

HOSPITAL FIXED INDEMNITY INSURANCE PLAN OPTIONS

Pays a fixed cash amount for Your Covered Hospital Expenses.

Supplement Your health insurance with the new American Bar sponsored Hospital Fixed Indemnity Insurance plans, offered at competitive group rates & designed to help professionals plan for those unexpected expenses.

Following is a brief description of coverage:

BENEFIT TABLE

Only 1 plan option maybe selected for all family members.

BENEFITS	PLAN OPTIONS				CERTIFICATE YEAR Maximum Number of Covered Days	
Plan Name	200	300	400	500		
Benefit Waiting Period for Sickness	30-Days					
Daily Hospital Confinement Benefit	\$200	\$300	\$400	\$500	365	
Daily Intensive Care/Coronary Care	\$200	\$300	\$400	\$500	365	
Paid in lieu of Daily Hospital	Yes	Yes	Yes	Yes		
Daily Skilled Nursing	\$200	\$300	\$400	\$500	30	
Daily Emergency Room	\$200	\$300	\$400	\$500	2	
Ambulance	\$200	\$300	\$400	\$500	2	
OPTIONAL DAILY Surgical Benefit					CERTIFICATE YEAR Maximum Number of Covered Days	
No Surgical Option	No Surgical Benefit				Inpatient	Outpatient
\$1,000 Surgical Option	\$1,000				1	1
\$2,000 Surgical Option	\$2,000				1	1

FREQUENTLY ASKED QUESTIONS

What is Hospital Fixed Indemnity Insurance?

Hospital Fixed Indemnity Insurance pays a fixed cash amount for Your Covered Hospital expenses. Any costs incurred in excess of the fixed cash amount for medical care or medical care not listed in the Schedule of Benefits, are the responsibility of the Insured. Please review the plan benefits, benefit amounts, limitations and exclusions to determine if they meet your needs.

Hospital Fixed Indemnity insurance is NOT a major medical or comprehensive medical healthcare plan.

Is Hospital Fixed Indemnity Insurance major medical insurance?

No, Hospital Fixed Indemnity insurance is not major medical and is not intended to replace other medical coverage.

Who is eligible for coverage?

To be eligible for the American Bar Association Hospital Fixed Indemnity Insurance, you must be an active member of the American Bar Association and:

- Over the age of 18, unless a dependent of a member
- Under age 80
- Reside in a qualified state of the United States.

As an active member of the American Bar Association you also have the option enroll your eligible dependents.

Who are my eligible dependents?

Eligible Dependent means:

1. lawful spouse, if not legally separated or divorced, or Domestic Partner or Civil Union Partner.
 - Proof of Domestic Partner relationship in the form of a signed and completed Affidavit of Domestic Partnership will be required.
2. unmarried Children under age 26, may vary by state.

The age limitations will not apply to an Insured Person's unmarried Child who is incapable of self - support due to a mental or physical incapacity. Proof of such incapacity must be furnished to the Company immediately upon enrollment or within 31 days of the Child reaching the age limitation. Thereafter proof will be required whenever reasonably necessary, but not more often than once a year after the 2-year period following the age limitation.

(Definition of Eligible Dependent may vary by state.)

Can I or my dependents be enrolled in more than once?

No. At any one time each Covered Person may have only one Certificate issued by Us having coverage similar to that described in the Certificate.

When would my coverage be effective?

Provided the proper premium payment is made, coverage will become effective at 12:01 am on the first of the month following the date of acceptance of your enrollment form.

When would coverage end?

Your Insurance will end on the earliest of:

1. The date You are no longer a member of the American Bar Association.
2. The date You report for full-time active duty in any Armed Forces. This does not include Reserve or National Guard duty for training;
3. The end of the period for which the last premium contribution is made; or
4. The date the Policy is terminated; or
5. The date the Insured Person requests, in writing, that his/her coverage be terminated; or

Your Dependent's coverage will end on the earliest of:

1. The date the Policy terminates; or
2. The date the Your coverage ends; or
3. The date the Dependent is no longer a Dependent; or

4. The last day of the period for which premiums have been paid.
5. The date You report for full-time active duty in any Armed Forces. This does not include Reserve or National Guard duty for training

What is a Pre-existing condition and are they covered?

