



MBA Hospital Indemnity Insurance Plan Product Summary

Guaranteed Acceptance¹

Provided you're between ages 65-80 and an eligible MBA member, you are guaranteed to get this coverage. There is no way you can be turned down.

Cash Benefits

Choose between three coverage plans that pay cash benefits directly to you or anyone you choose to use however you need. Hospitalization must begin within 90 days after the illness or injury occurs. All plans will pay the daily cash benefit amount you select for each day of your hospitalization. Refer to the back of the letter for benefit amounts available to you.

First Day Hospital Confinement Benefit

As soon as coverage becomes effective, you will be paid the hospital confinement benefit amount that you select for the first day you or your covered dependent is hospitalized as an inpatient due to a covered illness or covered injury.

Daily Hospital Confinement Benefit

You will be paid the daily hospital confinement benefit amount you select for each day you or your covered dependent is hospitalized as an inpatient due to a covered illness or covered injury.

Daily Intensive Care Unit (ICU) Confinement Benefit

You will be paid the daily ICU confinement benefit amount you select for each day you or your covered dependent is an ICU inpatient due to a covered illness or covered injury.

Continuous Facility Confinement Care Benefit

Additional cash benefits are paid to you if you receive additional care as an inpatient in a Rehabilitation or Skilled Nursing Facility. The Confinement must begin within 30 days following a related Confinement in order to receive benefits.

Post Confinement Release Benefit

You would receive cash benefits when you are released from the hospital, ICU, rehabilitation or skilled nursing facility as you start to recover at home. This benefit is paid if you were Confined for 10 days or more.

Eligibility

You are eligible to enroll if you are over age 65, a U.S. resident and active duty, retired or honorably discharged veteran, National Guard, reservist, or a full-time federal employee.. Your spouse is eligible if he /she is a U.S. resident (excluding New York), and not legally separated or divorced from you. (See the Certificate of Insurance for full details.)

Satisfaction Guaranteed

Once you receive your Certificate of Insurance you have a full 30 days to review it. If you're not satisfied, simply return it within 30 days of receipt; premiums paid will be refunded, minus any claims paid.

Coverage Effective Date

Your coverage is effective as of the first day of the month following the date the administrator receives your enrollment form and first premium payment.

Deferred Coverage Effective Date

You or your dependent's coverage will not start until the first day of the month on or next following the day after:
1) the member or the dependent is no longer Confined or Confined Elsewhere; and 2) the member or the dependent has engaged in all of the normal and customary activities of a person of like age, gender and good health for at least 15 consecutive days. In no event will dependent insurance become effective before a member becomes insured.

Termination of Coverage

Your coverage remains in effect if premiums are paid, the Master Policy is in force, and you remain an MBA member, until you reach age 85. Dependent coverage terminates when your coverage terminates, premiums are not paid, or they cease to be eligible dependents.

Definitions

Confined or Confinement means the assignment to a bed in a medical facility for a period of at least 20 consecutive hours, or being held in a Hospital for 24 consecutive hours or more. Hospital does not include convalescent homes; convalescent, rest or nursing facilities; facilities affording primarily custodial, educational or rehabilitative care; facilities primarily for care of the aged/elderly, care of persons with substance abuse issues/disorders, or care of persons with mental and nervous disorders; or a distinct unit within a hospital that primarily treats or is dedicated to the care of persons with substance abuse issues/disorders or mental and nervous disorders.

Exclusions

No benefits are payable under the Policy for any Illness or Injury that results from or is caused by a Covered Person's: 1) suicide or attempted suicide, whether sane or insane, or intentional self-infliction; 2) voluntary intoxication (as defined by the law of the jurisdiction in which the Illness or Injury occurred) or while under the influence of any narcotic, drug or controlled substance, unless administered by or taken according to the instruction of a Physician or Medical Professional; 3) voluntary intoxication through use of poison, gas or fumes, whether by ingestion, injection, inhalation or absorption; 4) voluntary commission of or attempt to commit a felony, voluntary participation in illegal activities (except for misdemeanor violations), voluntary Participation in a Riot, or voluntary engagement in an illegal occupation; 5) incarceration or imprisonment following conviction for a crime; 6) travel in or descent from any vehicle or device for aviation or aerial navigation, except as a fare-paying passenger in a commercial aircraft (other than a charter airline) on a regularly scheduled passenger flight; 7) ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/stunts (for motor vehicles), acrobatic/stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing; 8) participation in any organized sport in a professional or semi-professional capacity; 9) travel or activity outside the United States or Canada; 10) involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer. If You notify Us of active duty service or training outside the continental United States, Hawaii, Puerto Rico or Alaska, We will refund any premiums paid for any period for which no coverage is provided as a result of the exclusion.

