

# VOLUNTARY HOSPITAL INDEMNITY COVERAGE

## Why Hospital Indemnity Coverage?

Hospital Indemnity coverage, available through Aflac, pays a benefit when you or your covered dependents are admitted to the hospital for a covered stay. This coverage can complement your health insurance to help you pay for the costs associated with a hospital stay. It can also provide funds which can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as coinsurance, copays, and deductibles.

## Plan Features

- Delivers a tax-free lump sum benefit
- No pre-existing condition exclusion
- Coverage is portable; if you leave University of Southern Indiana, you can take this with you

Summary of Benefits	
Benefit Type	Benefit Amount
Hospital Admission (Payable once per year)	\$1,000
Hospital Confinement	\$200 per day, up to 31 days
ICU Confinement	\$400 per day, up to 10 days

## Employee Contributions

	Bi-weekly	Monthly
Employee Only	\$10.46	\$20.92
Employee + Spouse	\$20.20	\$40.40
Employee + Child(ren)	\$16.36	\$32.72
Family	\$26.10	\$52.20



# VOLUNTARY ACCIDENT COVERAGE

## Why Accident Coverage?

Accident coverage applies to non-work related accidents only. If you elect to purchase accident coverage, this plan pays a tax-free benefit directly to you to help offset unexpected expenses associated with an accident (off the job only) for yourself or a covered family member.

## How Does It Work?

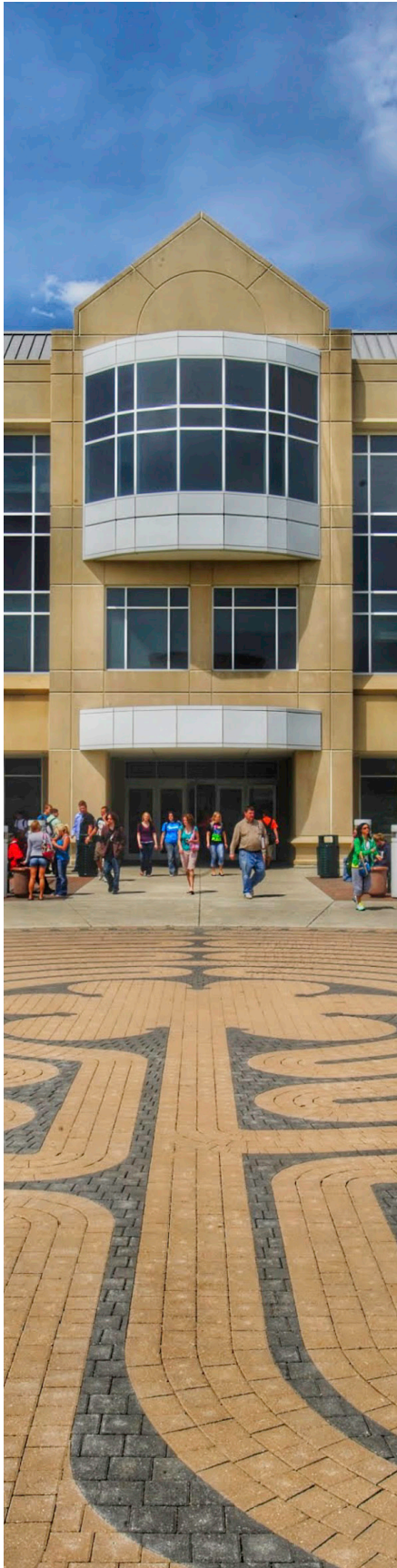
1. Get the treatment you need
2. File a claim with Aflac
3. You'll receive a benefit for each covered treatment received

Here is a summary of the covered medical services. A full list of covered services will be provided in your certificate.

Plan Pays You	
Emergency Room	\$200
Hospital confinement	\$1,000 + \$200 per day (up to 365 days)
Intensive care confinement	\$400 per day (up to 30 days)
<b>Fractures</b>	
Skull (depressed)	\$3,000
Hip or thigh	\$4,000
Vertebrae	\$3,600
Hand, wrist, forearm, foot, ankle, or kneecap	\$2,000
Coccyx, rib, finger or toe	\$320
<b>Dislocations</b>	
Hip	\$3,000
Knee	\$1,950
Shoulder	\$1,500
Ankle or foot bones	\$1,200
Finger or toe	\$240

## Employee Contributions

	Bi-Weekly	Monthly
Employee Only	\$5.35	\$10.70
Employee + Spouse	\$9.47	\$18.94
Employee + Child(ren)	\$13.28	\$26.56
Family	\$17.40	\$34.80



# VOLUNTARY CRITICAL ILLNESS COVERAGE

## Why Critical Illness Coverage?

A critical illness can be a major detriment to your income, health insurance expenses, and daily living. Aflac’s critical illness plan pays a lump sum directly to you for any of the conditions shown in the chart. You also may cover your spouse and dependent children. If you elect coverage for yourself, your child also will receive coverage equal to 50 percent of that amount.