Pre-existing condition means a disease or physical condition for which medical advice or treatment was recommended or received by the Covered Person during the 12 months prior to the Covered Person's Effective Date of coverage.

Pre-existing Conditions will not be covered for a period of the first 12 months after the Covered Person's Effective Date of coverage (applies to Hospital, ICU and Surgery benefits only).
(Definition of Pre-existing Condition as well as indicated time frames may vary by state.)

What is a Waiting Period and does this coverage include a Waiting Period?

Waiting Period means the consecutive number of days after the Certificate Effective Date before benefits are payable for Covered Expenses due to Sickness.

There is a 30-day Waiting Period due to Sickness. There is no Waiting Period due to Injury.

Can I use any medical provider for this Hospital Fixed Indemnity plan?

Yes. Hospital Fixed Indemnity insurance is not a major medical plan and does not include a medical network.

How do I file a Hospital Fixed Indemnity Claim?

To file a Hospital Fixed Indemnity Insurance Claim, simply download the claim form and mail to Coordinated Benefit Plans (CBP) P.O. Box 23802 Tampa, FL 33623 with all necessary supporting documentation.

BENEFIT DESCRIPTIONS

Daily Hospital Confinement Benefit

We will pay the Daily Hospital Confinement Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined as an inpatient and all of the following conditions are met:

1. the Hospital stay is Medically Necessary and the direct result, from no other causes, of Injuries or illness sustained in a Covered Accident or Sickness; and
2. Confinement is at the direction and under the care of a Physician; and
3. While the coverage is in effect.

Benefit payments will end on the first of the following dates:

1. the date the Hospital stay ends; or
2. the date the Covered Person dies; or
3. the date the Maximum Benefit for this benefit is payable; or
4. the date insurance under the Policy ends.

Daily Intensive Care/Coronary Care Unit Benefit

We will pay the Intensive Care Unit (ICU)/Coronary Care Unit (CCU) Benefit shown in the Schedule of Benefits if a Covered Person is Hospital Confined in the Intensive Care Unit and all of the following conditions are met:

1. the ICU/CCU confinement is Medically Necessary and the direct result, from no other causes, of Injuries or illness sustained in a Covered Accident or Sickness; and
2. ICU/CCU stay is at the direction and under the care of a Physician;
3. While the coverage is in effect.

Benefit payments will end on the first of the following dates:

1. the date the ICU/CCU stay ends; or
2. the date the Covered Person dies; or
3. the date the Maximum Benefit for this benefit is payable; or
4. the date insurance under the Policy ends.

This benefit will be paid in lieu of the Daily Hospital Confinement benefit.

Daily Skilled Nursing Care Facility Benefit

We will pay the Skilled Nursing Care Facility Benefit shown in the Schedule of Benefits if, as the result of a Covered Accident or Sickness, a Covered Person is confined in a Skilled Nursing Care Facility within 3 straight days after a period of confinement for which Daily Hospital Confinement Benefits are payable. We will pay the benefit for each day the Covered Person is confined in a Skilled Nursing Care Facility up to the Maximum Benefit shown in the Schedule of Benefits. In computing the number of days payable under this benefit, the date of admission will be counted but not the date of discharge. We will pay for treatment if a Physician visits the Covered Person and certifies in writing the confinement is Medically Necessary.

Daily Emergency Room Visits Benefit for Sickness and Injury

We will pay the benefit shown in the Schedule of Benefits for Emergency Room Visits if a Covered Person requires Hospital emergency room treatment for a Medical Emergency as the result of a Covered Accident or Sickness.

“Emergency Room” means a trauma center or special area in a Hospital that is equipped and staffed to give people emergency treatment on an outpatient basis. An Emergency Room is not a clinic or Physician’s office.

Daily Ambulance Benefit

We will pay the Daily Ambulance Benefit shown in the Schedule of Benefits, subject to the following conditions, if the Covered Person requires ambulance services due to a Covered Accident or Sickness.

The ambulance services provided must be for transportation from the scene of the Covered Accident to the nearest Hospital that is able to provide appropriate care, or in the event of a Covered Sickness, the Medically Necessary transportation to a Hospital.

Optional Daily Inpatient Surgery Benefit

If you elect to include the Optional Surgery Benefits, We will pay the Daily Inpatient Surgery Benefit shown in the Schedule of Benefits if a Covered Person is ordered by a Physician to undergo Medically Necessary Surgery as the result of a Covered Accident or Sickness.

