

INDIVIDUAL Advantage



The Allied Association brings benefits and services to individuals – allowing them to save money and make life easier



Hospital and Accident Indemnity Insurance

The Hospital Indemnity Plan (HIP) is a supplemental limited benefit plan designed to pay daily cash benefits to help alleviate the out-of-pocket expenses of hospital visits and some outpatient services. Accident Indemnity can be purchased as a rider to HIP and gives the member additional cash to use to pay for everyday expenses.

HIP includes

- Cash for Each Day Confined in a Hospital
- Low or High Plan Benefit Options
- Guaranteed Acceptance
- Competitive Rates
- Coverage Available for Spouse and Eligible Children

Accident Indemnity includes

- Cash for a Covered Accident
- Low or High Option Tied to HIP Benefit



Pan-American Life Insurance Group is a leading provider of insurance and financial services throughout the Americas. Allied National, a 90 Degree Benefits Company, along with the Allied Association, is working with trusted brands to provide individuals with the insurance and coverage they need.



Hospital Indemnity Insurance Plan

The Hospital Indemnity Insurance Plan is a supplemental limited indemnity plan insurance designed to pay daily cash benefits to help alleviate the out-of-pocket expenses of hospital confinements.

- Competitive member rates for the member and their family
- Members get cash for each day they're confined in a hospital to use however they wish
- Acceptance in the Hospital Indemnity Insurance Plan is guaranteed
- Coverage available for spouses and eligible children
- This policy has a 10 day free look*
- The HIP is based on non-occupational
- The benefits are pre-determined fixed amount per day up to a calendar year maximum
- The policy is Guaranteed Renewable

**For SC residents 30 days free look for replacement coverage*

Accident Indemnity Benefit

Accident Indemnity Benefit can lend a member a hand by providing cash benefits directly to them when they experience an accident that requires treatment by a medical professional, so they can keep their mind on getting better.

Accident Indemnity Benefit includes:

- Cash for covered medical treatment and services due to a covered accident.
- Cash for any remaining medical expenses – or daily costs.

Individual Hospital Indemnity insurance is issued by Pan-American Life Insurance Company on form PAN-INDHI-POL-21 and state variations. The plan will not pay benefits for any care provided prior to the coverage effective date or if the insured is confined in a hospital at the time the coverage is effective. Hospital does not include a nursing home, convalescent home or extended care facility.

This is not a Medicare Supplement Policy. THIS PLAN PROVIDES LIMITED BENEFITS. This is a supplement to health insurance and is not a substitute for the minimum essential coverage required by the Affordable Care Act (ACA). Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes. Coverage is not available in all states. Like most insurance benefit programs, our products have exclusions, limitations, waiting periods and terms for keeping them in force. Full details of the coverage are contained within the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

Allied Association and Pan-American Life are not affiliated.

This is an invitation to inquire about the Hospital Indemnity Insurance Plan and Accident Indemnity. This is a limited description of the plan. See the Enhanced Association Benefits information for complete details.



Hospital and Accident Benefits

Hospital Indemnity	Low Plan	High Plan
Hospital Indemnity	A daily benefit paid for any confinement in a standard Hospital, Intensive Care, Substance Abuse, Mental Illness, or Skilled Nursing Facility will be applied to an overall Calendar Year Maximum.	
Hospital Confinement Benefit*	\$200 per day, up to 5 days per calendar year	\$300 per day, up to 10 days per calendar year
Intensive Care Unit Benefit	\$400 per day, up to 5 days per calendar year	\$600 per day, up to 5 days per calendar year
Inpatient Stay for Substance Abuse Treatment	50% of the indemnity benefit, up to 5 days per calendar year	50% of the indemnity benefit, up to 5 days per calendar year
Inpatient Stay for Mental Illness	50% of the indemnity benefit, up to 5 days per calendar year	50% of the indemnity benefit, up to 10 days per calendar year
Inpatient Stay in a Skilled Nursing Facility	50% of the indemnity benefit, up to a maximum of 2 days per day following a covered hospital stay of at least 3 days	50% of the indemnity benefit, up to a maximum of 7 days per day following a covered hospital stay of at least 3 days
Calendar Year Maximum	5 days	10 days

* Texas and Illinois include a base benefit of \$30 per day for 30 days.

Waiting Period	This Policy has a 10 day Waiting Period for Illnesses after the Policy Effective Date.
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Benefit Waiting Period means the consecutive period of time beginning from the Policy Effective Date of Coverage in which a Covered Person must be insured under this Policy before benefits are payable.

Accident	Low Plan	High Plan
Benefit Amount	\$200 per day	\$300 per day
Maximum days per calendar year	2	2





Hospital Indemnity Exclusions

This is a general list of Exclusions. Exclusions may vary by state.

