



Group Hospital Indemnity Insurance

Policy Form M-9019-TX

Underwritten by ManhattanLife Assurance Company of America

▶ Plan Features

- Pays regardless of other coverage
- Portable (take it with You)

Choose from flexible benefit options including:

- Lump Sum and Daily Hospital Confinement
- Surgery and Anesthesia
- Emergency Room and Office Visits

All benefits may not be available to you. Please see Rate Quote or Application for benefits selected.

Benefits	Maximum Amounts
Lump Sum Hospital Confinement Benefit. We will pay for the first day of each Hospital Confinement of a Covered Person the lump sum benefit specified on the Schedule of Benefits.	Maximum of 1 per Calendar Year for Injury and 1 per year for Sickness.
Daily Hospital Confinement Benefit. We will pay for each day of a Covered Person's Hospital Confinement the amount specified on the Schedule of Benefits.	Maximum of 60 days for any Period of Confinement.
Daily ICU/Burn Unit Benefit. We will pay for each day of a Covered Person's confinement to an Intensive Care Unit or Burn Unit the amount indicated on the Schedule of Benefits.	Maximum of 15 days for any Period of Confinement.
Outpatient Surgery Benefit. We will pay for each day surgery is performed in an Ambulatory Surgical Center the amount specified in the Schedule of Benefits.	Maximum of 1 days per Covered Person per Calendar Year up to a maximum of 4 days per Calendar Year for all Covered Persons combined.
Inpatient Physician Visits. We will pay the amount indicated on the Schedule of Benefits for each day a Covered Person is visited by a Physician while confined in a Hospital.	Maximum of 10 days per Period of Confinement
Inpatient Surgery and Anesthesia Benefit. We will pay the amount indicated on the Schedule of Benefits for each day surgery performed as an inpatient.	Maximum of 1 days per Covered Person per Calendar Year up to a maximum of 4 days per Calendar Year for all Covered Persons combined.
Office Visits. If a Covered Person incurs a Sickness or Accident which requires care in a Physician's office, we will pay the amount specified on the Schedule of Benefits page for each day a Covered Person requires care in a Physician's office.	Maximum of 2 days per Calendar Year per Covered Person up to a maximum of 4 days per Calendar Year total for all Covered Persons combined
Emergency Room Visits. If a Covered Person incurs a Sickness or Accident that requires care in an Emergency Room we will pay the amount specified on the Schedule of Benefits page for each day that an Emergency Room visit is required.	Maximum of 2 days per Calendar Year per Covered Person up to a maximum of 4 days per Calendar Year total for all Covered Persons combined
At Home Nursing Benefit. We will pay the Benefit Amount specified on the Schedule per day for Private Duty Nursing care and attendance by a Nurse at home. Nursing services must be: (a) required and authorized by the attending Physician; (b) immediately following confinement covered by this policy in a Hospital; and (c) rendered by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN/LVN).	Maximum of 45 days in the 60 days following a Hospital Confinement.
Transportation Benefit Ambulance- We will pay the amount specified on the Schedule of Benefits each day that a Covered Person is taken to the Hospital by a licensed or Hospital-owned ambulance and is admitted as an inpatient. The amount will be doubled if the transfer is by air ambulance. Non-Local- We will pay the amount specified on the Schedule of Benefits the first day that a Covered Person requires Hospital Confinement prescribed by a local attending Physician that cannot be obtained within 100 miles of Covered Person's residence. This benefit is payable only once per continuous Hospital Confinement.	Combined maximum of 3 trips per Calendar Year per Covered Person.
Contagious Disease/Outpatient Surgical Recovery. We will pay the amount specified on the Schedule of Benefits if a Covered Person misses work while suffering from a covered Contagious Disease or while recovering from Outpatient Surgery as covered under the Policy. This benefit does not overlap with Daily Hospital Benefit.	Maximum of 5 days per Calendar Year for the Primary Covered Person only. Maximum of 10 days in total for the Primary Covered Person and Covered Dependents (5 per person maximum).
Family Support Benefit. We will pay the amount specified on the Schedule of Benefits if a Covered Person receives at least 15 days of Daily Hospital Benefit for 1 Period of Confinement.	1 lump sum payment per Covered Person per Calendar Year. Maximum total of 3 lump sum payments per Calendar Year for all Covered Persons combined.
Wellness Benefits. We will pay the benefit shown on the Schedule of Benefits for each day a Covered Person receives one of the tests listed in the schedule below for the purpose of diagnosing an Accident or Sickness indicated by symptoms that an Accident or Sickness has occurred while the Covered Person is not confined in a Hospital or Rehabilitation Facility after the Date of Certificate.	Maximum of 1 benefit per Covered Person per Calendar Year; and a maximum total of 2 benefits for all Covered Persons combined
Rehabilitation Benefit. We will pay the amount specified in the Schedule of Benefits. The Covered Person must be transferred immediately to a Rehabilitation Unit after a covered period of Hospital Confinement.	Benefit per day up to a maximum of 15 days per confinement and 30 day maximum per Covered Person per Calendar Year; and a maximum total benefit of 60 days per Calendar Year for all Covered Persons combined
Waiver of Premium Benefit. Waiver of Premium. After 60 continuous days of Total Disability, We will waive premiums starting on the first day of policy renewal.	After 60 days

