

GROUP HOSPITAL INDEMNITY PLAN

Designed by Veterinarians for Veterinarians
Valuable Benefits. Remarkable Service.

Underwritten by New York Life Insurance Company



We've got you covered

What is the purpose of the AVMA GHLIT Hospital Indemnity Plan?

The hospital indemnity plan supplements other medical care insurance you may carry. It is rare that any medical care plan covers all of the expenses of an accident or sickness especially if hospitalization is involved.

Hospital indemnity insurance can provide cash just when you need it most: to help pay expenses during a hospitalization. You can use your benefit any way you choose: towards offsetting the cost of your medical coverage deductible or coinsurance, to help cover the cost of a private room or deposit the money in your savings account. The choice is yours.

Who is eligible for AVMA GHLIT Hospital Indemnity coverage?

Regular AVMA members, under age 65, who reside in the U.S. and Student Chapter members attending a full schedule of classes in the U.S., may apply to insure themselves and their eligible dependents. Eligible dependents include the member's spouse/domestic partner and unmarried dependent children under age 26.

Important Notice: *The GHLIT Hospital Indemnity plan is not available to residents of Vermont.*

You may receive a daily benefit you can use as you wish

When applying you may select a daily benefit of \$100 to \$400 (in \$50 units) for yourself. You may also select an equal or lesser amount for your eligible dependents, but not more than the member's benefit amount. (Maximum benefits for eligible dependent children can not exceed \$200 daily benefit).

The daily benefit will be paid to you for each day of a covered hospitalization, for which a Room and Board charge is made, for up to 500 days for each benefit period. (Hospitalization for gastric bypass procedures are limited to a maximum of 30 days and total days of hospitalization outside the U.S. are limited to 15 days while insured).

The daily benefit that will be paid can be used as you wish. It can help meet your deductible, coinsurance share of your medical care expenses or the extra cost of a private room.

Your benefits are increased for intensive care confinements

Certain hospitalizations where intensive care unit stays are necessary have greater costs associated with them. For covered persons under age 65, this plan can pay double your daily benefit, up to the 500 day maximum benefit period, for intensive care confinement. For those covered persons age 65 and over the plan can pay 150% of your daily benefit while confined to an intensive care unit.

Pregnancy Benefits

The plan can pay 100% of your daily benefit amount for covered hospitalization due to pregnancy, subject to the pre-existing conditions limitations, up to a maximum benefit period of 30 days. Complications due to pregnancy are covered immediately, however, normal pregnancy is not covered until twelve months following your effective date of coverage.

Outpatient Surgery Benefit

The plan can pay 100% of your daily benefit amount if you undergo medically necessary outpatient surgery due to a covered injury or illness. This benefit is payable up to three times per calendar year. Covered outpatient surgery must be performed by a physician in a hospital or ambulatory surgical center.

Mental and Nervous Disorders

The full daily benefit amount is payable for up to 500 days for in-hospital treatment of mental and nervous disorders.

Alcohol and Drug Abuse

The full daily benefit amount is payable for up to 500 days if confined for in-hospital treatment of alcohol abuse and up to 100 days for drug abuse. For treatment in a qualified Residential Treatment Facility for alcohol or drug abuse, 50% of the daily benefit amount is payable for up to 100 days.

Skilled Nursing Facility Confinements

50% of your daily benefit amount is payable for up to 100 days if you are confined to a skilled nursing facility before age 65. Confinement must begin within 7 days of a covered hospitalization of at least 5 consecutive days duration. For skilled nursing facility confinement due to a mental or nervous disorder, 50% of the daily benefit amount is payable for up to 30 days.

Home Convalescence Benefits

50% of your daily benefit amount is payable for confinement at home due to a total disability immediately following a covered hospitalization which lasted at least 10 consecutive days. Benefits will be paid for the lesser of 30 days or the number of days that the covered person was hospital confined.