1. Suicide, attempted suicide or any self-inflicted injury, while sane or insane; or
2. A claim arising out of declared or undeclared war or acts thereof; or
3. A claim arising out of an Illness or Injury occurring while serving on full time active duty in any Armed Forces of any country or international authority (any premium paid will be returned by Us pro rate for any period of active full time duty); or
4. A claim related to bodily injuries received while the Covered Person was operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit; or
5. A claim arising out of participation in an insurrection or rebellion, participation in a riot, commission of or attempting to commit an assault, battery, felony, or act of aggression; or
6. Experimental or Investigational procedures, drugs or treatment methods; or
7. Experimental or Investigational organ transplant procedures; or
8. A claim or any treatment, services or supplies received from a Physician or other provider if such person is: (a) a person who ordinarily resides in Your household, (b) a member of Your Immediate Family; or
9. Any treatment, service or supply which is not Medically Necessary; or
10. A claim arising from medical services provided to the Covered Person for cosmetic purposes or to improve the self-perception of a person as to his or her appearance, except for: reconstructive plastic surgery following an Accident in order to restore a normal bodily function, or a surgery to improve functional impairment by anatomic alteration made necessary as a result of a birth defect, or breast reconstruction following a mastectomy; or
11. A claim or any treatment for an illness or injury for which treatment, services or supplies were received or purchased outside the United States; or
12. Unless otherwise stated in the Policy or Schedule of Benefits, any claim or treatment for Pregnancy, related services, and routine newborn care, except for services related to a Complication of Pregnancy; or
13. A claim or any treatment for the pregnancy of a Dependent Child, unless required by law; or
14. A claim or any treatment for voluntary abortion, except if the life of the mother would be in danger if the fetus were carried to term; or
15. A claim or any treatment, services or supplies for which no charge is made or for which the Covered Person is not required to pay; or



Hospital Indemnity

Exclusions continued

- 16. Any claim relating to a hospitalization or other covered event where the hospitalization or other covered event was prior to the effective date of coverage under this policy, or after coverage is terminated; or
- 17. A claim or any treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause; or
- 18. A claim or any treatment for routine eye exams, glasses, visual therapy, or contact lenses; or
- 19. A claim related to any Outpatient Prescription Drug; or
- 20. Any claim arising out of a surgical procedure for the treatment of obesity or the purpose of facilitating weight reduction; or
- 21. A claim related to rehabilitation care or treatment; or
- 22. A claim related to custodial care; or
- 23. A claim related to an Injury or Illness arising out of or in the course of work for wage or profit or which is covered by any Worker's Compensation Act, Occupational Disease Law or similar law; or
- 24. Any claim arising out of treatment of infertility; or
- 25. Any claim related to homeopathic treatments or drugs; or
- 26. Routine hearing exams to assess the need for, or change to, hearing aids; and the purchase, fittings or adjustments of hearing aids; or
- 27. A claim arising from services in the nature of educational or vocational testing or training; or
- 28. Any claim or treatment, services or supplies to eliminate or reduce a dependency on or an addiction to tobacco, including nicotine withdrawal programs; nicotine products, such as transdermal patches and gums; hypnotism; and goal oriented behavioral modification; or
- 29. Meridian therapy (acupuncture), or spinal manipulation; or
- 30. Mountaineering using ropes and/or other equipment, parachuting, hang gliding, racing any type of vehicle in an organized or unorganized event, sky diving, scuba diving below 130 feet, motorized racing, para-sailing, hang gliding, experimental aviation, ultra-light flying, base jumping, bungee jumping, heli-skiing or heli-snowboarding, rodeo, or private aviation.



ACCIDENT INDEMNITY EXCLUSIONS

In addition to the exclusions in the Policy, no benefits will be paid under this benefit for services or materials:

1. Any treatment, service or supply for an illness.
2. Suicide, attempted suicide or any self-inflicted injury, while sane or insane; or
3. A claim arising out of declared or undeclared war or acts thereof; or
4. A claim related to bodily injuries received while the Covered Person was operating a motor vehicle under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal intoxication limit; or
5. A claim arising out of participation in an insurrection or rebellion, participation in a riot, commission of or attempting to commit an assault, battery, felony, or act of aggression; or
6. A claim or any treatment, services or supplies received from a Physician or other provider if such person is: (a) a person who ordinarily resides in Your household, (b) a member of Your Immediate Family; or
7. Any treatment, service or supply which is not Medically Necessary; or
8. A claim or any treatment for an illness or injury for which treatment, services or supplies were received or purchased outside the United States; or
9. A claim or any treatment, services or supplies for which no charge is made or for which the Covered Person is not required to pay; or
10. Any claim relating to an Accidental where the Accident was prior to the effective date of coverage under this benefit, or after coverage is terminated; or
11. A claim or any treatment, services or supplies related to: (a) the teeth; and (b) the gums other than tumors; and (c) any other associated structures; (d) the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids; and (e) dental implants, regardless of the cause.

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