Limitations and Exclusions

No Benefits under this Policy will be paid for loss that is caused by, contributed to by, occurs during or results from:

1. intentionally self-inflicted Injury;
2. suicide or any attempted suicide, while sane or insane;
3. Mental or emotional disorders without demonstrable organic disease;
4. taking part in an illegal occupation;
5. treatment for Drug Addiction or for the use of drugs, except when the drugs are prescribed by and used as ordered by a Physician;
6. treatment of Drug Intoxication, except when caused by drugs when the drugs are prescribed by and used as ordered by a Physician;
7. treatment of Alcoholism, or treatment for the use of alcohol;
8. rest cures;
9. Dental treatment or services unless needed due to Injury;
10. routine eye examinations, eye glasses or the fitting thereof;
11. hearing aids or the fitting thereof;
12. war, declared or undeclared;
13. taking part in a riot, felony or insurrection;
14. parachute jumping or sky diving;
15. travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers;
16. military or naval services (On written notice to Us, We will refund premiums pro rata for any period not covered because of such service.)
17. cosmetic services or treatment, except when the care is due to medically necessary reconstructive plastic surgery. Medically necessary reconstructive plastic surgery means surgery:
 - to restore a normal bodily function;
 - to improve functional impairment by anatomic alteration made necessary as a result of a congenital birth defect; or
 - for breast reconstruction following mastectomy; or
18. routine well-baby care or losses related to pregnancy that begins before the Covered Person's Start Date of Insurance.
19. care and treatment performed by You, Your Spouse or any member of Your immediate family including Your and/or Your Spouse's parents, children (natural, step or adopted); siblings; grandparents; or grandchildren;
20. losses related to pregnancy that begins before the Covered Person's Start Date of Insurance.

Portability

The Policy must be in force on the date that You port coverage. On the date the Insured ceases to be a member of an eligible class, Insureds and their Covered Dependents will be eligible to exercise the portability privilege. Portability coverage will be effective on the day after insurance under the Policy terminates. Coverage is subject to the timely payment of premiums. The initial portability premium rate is the rate in effect under the Policy for active covered persons who have the same coverage. The premium rate for portability coverage may change for the class of Covered Persons on portability on any premium due date. The benefits, terms and conditions of the portability coverage will be the same as those provided under the Policy when the insurance terminated. Ported insurance terminates when the Policy terminates.

Termination Of Insurance – Covered Persons

Subject to the Waiver of Premium and Portability provision(s), all insurance ends on the earliest of the following dates:

- Your retirement
- the Maximum Renewal Age shown on the Schedule
- the end of the Grace Period, if Premium for this coverage is not paid
- the end of the Calendar Month when the Covered Person is no longer Eligible
- the Policy's termination date
- the end of the Calendar Month when We receive a request to end this insurance
- the date that a Child reaches Age 26
- the date that a Spouse reaches age 70
- Your death

When Your coverage ends, insurance on other persons covered by this Certificate will also end. Termination of insurance on a Covered Person or of the Policy is without prejudice to claims that occur or start prior to the date of termination.

Pre-existing Condition Limitation

Pre-existing Condition means a condition which a Physician has treated or for which a Physician has advised treatment of the Covered Person within 12 months before the Covered Person's Effective Date of Insurance. Any loss due to a Pre-existing Condition will not be covered if the loss begins within 12 months after the Covered Person's Effective Date of Insurance. However, Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered:

- by a Replaced Policy; and
- by the Policy on its Initial Effective Date.

Covered Persons

Covered Dependent means: (a) Your spouse, unless divorced from You; (b) Your unmarried Child(ren) who are less than age 26; (c) Your unmarried Child(ren) who are at least age 26 who are chiefly dependent on You for support and are incapable of self-sustaining employment due to mental incapacity or physical handicap. You must furnish Us with proof of mental incapacity or physical handicap within 31 days after the Child's eligibility would otherwise end. Thereafter, We may require proof, but not more frequently than annually.

Child (Children) means the Person who is:

- natural or adopted child of the Primary Covered Person or Spouse;
- Child placed with the Primary Covered Person or Spouse for adoption;
- Child legally placed with the Insured or Spouse as a foster Child; or
- stepchild of the Primary Covered Person;
- Child of an Primary Covered Person if the Primary Covered Person or the Primary Covered Person's Spouse is party to a suit in which they seek to adopt the child;
- Child for whom the Primary Covered Person must provide medical support under an order enforceable by a court in this state; or
- Grandchild, who is a dependent of the Primary Covered Person for federal income tax purposes at the time application for coverage of the grandchild is made.

Child does not include a:

- person not meeting the above Child definition; or
- Child on active military duty for a period in excess of 30 days.

This Sales Brochure is not a contract. It is intended only as a brief description of the policy provisions in the planning of your program. The benefits are determined by the terms and conditions of the policy and certificate alone. This is not a Medicare Supplement Policy. If you are eligible for Medicare, see the Medicare Supplement Buyer's Guide available from the Company In all cases, consult your certificate for full details. Upon receipt of your policy, please review it and your application. If any information is incorrect, please contact:

Bay Bridge Administrators

P.O. Box 161690 | Austin, Texas 78716 | 1-800-845-7519



**BAY BRIDGE
ADMINISTRATORS**

*"Your solutions begin
at the Bridge"®*

GP-HI-SB-TX