
PIC Hospital Indemnity - Plan I

Effective Date: September 1, 2009

Hospital Indemnity...The Key to In-patient Protection

Few of us look forward to a hospital stay, but inevitably hospitalization happens in most families. Being admitted to the hospital for a scheduled surgery, a heart problem, a lingering illness, or an accident is trauma enough. No one wants to lie in a hospital bed or sit in the waiting room worrying about how the bill is going to get paid.

The PIC Hospital Indemnity Plan is protection from hospital bills that could cripple you financially.

How much will the gap in your health insurance cost you?

In the last decade, hospital costs as well as medical expenses have gone through the roof. Health insurance benefits rarely cover 100% of every hospital charge. Your out-of-pocket costs can include your plan's deductible, co-payment and policy maximums. Most people don't keep enough cash on hand to cover these expenses without feeling some financial strain.

The PIC Hospital Indemnity Plan pays over and above any other insurance benefits that you may have when you are hospitalized. It "fills the gaps" in your current insurance with a straightforward daily benefit payment to help cover expenses resulting from your stay.

When you need it – you'll be glad it's there.

U.S. Hospital Costs versus Money out of Your pocket¹:

- Average cost of hospital stay - \$1, 006 per day
- Average length of hospital stay - 6.2 days
- Average cost per hospitalization - \$6,225

Can you afford to pay your health insurance deductible and co-payment of 10-20% or more?

1 1998 Statistical Abstract of the United States (U.S. Department of Commerce) based on 1996 statistics.

It's smart, it's simple - it's the key to filling in the gaps in your health plan coverage. Protect yourself from out-of-pocket hospitalization expenses...it's the smart thing to do. Take the opportunity to visit with the insurance professional your employer has authorized. Plan to have PIC.

The following product descriptions are a nonbinding summary of benefits, not an insurance policy. For full descriptions of the product please refer to the insurance policy.

PLAN I

POLICY FEATURES

- Pays you a daily benefit amount of \$30.00 if you are confined to a hospital due to a covered injury or sickness, beginning with the 1st day; and continuing up to 180 days.
- Pays in addition to all other insurance.
- Disclosed, pre-existing conditions are covered after twelve (12) months.
- Coverage available to spouse and children.
- One rate regardless of age or sex.
- Pays a daily benefit for hospital confinement (24 hours or more as a resident bed patient) for a covered accident or sickness – regardless of medical coverage or deductible.
- Coverage is portable if you leave your present employer.
- Guaranteed renewable to age 65 (conditionally renewable over the age of 65 provided you continue to be employed on a full time basis working 30 hours or more per week).
- Issue Ages: 18-69.

Surgical Rider (HRSUR)

Benefit Amount: Up to \$500.00

- Surgical – Pays the percentage listed in the Surgical Schedule times the maximum benefit listed on the policy schedule for surgery performed due to a covered injury or sickness by a Physician in an approved facility. If more than one surgical procedure is performed at the same time, only one benefit, the largest, will be paid.
- Anesthesia – Pays 25% of the amount paid under the Surgical benefit for anesthesia administered by a Physician in connection with such surgery.

First Hospital Confinement Rider (HRFHC)

Pays the Benefit Amount for an Insured's First Hospital Confinement according to the following schedule:

- One day hospital confinement - \$500
- Two days - \$1,000
- Three days - \$2,000
- Four Days - \$3,000
- Five days - \$4,000
- Six days - \$5,000

Benefits for the rider will be limited to the First Hospital Confinement each Calendar Year for each insured, (this includes one continuous Hospital Confinement or several Hospital Confinements for the same or a related cause which are separated by less than 60 days from date of discharge). This benefit is not a cumulative benefit and will not exceed \$5,000 for each Insured for each Calendar Year.

MONTHLY RATES- Plan I

Employee Only	\$18.77
Employee & Spouse	\$37.54
Employee & Children	\$29.54
Employee & Family	\$48.31

**If you have any questions regarding the PIC Hospital Indemnity Plan,
please call 1.800.289.1122.**

Professional Insurance Company, PO Box 85656, Lincoln, NE, 68501-5656



PIC Hospital Indemnity - Plan II

Effective Date: September 1, 2009

PLAN II

POLICY FEATURES

- Pays you a daily benefit amount of \$30.00 if you are confined to a hospital due to a covered injury or sickness, beginning with the 1st day; and continuing up to 180 days.
- Pays in addition to all other insurance.
- Disclosed, pre-existing conditions are covered after twelve (12) months.
- Coverage available to spouse and children.
- One rate regardless of age or sex.
- Pays a daily benefit for hospital confinement (24 hours or more as a resident bed patient) for a covered accident or sickness – regardless of medical coverage or deductible.
- Coverage is portable if you leave your present employer.
- Guaranteed renewable to age 65 (conditionally renewable over the age of 65 provided you continue to be employed on a full time basis working 30 hours or more per week).
- Issue Ages: 18-69.

