalent to the overpayment.

GENERAL PROVISIONS

ENTIRE CONTRACT

Your insurance is provided under a contract of group insurance with the Group Policyholder. The entire contract with the Group Policyholder is made up of the following:

- the Group Policy and its Exhibits, which include the Certificate(s);
- the Group Policyholder's application; and
- any amendments and/or endorsements to the Group Policy.

MISSTATEMENTS

If Your or Your Dependent's age is misstated, the correct age will be used to determine if insurance is in effect and, as appropriate, We will adjust the benefits and/or Contributions.

ASSIGNMENT

The benefits under the Group Policy are not assignable prior to a claim, except as required by law.

CONFORMITY WITH LAW

If any terms or provisions of this Certificate on its effective date are in conflict with the applicable statutes of the state of Pennsylvania, the conflicting terms or provisions are hereby amended to conform to the minimum requirements of such statutes.

STANDARD OF TIME

All insurance becomes effective and terminates at 12:01 A.M. Eastern Standard Time, or at 12:01 A.M. Eastern Daylight Time if Daylight Savings Time is then being observed.

ACCESS TO DISCOUNTS FOR SERVICES

You will receive access to discounts for certain services, where available.