

# HOSPITAL INDEMNITY INSURANCE

Policy Form HPHI2000 1-00 or State Edition

Professional Insurance Company  
In California, PIC Life Insurance Company



•Appliances	\$25.00	•Fractures**		Shoulder Blade	•Tendons/Ligaments	\$400.00
•Ambulance	\$25.00	Hip, Thigh (Femur)	\$1,800.00	(Scapula), Collar Bone	Repair of one tendon	\$500.00
•Blood/Plasma	\$50.00	Vertebrae, Body of (except		(Clavicle, Sternum)	or ligament	
•Burns		Vertebral Process)	\$1,600.00	Arm, between	Repair of all tendons/	
(Second degree burns that		Pelvis (includes Ilium,		Elbow	ligaments if more	
cover at least 36% of the		Ischium, Pubis Acetabulum		and Shoulder	than one	\$750.00
body or third degree that		except Coccyx)	\$1,400.00	(Humerus)	•Torn Knee	
cover at least 9 square		Skull (except Bones of		Upper Jaw, Maxilla	Cartilage***	
inches.)	\$600.00	Face or Nose). Simple		(except Mandible or	Injury which occurs	
•Dislocation**		Non-reduction Skull		Maxilla)	less than one year	
Joint		Fracture		Bones of Face or	after	
Hip	\$1,500.00	Depressed Skull	\$600.00	Nose	the Effective Date of	
Knee (except Patella)	\$1,100.00	Fracture		(except Mandible or	this Rider	\$100.00
Shoulder Glenohumeral	\$800.00	Leg (Tibia and /or Fibula)	\$1,350.00	Maxilla)	Injury which occurs	
Collar Bone		Forearm (Radius and/or	\$1,100.00	Vertebral Processes	one year or more	
Sternoclavicular	\$800.00	Ulna)		-	after	
Acromioclavicular	\$720.00	Hand or Wrist		Transverse,	the Effective Date of	
Acromioclavicular		(except Finger)		Spinous, etc.	this Rider	\$400.00
Separation	\$720.00	Foot (except Toes)	\$900.00	Coccyx, One Rib,	•Gunshot Wound	
Ankle - Bone or Bones		Ankle, Kneecap		Finger, Toe	(for Primary Insured	\$1,000.00
of the Foot		(Patella)		•Ruptured Disk***	only)	
(Other than Toes)	\$660.00	Lower Jaw, Mandible	\$900.00	Injury which occurs		
Bone or Bones of		(except Alveolar Process)	\$720.00	less than one year		
the Hand				after		
(Other than Fingers)	\$600.00			the Effective Date of		
Lower Jaw	\$500.00			this Rider	\$100.00	
Wrist	\$450.00			Injury which occurs		
Elbow	\$325.00			one year or more		
One Toe or Finger	\$150.00			after		
•Eye Injuries	\$100.00			the Effective Date of		
				this Rider	\$400.00	

## DEFINITIONS

When We use the following words, We mean:

**Hospital:** is defined in the Policy. It is not an institution or part of an institution that mainly provides rehabilitation (not applicable in ID), custodial, convalescent, nursing, extended or rest care. (In PA, a Hospital does not include convalescent homes, convalescent, rest, nursing facilities, facilities primarily for the aged, drug or alcoholic rehabilitation, and those primarily affording custodial or educational care.)

**Hospital Confinement:** Admission to a Hospital and confinement as a resident bed patient due to an Injury or Sickness. The assignment must be on the advice of a Physician and be Medically Necessary. We do not consider confinement to an emergency room, outpatient treatment room, or observation unit as a Hospital Confinement.

**Injury/Injured:** Bodily injury sustained which:

- is directly caused by an accident, independent of all other causes (In IL, independent of all other causes does not apply); and
- has not been specifically excluded by name or description in this Policy; and
- is not caused or contributed to (In IL, or contributed to does not apply) by Sickness (Not applicable in PA); and
- occurs while this Policy is in force for the Insured. (not applicable in MD) (In MD An injury that occurs before the date the person becomes an Insured on this Policy or Rider which has not been specifically excluded by name or description within the Policy will be covered after the Pre-existing Condition period as defined has been satisfied.)

Losses that occur after the Pre-existing Condition provision has been satisfied will be covered for an Injury that occurred before the date the person becomes an Insured under this Policy unless the Injury has been specifically excluded by name or description within the Policy or Rider.

**Period of Confinement:** One continuous Hospital Confinement or several Hospital Confinements for the same or a related cause, which are separated by less than 60 days. Each Hospital Confinement must begin while the coverage is in force for the Insured.

