NEW YORK LIFE GROUP BENEFIT SOLUTIONS

Offered by New York Life Insurance & Annuity Corporation

Employee-Paid Hospital Indemnity Insurance

Summary of Benefits

Prepared for: BENEFIT SUMMARY PROOF
Class 1

Eligibility:
All active, full-time and part-time Employees of the Employer regularly working a minimum of 30 hours per week in the United States, who are citizens or permanent resident aliens of the United States.
Employee: You will be eligible for coverage the first of the month following date of hire.
Spouse/Domestic Partner*: Is eligible as long as you apply for and are approved for coverage yourself.
Child(ren): Birth to age 26, as long as you apply for and are approved for coverage yourself.

*Domestic Partner is defined in the Group Policy. For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative.

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What's Included?

Here are just some of the covered Hospital Benefits...
The benefit amounts and how many times/days payable per benefit is outlined below. Hospital Admission and Confinement Benefits are payable when the Covered Person is confined on an inpatient basis to a covered facility for confinement due to treatment of an injury or sickness. Only one Hospital Benefit Type is payable per day per Covered Person, with most common confinements we pay claims include the below.

	Standard
Admission Benefits Payable on the first day of inpatient confinement [1]Included for confinement to a NICU due to birth	
Hospital Admission Benefit *(1 time per Period of Confinement)*	$1,100[1] *No more than 4 times per Calendar Year*
Confinement Benefits Begin on the 2nd day of confinement when an admission benefit applies, or as outlined below. [1]Included for confinement to a NICU due to birth	
Daily Inpatient Hospital Confinement Benefit	$200 *Per day, up to 90 days, per Period of Confinement*
Intensive Care Unit (ICU) Confinement Benefit	$400[1] *Per day, up to 30 days, per Period of Confinement*

	Standard
Rehabilitation Facility Confinement	$100 *Per day, up to 30 days, per Period of Confinement*

Health Screening Benefit
Health Screening Benefit provides an annual benefit payment if you receive a health screening test. Annual Benefit Amount(s) are as follows -
$50.00

Portability - If your employment is terminated, you can continue your hospital indemnity insurance, and hospital indemnity insurance for your insured spouse and dependent children, on a direct-bill basis. Your spouse and dependent children may also continue their hospital indemnity insurance, following your death, following divorce, or when the child reaches the age limit. Coverage can be continued as outlined in the Group Policy. Refer to your certificate for details.

Your Bi-Weekly Cost of Coverage:	
Coverage Tier	**Standard**
Employee	$9.877
Employee + Spouse	$22.638
Employee + Child(ren)	$18.725
Family	$33.078

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Standard: The rates above reflect the cost that you would be responsible for if you elect coverage for yourself. The employer pays for your dependent coverage.

Actual per pay period premiums may differ slightly due to rounding. Rates may be subject to change in the future.

Important Definitions and Policy Provisions:

When your coverage begins – Coverage begins on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable and elected by You, will not begin unless you are actively at work on the effective date.

When your coverage ends – Coverage ends on the earliest of the date you or your dependents, if applicable, are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Definitions

Standard: Hospital - An institution that meets all of the following:

1. It provides medical treatment and care of patients on an inpatient basis;
2. It is licensed to provide such medical Treatment and care pursuant to applicable law;
3. It is primarily and continuously engaged in providing medical care and Treatment to sick and injured persons;
4. It is managed under the supervision of a staff of Doctors;
5. It provides 24-hour nursing services by or under the supervision of a graduate Registered Nurse (R.N.);
6. It has medical, diagnostic and Treatment facilities, with major surgical facilities on its premises, or available to it on a prearranged basis.

The term Hospital does not include a clinic, facility, or unit of a Hospital for:

1. Convalescent, custodial, educational or nursing care;
2. Treatment of the aged;
3. A Veteran's Administration Hospital or Federal Government Hospital unless the Covered Person would incur an expense in the absence of insurance.

Please refer to the General Definitions section in your Certificate for additional applicable definitions.

Exclusions -

Exclusions - means benefits will not cover losses caused or contributed to by:

- suicide or attempted suicide, while sane or insane;
- intentionally self-inflicted harm, while sane or insane;
- travel in or descent from an aircraft, if the Covered Person acted in a capacity other than as a passenger. Performing these acts as part of your employment with the <Client Name> is not excluded;
- travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the Earth's atmosphere. Performing these acts as part of your employment with the <Client Name> is not excluded;
- war or act of war, whether declared or undeclared;
- active participation in a riot, insurrection, or terrorist activity;
- a Sickness or Injury occurring during any period of time while the Covered Person is incarcerated in any type of penal or detention facility;
- committing or attempting to commit a felony;
- voluntary intake or use by any means of:
  a. any drug, unless:
     i. prescribed or administered by a Doctor and taken in accordance with the Doctor's instructions; or
     ii. an over-the-counter drug, taken in accordance with the instructions.
  b. any poison, gas or fumes, unless a direct result of an occupational accident;

- operating a motorized vehicle while under the influence of alcohol, such that the Covered Person's blood alcohol content meets or exceeds the legal level established for Driving Under the Influence (DUI), Driving While Impaired (DWI), or other similar laws of the jurisdiction where the Accident occurred;
- riding or driving an air, land or water vehicle in a race;
- in the case of an Employee, as a result of active duty as a member of the armed forces of any nation;
- in the case of a Spouse or Dependent Child(ren), an Accident occurring while the Spouse or Dependent Child(ren) is on active duty as a member of the armed forces of any nation. We will refund, upon Written notice of such service, any Premium which has been accepted for any period not covered as a result of this exclusion;
- participation in any semi-professional or professional athletic contest in which any compensation is received;
- bungee jumping;
- elective surgery, except when required for appropriate care as determined by a Doctor as a result of Injury or Sickness.
- participation in an illegal occupation or activity;
- rock or mountain climbing;
- aeronautics (hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing). Performing these acts as part of your employment with the <Client Name> is not excluded.

THIS POLICY PROVIDES LIMITED BENEFITS. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Hospital Indemnity insurance are set forth in Group Policy No. GHI0100017. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible benefits, their respective payments, and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Please keep this material as a reference. This product is not health care insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. Policy provisions and product availability may vary by state. Policy forms: Hospital

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Indemnity: GBS-HI-1000.00. Coverage is underwritten by New York Life Insurance and Annuity Corporation, 51 Madison Avenue New York, NY 10010.

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