Hospital Indemnity Plan Benefit Chart

Plan Features	Plan Benefits
Base Daily Benefit	Up to \$400; from \$100 to \$400 (in \$50 units)
Benefit Period (BP)	Max 500 days; gastric bypass limited to 30 days; hospitalization outside U.S. covered up to 15 days per lifetime
Intensive Care	Additional daily benefit; additional 50% for age 65 and over
Outpatient Surgery	One daily benefit max 3 times annually, not in physician's office
Cancer	As any other
Mental Nervous (MN)	As any other; up to 500 days for in-hospital treatment
Alcohol/Drugs (AD)	Inpatient alcohol as any other; 100 day max for drugs; 50% AD if residential facility up to 100 days
Skilled Nursing Facility Benefit	Max 100 day benefit period (30 for MN); 50% daily benefit
Skilled Nursing Home Prior Confinement	Max 7 days
Home Convalescence Benefit	Max 30 days per year; 50% daily benefit
Home Convalescence after Prior Confinement	Max 10 days
Pregnancy Benefits	As any other; up to 30 days
Pre-Existing Conditions Clause	12/12/12; No pre-ex on complications of pregnancy
Other Exclusions	Admissions due to VA, military, or any national or other facility for which no charge is payable by insured, felony, self-inflicted injury, custodial care
Coordination of Benefits	No
Underwriting	Guaranteed Issue

Please note the following exclusions and limitations:

Hospitalizations must begin while the covered person is being treated for a sickness or injury by a physician other than the member, a family member or a person residing in the member's household.

Benefits are not payable for hospitalizations due to: war or military service; an injury or illness resulting from the participation in or incarceration for an illegal occupation or activity or the commission of a felony, insurrection, riot or terrorist activity; intentionally self-inflicted injury, whether sane or insane; or a pre-existing condition as indicated below.

In addition benefits are not payable for confinements in a Veterans Administration or any other National Government owned or operated hospital for which no charge is made that the covered person must pay.

Pre-existing conditions limitations:

A pre-existing condition is any injury or sickness for which a person has consulted a doctor, received any medical services or supplies, or taken any medication during the 12 months prior to becoming covered under this plan. These conditions will not be covered until this plan has been in force for at least 12 months. All new covered conditions that occur after the effective date of this plan will be covered immediately.

Successive Periods of Confinement

Successive periods of confinement are treated as if they were one unless they are separated by 90 consecutive days during which the person was not confined to an institution for medical care or treatment; or they are due to unrelated causes.

Definition of Terms

Here are the definitions of terms used in this description

Each insured person receives a Certificate of Insurance, which describes his or her coverage in detail and describes some important terms. Here are a few more important definitions:

Hospital means an institution for the care and treatment of sick and injured persons. It must provide 24 hour nursing by graduate registered nurses and have organized facilities (or diagnosis and surgery). But none of these qualify as a Hospital:

- An institution owned or run by national or state government (other than a facility of the United States Uniformed Services);
- An institution, or part of it, used mainly as a facility for rest, nursing, convalescent, the aged, or for remedial education or training.

Skilled Nursing Facility is an institution for skilled nursing care of sick and injured persons. It must meet these standards:

- It must be supervised 24 hours a day by a physician, registered nurse, or licensed practical nurse;
- It must have a physician's services available at all times;
- It must have enough nurses to give continuous patient care;
- It must keep a daily medical record for each patient.

Intensive Care Unit (ICU) means a cardiac unit or other unit or section of a hospital, which is reserved for critically ill patients, and which has: (a) specialized professional nursing care; and (b) special equipment and supplies on a standby basis. ICU does not include the following special units or such other specialized units: (a) Step down ICU/CC Units; (b) telemetry units; or (c) semi-private rooms with separate charges for telemetry.

Ambulatory Surgical Center means a licensed institution whose primary purpose is the performance of surgery, if such institution has: (a) permanent facilities and all equipment necessary for surgery; (b) a staff of one or more DOCTORS; (c) a medical staff for patient care, if such staff includes registered professional nurses; and (d) a contract with a hospital for immediate acceptance of patients who require post-operative confinement. (Ambulatory Surgical Center does not include a private office or clinic of one or more doctors).

Residential Treatment Facility means a treatment center, which provides coordinated in-patient and outpatient treatment of chemical dependency by trained medical personnel and counselors pursuant to a written treatment plan approved and monitored by a physician. The facility must also be affiliated with a hospital under a contractual agreement with an established system for patient referral, accredited as such a facility by the Joint Commission on Accreditation of Hospitals and licensed, certified, or approved as a chemical dependency treatment program or center by any federal, state or municipal agency having legal authority to so license, certify, or approve.

Coverage Details

When your coverage becomes effective

- Acceptance is guaranteed (subject to the Pre-existing Conditions Limitations). You can't be turned down for this plan – if you are an eligible AVMA member as described in "Who Is Eligible for AVMA GHLIT Hospital Indemnity Coverage?"
- Your coverage will take effect on the first day of the month following or coinciding with the date your application is received by the AVMA GHLIT Trust Office provided:
 - The initial contribution is paid to the AVMA Group Health and Life Insurance Trust Office within 31 days of that date;
 - You and any dependents to be insured are not hospitalized on the date your coverage would become effective. In the event a person is hospitalized on that date, coverage will become effective upon discharge from the hospital.