**Physician:** is defined in the Policy. It does not include a family member of the Insured. Family member means You, Your spouse, children, grandchildren, siblings, parents, grandparents, or corresponding in-laws.

**Sickness:** Disease or illness, including pregnancy, which: (1) is diagnosed or treated while this Policy is in force for the Insured; and (2) does not result from Pre-existing Conditions as defined; and (3) has not been specifically excluded by name or description in the Policy (not applicable in MD. In MD Sickness: Disease or illness, including pregnancy, which: (1) first manifests itself while this Policy is in force for the Insured; and (2) does not result from Pre-existing Conditions as defined; and (3) has not been specifically excluded by name or description in this Policy. A sickness that occurs before the date the person becomes an Insured on this Policy or Rider which has not been specifically excluded by name or description within the Policy will be covered after the Pre-existing Condition period as defined has been satisfied.

## RENEWAL CONDITION

You have the right to renew this Policy until the Policy Anniversary date on or after Your 65th birthday, if You pay the correct Premium when due or within the Grace Period. Thereafter, You have the right to renew this Policy if You are Actively At Work and You pay the correct Premium when due or within the Grace Period. We retain the right to change the premium rates on this Policy (In NC and MT, but not more than annually; in LA, premiums guaranteed first 12 months and thereafter can be changed no more than once each 6 months). We will do so only:

- if We change the Premiums for all policies of this same form and issue age in Your state of issue; and
- if such change is in accordance with the laws and regulations of Your state of issue; and
- if We give You 60 days notice in writing before such change becomes effective.

Any change in the Premium will be based on Your age on the Policy Effective Date.

## 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):

- 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
- alcoholism (not applicable in MN; in PA treatment of) or drug addiction (Item b.

- not applicable in DC, MD, SD); or
- 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
- Mental or Nervous Disorders without demonstrable organic disease (not applicable in DC); or
- 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);
- 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
- conditions specifically excluded by amendment or Endorsement; or
- any Pre-Existing Conditions as defined in this Policy.

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

- care that is primarily for 1) rest; or 2) convalescence; or 3) rehabilitation (not applicable in ID); or
- 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
- 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.

## PRE-EXISTING CONDITIONS

This Policy and any attached Rider(s) do not cover pre-existing conditions whether disclosed in the application or not (In WI and MD, whether disclosed in the application or not does not apply), for the first 12 months (In NM, 6 months; in TX, 6 months for persons age 65 or older on the date coverage begins) beginning on the date that person becomes an Insured on this Policy or Rider.

By pre-existing conditions, We mean:

- the existence of symptoms (In MN the existence of symptoms during the 2 years preceding the Policy Effective Date of Your coverage for which medical advice or treatment was recommended by or received from a physician) (In SC, a condition misrepresented or not revealed in the application for which symptoms exist) before the Policy Effective Date which would cause an ordinarily prudent (In DC, ordinarily prudent does not apply) person to seek medical advice, diagnosis, care, or treatment during the 2 years (In ID and NM, 6 months; in IL, SD and VA, 12 months) preceding the Policy Effective Date of Your coverage (In CA, MT, NC, PA and WY, not applicable); or
- a condition for which medical advice or treatment was recommended by or received from a Physician during the 2 years (In ID, NM and WY, 6 months; in CA, MT, SD and VA, 12 months) preceding the Policy Effective Date of Your coverage. (In NC, not applicable)

(In NC, By pre-existing conditions, We mean: those conditions for which medical advice or treatment was received or recommended or that could be medically documented within the 12 months period immediately preceding the Policy Effective Date. Pre-existing conditions exclusions may not be implemented by any successor plan as to any Insureds who have already met all or part of the waiting period requirements under any previous plan. Credit must be given for that portion of the waiting period that was met under the previous plan.) Any person who was age 65 and over when they become an Insured under this Policy, pre-existing conditions shall mean only those conditions specifically excluded in any part of this contract or attached endorsement. Conditions specifically named or described as excluded in any part of this Policy are never covered.

(In WY, credit shall be given to any Insured who was covered by a private or public health benefit plan if the previous coverage was continuous to the date not more than 90 days prior to the Effective Date of this Policy). (In WI and MD, any condition noted in the application and not specifically excluded in any part of the policy is not considered a pre-existing condition.)

Licensed Agent: \_\_\_\_\_

Product underwritten by Professional Insurance Company (In California, PIC Life Insurance Company)  
175 Addison Road, Windsor, CT 06095

This brochure is presented as a matter of general information and only applies after the effective date of the policy. This is a Hospital Confinement Indemnity policy which provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses or to be a low cost primary health plan. For specific details about Benefits, including Definitions, Limitations and Exclusions, refer to the policy form PHH2000 1-00 (or state edition).