

HOSPITAL INDEMNITY BENEFITS

This is a Hospital Indemnity Insurance Policy

Policy Form Numbers CUL-HPHI2010, CUL-HPHI2010-LA, CUL-HPHI2010-OK, CUL-HPHI2010-TX (including state variations)



ManhattanLife
Standing By You. Since 1850.

Employee Supplemental Plan

<p>HOSPITAL CONFINEMENT BENEFIT (CUL-HPHI2010 1-00**)</p> <p>Pays the Daily Benefit selected for Hospital Confinement as a resident bed patient due to covered Sickness or Injury. The employee and each insured family member must have the same benefit amount.</p> <p>Benefit Period: Benefits can be paid up to 365 days for any one Period of Confinement, per person.</p>	<p>\$30</p>
<p>FIRST HOSPITAL CONFINEMENT BENEFIT (CUL-HRFHC 1-00**)</p> <p>Pays a Lump Sum Benefit for the Insured's First Hospital Confinement for covered Sickness or Injury during the Calendar Year.</p> <p>Benefit Amount: Depends on the length of Hospital Confinement: <i>1 day - \$500; 2 days - \$1000; 3 days - \$2000; 4 days - \$3,000; 5 days - \$4,000; 6 days - \$5,000.</i> The benefit is not cumulative and will not exceed \$5,000.</p> <p>Benefit Period: Payable one time per Calendar Year, per insured person. Hospital Confinement includes one continuous Hospital Confinement or several Hospital Confinements for the same or related cause, which are separated by less than 60 days.</p>	<p>\$5,000 Maximum</p>
<p>EMERGENCY ACCIDENT BENEFITS (CUL-HREA 1-00**)</p> <p>Pays the Specified Benefit for Emergency Care rendered (within 72 hours of the date of the accident) by a Physician in a Hospital Emergency Room or Physician's office due to a covered Injury. All family members must have same benefit amount.</p> <p>Benefit Period: 4 treatments/year each for employee or spouse; total of 4 treatments/year for all children, not each child.</p>	<p>\$100</p>

PLAN HIGHLIGHTS

- ✦ Pays in addition to any other insurance.
- ✦ Pays in addition to Workers Comp.
- ✦ Guarantee to Issue available with 12 month Pre-X.
- ✦ Pregnancy covered as Illness.

BI-WEEKLY RATES

Employee	\$ 8.57
Employee & Spouse	\$ 17.14
Employee & Child(ren)	\$ 13.74
Family	\$ 22.21

LIMITATIONS & EXCLUSIONS

The Policy (including any Rider(s) attached) does not pay Benefits for conditions caused by or resulting from: a. except in PA, treatment of alcoholism or drug addiction; or b. except in NV and OK, being legally intoxicated (in SC, as defined by the laws and jurisdiction of the state in which the Policy is issued) or being under the influence of (in LA, narcotics) any drug unless prescribed by a Physician (in SD, committing a felony while being legally intoxicated or being under the influence of any drug); or c. attempted suicide while sane or insane (in MO, insane does not apply) or willful and intentional self-inflicted Injury; or d. being exposed to war or any act of war, declared or undeclared or while serving in the armed forces (in NC, this exclusion does not apply to any act of terrorism) (in OK, war or any act of war, (whether declared or undeclared) or while serving in the military service or any auxiliary unit attached to the military or working in an area of war whether voluntary or as required by an employer; participating in a riot, felony or insurrection; service in the armed forces or units auxiliary thereto); or e. engaging in an illegal activity (in GA, NE and PA, illegal occupation); or f. Dental Treatment or plastic surgery for cosmetic purposes. This exclusion does not apply if the treatment or surgery is: (1) due to an Injury; or (2) to restore normal bodily functions (in NC, (3) with respect to a newborn child, foster child or adopted child insured under this Policy after the Policy Effective Date, due to a congenital defect); or g. care that is primarily for rest, convalescence or rehabilitation; or h. treatment of Mental or Nervous Disorders without demonstrable organic disease; or i. treatment which is rendered outside the United States, its possessions, or Canada, except for emergency care for acute onset of Sickness or Injury sustained while traveling for business or pleasure; or j. except in PA, any Pre-Existing Conditions as defined in the Policy; or k. conditions specifically excluded by amendment or endorsement.

IN NE ONLY, committing or attempting to commit a felony.

IN PA ONLY, loss sustained or contracted in consequence of the Insured's being intoxicated or being under the influence of any narcotic unless administered on the advice of a Physician; or suicide or intentionally self-inflicted injuries.

PRE-EXISTING CONDITIONS

The Policy and any attached Rider(s) do not cover Pre-Existing Conditions whether disclosed in the application or not. By Pre-Existing Conditions, We mean those conditions for which medical advice or treatment was received or recommended or that were medically documented within the 12-months (in TX, 6 months for an Insured who is age 65 or older on the Policy Effective Date) (in NV, 6-month) period immediately preceding the Policy Effective Date. Conditions specifically named or described as excluded in any part of this Policy are never covered. In NC, Pre-Existing Conditions are waived with respect to a newborn child, foster child or adopted child insured under this Policy after the Policy Effective Date pursuant to the Eligibility and Addition of Persons provision.

TERMINATION

All coverage under the Policy and any attached Rider(s) shall terminate when the Policy ceases to be in force. The Policy will end on the earlier of: a. when You fail to pay Premiums within Your Grace Period; or b. when You die (in NC, we will refund any unearned premium); or c. the Policy Anniversary Date You no longer meet the Renewal Condition as defined on the cover of the Policy; or d. the date You notify Us in writing to end the Policy (in NC, we will refund any unearned premium).

Coverage for an Insured Dependent will end on the date such Insured ceases to be an Eligible Dependent Child or Eligible Spouse (in NV, Domestic Partner), as defined in the Policy.

When such Insured's insurance ends, We will: a. refund any Premium accepted for the period the Insured ceases to be an Eligible Dependent Child or Eligible Spouse (in NV, Domestic Partner); and b. consider any claim that began before the insurance ended; and c. allow a conversion policy for an Eligible Dependent Child or Eligible Spouse (in NV, Domestic Partner), as set forth in the Conversion Privilege.

IN TX ONLY, in the event Your death, Your spouse, if an Insured Person will automatically become the Insured under this Policy.

30 DAY RIGHT TO EXAMINE POLICY

You have thirty (30) days to examine the policy. If you are not satisfied, you may return it to us and have your premiums refunded.

For costs or complete details of coverage, contact your agent or the Company.

Licensed Agent: _____

Product underwritten by ManhattanLife Assurance Company of America, 10777 Northwest Freeway, Houston, Texas 77092.

This brochure is presented as a matter of general information and is not a contract of insurance. Benefits are only available after the Effective Date of the Policy. For specific details about Benefits, including Definitions, Limitations and Exclusions, refer to Policy Form CUL-HPHI2010 (or the state variation). Plans may vary by state and are not available in all states.