Surgical Plus Rider (HRSUR+)

Benefit Amount: Up to \$2,000

- Surgical – Pays the percentage listed in the Surgical Schedule times the maximum benefit listed on the policy schedule for surgery performed due to a covered injury or sickness by a Physician in an approved facility. If more than one surgical procedure is performed at the same time, only one benefit, the largest, will be paid.
- Anesthesia – Pays 25% of the amount paid under the Surgical benefit for anesthesia administered by a Physician in connection with such surgery.
- Mammography Screening – Pays 4% of the Maximum Surgical Benefit shown in the Policy Schedule for Mammography Screening according to the rider schedule
- Papanicolaou Test – (Pap Smear) Pays 1% of the Maximum Surgical Benefit for one Papanicolaou screening test per year for ages 18 and over.

Emergency Accident (HREA)

Pays the specified Benefit for Emergency Care rendered within 72 hours of the Injury by a Physician in a Hospital Emergency Room or Physician's office. Pays for up to four different Covered Injuries in a Calendar Year per insured category (4 for employee, 4 for spouse and 4 for all children, not each child).

First Hospital Confinement Rider (HRFHC)

Pays the Benefit Amount for an Insured's First Hospital Confinement according to the following schedule:

- One day hospital confinement - \$500
- Two days - \$1,000
- Three days - \$2,000
- Four Days - \$3,000
- Five days - \$4,000
- Six days - \$5,000

Benefits for the rider will be limited to the First Hospital Confinement each Calendar Year for each insured, (this includes one continuous Hospital Confinement or several Hospital Confinements for the same or a related cause which are separated by less than 60 days from date of discharge). This benefit is not a cumulative benefit and will not exceed \$5,000 for each Insured for each Calendar Year.

MONTHLY RATES- Plan II

Employee Only	\$28.81
Employee & Spouse	\$57.62
Employee & Children	\$44.47
Employee & Family	\$73.28

**If you have any questions regarding the PIC Hospital Indemnity Plan,
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LIMITATIONS & EXCLUSIONS

This Policy (including any Rider(s) attached) does not cover losses sustained while, (not applicable in IN), caused by, contributed to (not applicable in IL), or resulting from (in PA does not pay Benefits for loss from):

- a. being legally intoxicated as defined by state law where the loss occurred (not applicable in MN, OK; in SC where the Insured resides; in MN bodily injuries received while the insured was operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state intoxication limit) or being (in WI, intentionally) under the influence of any narcotic unless administered on the advice of a Physician (not applicable in CT) (Item a. not applicable in DC, ID, MD, MI, SD, WA); or
- b. alcoholism (not applicable in MN; in PA treatment of) or drug addiction (Item b. not applicable in DC, MD, SD); or
- c. attempted suicide while sane or insane (insane does not apply in MO) or intentionally self-inflicted Injury (in CO suicide or attempted suicide while sane or intentionally self-inflicted injury while sane); or
- d. Mental or Nervous Disorders without demonstrable organic disease (not applicable in DC); or
- e. being exposed to (not applicable in MN) war or any act of war, declared or undeclared or while serving (in FL on active duty) in the armed forces; or (in OK war or act of war, declared or undeclared while serving in the armed forces or any auxiliary unit attached thereto;)
- f. engaging in an illegal activity (not applicable in CT and MD; in CA engaging in a felony; in CT and ID participation in a felony, riot or insurrection; in OK participation in a felony, riot or insurrection; in SC engaging in an illegal occupation or committing or attempting to commit a felony) or
- g. conditions specifically excluded by amendment or Endorsement; or
- h. any Pre-Existing Conditions as defined in this Policy.

This Policy (including any Rider(s) attached) does not pay Benefits for:

- a. care that is primarily for 1) rest; or 2) convalescence; or 3) rehabilitation (not applicable in ID); or
- b. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or Injury sustained while traveling for business or pleasure; or
- c. Dental Treatment or plastic surgery for cosmetic purposes. This exclusion does not apply if the treatment or surgery (in ID, IL reconstructive surgery) is: (1) due to an Injury (in ID, IL incidental to or follows surgery due to an injury, infection or other diseases of the involved part); or (2) to restore normal bodily functions. (In MD benefits will be paid for complications that occur during the surgery that have not been excluded in any part of this policy; or (d. Payment of health care services that the appropriate regulatory board determines were provided as a result of a prohibited referral); (In ID add: or (3) for congenital disease or anomaly of a newborn Eligible Dependent Child.