Additional dependents may be automatically covered

Generally a member must apply to add coverage for new dependents.

- When a member marries, his/her spouse/domestic partner and any additional eligible dependents acquired as a result of the marriage, or providing a declaration of partnership, will be guaranteed coverage under the Plan in force for the member, if the application and the required additional payment are received by the AVMA Group Health and Life Insurance Trust Office within 31 days. This guaranteed coverage will be effective on the date the application and payment reach the Trust Office provided the dependent is not hospitalized on that day.
- If the member is insured for dependent children hospital indemnity coverage, additional eligible children are covered automatically for the same coverages and no notice or additional payment is required.

Automatic coverage also will be extended to a first child for the same hospital indemnity coverage in force for the member (up to \$200 daily maximum). If both parents are insured as members, this child is eligible as a dependent of one parent only. The Trust Office must be given written notification of which parent will carry child coverage. Coverage will continue until the first regular billing date after the child is born, or for at least 31 days, if this is longer. If the member wishes to continue the coverage he must notify the Trust Office in writing and remit the added payment within 31 days after the automatic coverage would normally terminate. The additional payment is due from the first of the month coincident with or following the child's date of birth.

Filing a claim is simple

- Visit www.avmaghlit.org to download the claim form.
- Complete the Insured's Statement portion of the claim form and have your health care provider complete the Attending Physician portion.
- Mail claim form to:
AVMA GHLIT
P.O. Box 909720
Chicago, IL 60690-9720

About continuation of insurance

New York Life cannot terminate coverage or change benefits or premiums on an individual basis; it may do so only on a class-wide basis.

All coverage terminates when:

- A member fails to pay insurance charges on time;
- A member ceases to be an AVMA or Student Chapter member;
- The Master Policy terminates.

New York Life has agreed not to exercise its right to terminate the Master policy as long as: (1) AVMA continues to sponsor only the New York Life Program and (2) participation in the plan exceeds 10,000 insured members.

All dependent coverage terminates (1) for a spouse upon divorce or termination of domestic partnership; (2) for a dependent child when he or she becomes self-supporting, marries or reaches age 26; (3) upon termination of a member coverage, unless the termination is due to the member's death. In this case, coverage may be continued for dependents while they remain eligible unless the spouse remarries.

You will receive a separate Certificate

Each insured member will receive a Certificate of Insurance evidencing coverage which is provided under Group Policy G-14884/Face policy form GMR.

Hospital Indemnity Monthly Rates*

Charges are based on member and spouse's/domestic partner's age at issue and increase on the November 1 that the insured enters a new age bracket. Members may request varying amounts of daily benefits for their dependents, but not more than member's amount.

Hospital Indemnity Plan Monthly Rates Each \$50 of Daily Benefit \$100 Min./\$400 Max.			
Member's Age	Member	Spouse/Domestic Partner	Children
Under 35	\$4.00	\$4.00	\$4.75
35 – 39	\$4.50	\$4.50	\$4.75
40 – 44	\$4.75	\$4.75	\$4.75
45 – 49	\$5.50	\$5.50	\$4.75
50 – 54	\$6.00	\$6.00	\$4.75
55 – 59	\$7.25	\$7.25	\$4.75
60 – 64	\$8.50	\$8.50	\$4.75
65 – 69**	\$12.00	\$12.00	\$4.75
70 – 74**	\$16.50	\$16.50	\$4.75
75 – 79**	\$22.50	\$22.50	\$4.75
80 + Over**	\$36.25	\$36.25	\$4.75

*New York Life has the right to change rates on a class-wide basis.
**Available at renewal only.

**The AVMA Group Health
and Life Insurance Trust**

3501 Frontage Road
Tampa, FL 33607
1.800.621.6360

Underwritten by:

New York Life Insurance Co.
51 Madison Avenue
New York, NY 10010

Broker/Administrator:

HealthPlan Services
3501 Frontage Road
Tampa, FL 33607

Claims Administrator:

Harrington Health
233 N. Michigan Ave.
Ste. 1050
Chicago, IL 60601

www.avmaghlit.org

This material briefly describes the provisions of Master Policy G-14884/Face policy form GMR issued to the Trustees of the AVMA GHLIT. For complete details on your coverage please see your Certificate of Insurance.