"Surgery" means the treatment of fractured and dislocated bones, operations that involve cutting or incision

and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure, that is:

1. necessary for treatment of the Covered Person; and
2. performed in a Hospital.

Inpatient Surgery must be performed in the operating room of a Hospital.

Optional Daily Outpatient Surgery Benefit

If you elect to include the Optional Surgery Benefits, We will pay the Surgery Benefit shown in the Schedule of Benefits if a Covered Person is ordered by a Physician to undergo Medically Necessary Surgery as the result of a Covered Injury or Sickness.

"Surgery" means the treatment of fractured and dislocated bones, operations that involve cutting or incision and/or suturing of wounds or any other surgical procedure, including the usual aftercare for such procedure that is necessary for treatment of the Covered Person.

Outpatient Surgery must be performed in the outpatient department of a Hospital or an Ambulatory Surgical Center.

"Ambulatory Surgical Center" means a free standing facility providing ambulatory surgical or medical treatment other than a Hospital, clinic or Physician's office. It must be qualified to provide the treatment under the standards set by the state in which it is located.

This does not include Surgery performed in a surgical suite or Physician's office.

EXCLUSIONS

The Policy does not cover any loss resulting in whole or part from, or contributed to by, or as a natural or probable consequence of any of the following:

1. Suicide, attempted suicide or intentional self-inflicted Injury while sane or insane.
2. War or any act of war, declared or undeclared.
3. While the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
4. Active participation in a riot or insurrection;
5. Treatment which arises out of, or in the course of fighting, brawling, assault or battery.
6. Treatment for Mental Illness or Nervous Disorders, except as specifically provided in the Policy.
7. Treatment for Substance Abuse, except as specifically provided in the Policy.
8. Injury or Sickness caused by, contributed to or resulting from the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
9. Violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation.
10. Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policyholder; or an Immediate Family Member of the Covered Person.
11. Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay.
12. Travel or activity outside the United States, except for a Medical Emergency.
13. Participation in any motorized race or speed contest.
14. Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician.

15. Injury to a Covered Person resulting from that Covered Person's willful violation of the Policyholder's rules or regulations. Willful violation includes, but is not limited to: a) working without protective clothing, helmets, gloves, etc., required by the Policyholder's rules or regulations; or b) participating in any activity that is in violation of the Policyholder's rules or regulations.
16. Pregnancy, except Complications of Pregnancy or childbirth unless conception occurred while coverage was in force under the Policy.
17. Elective Abortion, including complications. "Elective Abortion" means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
18. Experimental or Investigational drugs, services, supplies or procedure that is Experimental or Investigational at the time the procedure is done. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The procedure will also be considered Experimental or Investigational if the Covered Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption.
19. Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
20. Treatment or services provided by a private duty nurse, unless provided for in the Policy.
21. Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident.
22. Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in the Policy.
23. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofacial pain, except as specifically provided in the Policy.
24. Treatment for blood or blood plasma;
25. Routine vision care.
26. Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
27. Travel in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snow mobile; or riding in a rodeo according to the Policy provisions; or any off-road motorized vehicle not requiring licensing as a motor vehicle;
28. Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - i. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - ii. While being used for any test or experimental purpose; or
 - iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or

- iv. while traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of His household.
 - v. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - vi. An ultra light, hang -gliding, parachuting or bungi-cord jumping;
Except as a fare paying passenger on a regularly scheduled commercial airline.
29. Rest cures or custodial care;
30. Prescription Drugs unless specifically provided for under the Policy.
31. Elective or cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body;
32. Physiotherapy services.

PLAN RATES

Rates are based on age. Identify your plan and surgery option, then simply add Member rate by age, and/or Spouse rate by age (if applicable) and/or Children flat rate (if applicable) to determine your monthly premium. If you would like to compare plan costs, please visit <https://tiipartnerships.com/aba/enroll/>, enter your state and Dates of Birth for all insureds.