In addition, We will not pay for any benefits under the Policy, unless required by law for: 1) elective abortion or complications thereof; 2) artificial insemination, in vitro fertilization, test tube fertilization; 3) sterilization, tubal ligation or vasectomy, and reversal thereof; 4) aroma therapeutic, herbal therapeutic, or homeopathic services; 5) any Mental and Nervous Disorder, unless specifically allowed by a provision of this Certificate; 6) Substance Abuse, unless specifically allowed by a provision of this Certificate; 7) medical mishap or negligence on the part of any Physician, Medical Professional, or Therapist, including malpractice; 8) Custodial Care, unless specifically allowed by a benefit provision in this Certificate or any rider attached to the Policy (if applicable); 9) elective or cosmetic surgery or procedures, except for reconstructive surgery: a) incidental to or following surgery for disease, infection or trauma of the involved body part; or b) due to Congenital Anomaly or disease of a Dependent Child which has resulted in a functional defect; 10) dental care or Treatment, except for: a) Treatment due to an Injury to sound natural teeth within 11 months of the Accident; and b) Treatment necessary due to congenital disease or anomaly. Congenital Anomalies of newborn and newly adopted children are not excluded if otherwise covered under the terms of the Policy.

Other Hospital Indemnity Policy Limitation (Over-Insurance Limitation)

If a Covered Person is insured under any Other Hospital Indemnity Policy underwritten by Hartford Life and Accident Insurance Company, any claim for benefit is only payable under one policy. The Covered Person (or their beneficiary or estate, in the event of death) may elect under which policy benefits are payable. We will return the amount of premium paid for any Other Hospital Indemnity Policy that is declined by the Covered Person retroactive to the later of: 1) the last date any benefit was paid for any Covered Person under the Other Hospital Indemnity Policy; or 2) the effective date of insurance for the Covered Person under the Other Hospital Indemnity Policy.

¹Pre-Existing Condition Limitation

The plan does not pay benefits for any covered illness or covered injury that results from, or is caused or contributed to by, a pre-existing condition until 12 months after a covered person is continuously insured under the Policy. A pre-existing condition limitation of 12 months will also apply to any benefit amount increase or the addition of any benefit under the Policy. If a covered person becomes confined as the result of a pre-existing condition prior to completing this 12-month limitation period, benefits will only be payable for any day of confinement that extends after the end of the limitation period.

THIS IS A HOSPITAL CONFINEMENT INDEMNITY POLICY. THE POLICY PROVIDES LIMITED BENEFITS.

This limited health benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

This brochure explains the general purpose of the insurance described, but in no way changes or affects the Policy as actually issued. In the event of a discrepancy between the brochure and the policy (Master Policy AGP-40003), the terms of the policy apply. All benefits are subject to the terms and conditions of the policy. Policies underwritten by Hartford Life and Accident Insurance Company detail exclusions, limitations and terms under which the policies may be continued in full or discontinued. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy issued to the policyholder. This program may vary and may not be available to residents of all states or in all Associations.

Military Benefit Association is compensated for the placement of insurance and for the services it provides to customers on behalf of the insurance company, in addition to other compensation it may receive. This is a participating group policy under which dividends and/or experience credits may be paid to Military Benefit Association.

Underwritten by Hartford Life and Accident Insurance Company, Hartford, CT 06155.
Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.

Enroll for your coverage today.

Reference the charts below when completing your form.

Low Coverage Plan Monthly Premium

Choose this benefit level for \$500 in First Day Hospital coverage, \$100 in Daily Hospital coverage, \$200 in Daily ICU coverage, \$100 per day for 30 days of Continuous Care coverage, and \$1,000 per confinement of Post Confinement Release coverage. See enclosed brochure for additional disclosures.

Age band	MBA member	MBA member + spouse/partner
65-69	\$16.49	\$33.08
70-74	\$17.77	\$35.65
75-79	\$25.35	\$50.73
80-84*	\$19.03	\$38.10

Medium Coverage Plan Monthly Premium

Choose this benefit level for \$1,000 in First Day Hospital coverage, \$150 in Daily Hospital coverage, \$300 in Daily ICU coverage, \$100 per day for 30 days of Continuous Care coverage, and \$1,000 per confinement of Post Confinement Release coverage. See enclosed brochure for additional disclosures.

Age band	MBA member	MBA member + spouse/partner
65-69	\$25.27	\$50.73
70-74	\$26.96	\$54.16
75-79	\$37.00	\$74.08
80-84*	\$27.15	\$54.38

High Coverage Plan Monthly Premium

Choose this benefit level for \$1,500 in First Day Hospital coverage, \$200 in Daily Hospital coverage, \$400 in Daily ICU coverage, \$100 per day for 30 days of Continuous Care coverage, and \$1,000 per confinement of Post Confinement Release coverage. See enclosed brochure for additional disclosures.

Age band	MBA member	MBA member + spouse/partner
65-69	\$34.05	\$68.38
70-74	\$36.15	\$72.67
75-79	\$48.65	\$97.43
80-84*	\$35.27	\$70.67

Rates and/or benefits may change on a class basis only. Rates are based on the attained age of the insured person and increase as you enter each new age category.

*Renewal rates only.

The Benefit Amount(s) Payable for each Covered Person will decrease by 50% on the Premium Due Date on or next following the date the Member attains age 80.

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