## Added Security

- Delivers a tax-free lump sum benefit upon diagnosis.
- No pre-existing condition exclusion; benefits are paid based on date of diagnosis.
- Coverage is portable; if you leave the University of Southern Indiana, you can take this with you.
- Rates are based on your age, election tier, and the coverage amount you elect. Please refer to the tables on the next page for more detailed rate information.

## Covered Conditions and Benefits

You may elect to purchase critical illness coverage up to the limits shown in the chart.

Employee Coverage	\$10,000 increments up to \$30,000
Spouse Coverage	\$5,000 increments up to 50% of employee’s coverage amount or \$15,000
Child(ren) Coverage	50% of employee’s coverage amount (included)

Some of the covered conditions include:

Critical Illness	Percent of Benefit Paid
Heart attack	100%
Stroke	100%
Coronary artery bypass surgery	25%
Invasive cancer	100%
Non-invasive cancer	25%
Benign brain tumor	100%
End stage renal (kidney) failure	100%
Major organ transplant	100%
Coma	100%
Blindness	100%
Additional covered conditions for dependent children: cerebral palsy, cystic fibrosis, and Down syndrome	50%

**Health Screening Benefit**

This benefit pays \$50 per calendar year per insured individual if a covered health screening test is performed. A full list of covered tests will be provided in your certificate.



## Employee Contributions

Employee Age	Employee Coverage					
	\$10,000		\$20,000		\$30,000	
	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly
18-25	\$2.64	\$5.27	\$4.51	\$9.02	\$6.39	\$12.77
26-30	\$3.29	\$6.57	\$5.81	\$11.62	\$8.34	\$16.67
31-35	\$3.77	\$7.53	\$6.77	\$13.54	\$9.78	\$19.56
36-40	\$4.74	\$9.48	\$8.73	\$17.45	\$12.71	\$25.41
41-45	\$5.58	\$11.15	\$10.40	\$20.79	\$15.21	\$30.42
46-50	\$6.53	\$13.06	\$12.30	\$24.60	\$18.07	\$36.14
51-55	\$9.83	\$19.65	\$18.89	\$37.77	\$27.95	\$55.90
56-60	\$9.69	\$19.38	\$18.62	\$37.24	\$27.55	\$55.10
61-65	\$19.16	\$38.32	\$37.56	\$75.12	\$55.96	\$111.92
66+	\$33.17	\$66.34	\$65.59	\$131.17	\$98.00	\$195.99

Spouse Age	Spouse Coverage					
	\$5,000		\$10,000		\$15,000	
	Bi-Weekly	Monthly	Bi-Weekly	Monthly	Bi-Weekly	Monthly
18-25	\$1.55	\$3.10	\$2.35	\$4.69	\$3.14	\$6.27
26-30	\$1.88	\$3.75	\$2.99	\$5.98	\$4.11	\$8.22
31-35	\$2.12	\$4.23	\$3.48	\$6.95	\$4.83	\$9.66
36-40	\$2.61	\$5.21	\$4.45	\$8.90	\$6.30	\$12.59
41-45	\$3.02	\$6.04	\$5.29	\$10.57	\$7.55	\$15.09
46-50	\$3.50	\$7.00	\$6.24	\$12.47	\$8.98	\$17.95
51-55	\$5.15	\$10.29	\$9.53	\$19.06	\$13.92	\$27.83
56-60	\$5.08	\$10.16	\$9.40	\$18.79	\$13.72	\$27.43
61-65	\$9.82	\$19.63	\$18.87	\$37.73	\$27.92	\$55.84
66+	\$16.82	\$33.64	\$32.88	\$65.76	\$48.94	\$97.88

If you elect coverage for yourself, coverage for your child or children is automatically included in your monthly premium.