RATES PER MONTH	PLAN OPTIONS			
	200	300	400	500
MONTHLY RATE FOR MEMBER ONLY				
Under age 40	\$10.06	\$15.09	\$20.12	\$25.15
Wit h \$1,000 Daily Surgical Benefit	\$12.33	\$17.33	\$22.33	\$27.33
Wit h \$2,000 Daily Surgical Benefit	\$14.60	\$19.57	\$24.55	\$29.53
Age 40- 49	\$15.09	\$22.63	\$30.17	\$37.72
Wit h \$1,000 Daily Surgical Benefit	\$18.45	\$25.92	\$33.40	\$40.87
Wit h \$2,000 Daily Surgical Benefit	\$21.78	\$29.20	\$36.63	\$44.05
Age 50-64	\$20.12	\$30.17	\$40.23	\$50.29
Wit h \$1,000 Daily Surgical Benefit	\$25.20	\$35.40	\$45.62	\$55.84
Wit h \$2,000 Daily Surgical Benefit	\$30.36	\$40.69	\$51.04	\$61.39
Age 65-69	\$21.18	\$31.75	\$42.34	\$52.93
Wit h \$1,000 Daily Surgical Benefit	\$26.52	\$37.25	\$48.01	\$58.76
Wit h \$2,000 Daily Surgical Benefit	\$31.94	\$42.82	\$53.71	\$64.61
Age 70 - 79	\$28.23	\$42.32	\$56.43	\$70.55
Wit h \$1,000 Daily Surgical Benefit	\$34.46	\$48.41	\$62.38	\$76.36
Wit h \$2,000 Daily Surgical Benefit	\$40.65	\$54.49	\$68.35	\$82.21

ADDITIONAL MONTHLY RATE TO ENROLL SPOUSE				
Under age 40	\$11.09	\$16.64	\$22.18	\$27.72
With \$1,000 Daily Surgical Benefit	\$13.59	\$19.19	\$24.78	\$30.37
With \$2,000 Daily Surgical Benefit	\$16.12	\$21.75	\$27.39	\$33.02
Age 40-49	\$16.62	\$24.93	\$33.24	\$41.55
With \$1,000 Daily Surgical Benefit	\$20.14	\$28.42	\$36.71	\$44.99
With \$2,000 Daily Surgical Benefit	\$23.63	\$31.90	\$40.16	\$48.42
Age 50-64	\$22.14	\$33.22	\$44.30	\$55.37
With \$1,000 Daily Surgical Benefit	\$26.85	\$37.91	\$48.96	\$60.01
With \$2,000 Daily Surgical Benefit	\$31.57	\$42.60	\$53.64	\$64.67
Age 65-69	\$23.33	\$35.01	\$46.68	\$58.34
With \$1,000 Daily Surgical Benefit	\$28.28	\$39.92	\$51.56	\$63.19
With \$2,000 Daily Surgical Benefit	\$33.22	\$44.84	\$56.46	\$68.06
Age 70 - 79	\$28.11	\$42.17	\$56.23	\$70.27
With \$1,000 Daily Surgical Benefit	\$33.71	\$47.59	\$61.46	\$75.32
With \$2,000 Daily Surgical Benefit	\$39.22	\$52.94	\$66.65	\$80.35
ADDITIONAL FLAT MONTHLY RATE TO ENROLL CHILDREN				

Without Surgical	\$22.67	\$34.00	\$45.33	\$56.60
With \$1,000 Daily Surgical Benefit	\$26.13	\$37.46	\$48.79	\$60.06
With \$2,000 Daily Surgical Benefit	\$29.59	\$40.92	\$52.25	\$63.52

The Hospital Fixed Indemnity Insurance described above is underwritten by United States Fire Insurance Company.

This is a brief description of your plan and may not be available in all states. Age restrictions apply. There is a 30-Day Waiting Period for Sickness. Where available, a 12-month Pre-existing Condition Limitation applies for all Hospital, ICU & Surgery benefits. Maternity is not covered. Members may be enrolled only once, duplicate Hospital Fixed Indemnity Coverage is not permitted. Changes to coverage can only be made as the result of a qualifying life change.

SEE YOUR CERTIFICATE FOR PLAN TERMS AND CONDITIONS SUCH AS DEFINITIONS, LIMITATIONS AND EXCLUSIONS. PLAN TERMS AND CONDITIONS MAY VARY BY STATE.

This type of plan is NOT Major Medical or Comprehensive Medical INSURANCE. THIS Type of Plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a tax penalty. Please consult your tax advisor.