

UNITED STATES FIRE INSURANCE COMPANY

Administrative Office: 5 Christopher Way, Eatontown, New Jersey 07724

OUTLINE OF COVERAGE HOSPITAL INDEMNITY COVERAGE

Policy Form AH-27330

READ YOUR CERTIFICATE CAREFULLY: This outline of coverage provides a very brief description of the important features of your Certificate. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR CERTIFICATE CAREFULLY:**

This is supplemental coverage that pays specific limited indemnity benefits. This coverage should not be considered as comprehensive health insurance coverage

SEE ATTACHED SCHEDULE

Exclusions & Limitations: No benefits will be paid for charges or loss caused by, or resulting from, any of the following:

Preexisting conditions or diseases, except for congenital anomalies of a covered dependent child; Mental or emotional disorders, alcoholism and drug addiction; Pregnancy, except for complications of pregnancy; Illness, treatment or medical condition arising out of: War or act of war (whether declared or undeclared); participation in a felony, riot or insurrections; service in the armed forces or units auxiliary to it; Suicide (sane or insane), attempted suicide or intentionally self-inflicted injury; Aviation; Cosmetic surgery, except that "cosmetic surgery" shall not include reconstructive surgery when the service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child; Foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet; Care in connection with the detection and correction by manual or mechanical means of structural imbalance, distortion, or subluxation in the human body for purposes of removing nerve interference and the effects of it, where the interference is the result of or related to distortion, misalignment or subluxation of, or in the vertebral column; Benefits provided under Medicare or other governmental program (except Medicaid), a state or federal worker's compensation law, employers liability or occupational disease law, or motor vehicle no-fault law; services performed by a member of the covered person's immediate family; and services for which no charge is normally made in the absence of insurance; Dental care or treatment; Eye glasses, hearing aids, and examination for the prescription, or fitting of them; Rest cures, custodial care, transportation, and routine physical examinations; Treatment outside of the United States; and Elective abortion.

You have the right to keep the coverage in force as long as you are a member of the policyholder and the policy stays in force for members of your class. Your coverage will terminate if: 1. You fail to pay premiums as required; 2. You have performed an act or practice that constitutes fraud, or have made an intentional misrepresentation of material fact, relating in any way to the coverage including claims for benefits; 3. the Group Policy terminates or 4. We stop issuing the coverage in your state. We will notify you in advance.

**SCHEDULE
US040096**

THE FOLLOWING SHALL APPLY TO EACH COVERED PERSON:

WAITING PERIOD:

For Accidental Injury:	0 days per Covered Person
For Sickness:	30 days per Covered Person

COVERED EXPENSES FOR EACH COVERED PERSON:

Hospital Room & Board and General Nursing Services**

Daily Maximum, Days 1-30:	\$250 per Covered Person
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Intensive and Cardiac Care Unit**

Daily Maximum, Days 1- 15:	\$500 per Covered Person
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(Once the Intensive and Cardiac Care Unit benefit is exhausted, any additional Intensive and Cardiac Care Unit days will be payable under the Hospital Room & Board and General Nursing Services Benefit.)

Doctor's Office Visits:

Sickness or Injury

Daily Maximum:	\$50 per visit
Maximum Visits:	3 per Policy Year

Wellness Visit

Daily Maximum:	\$50 per visit
Maximum Visits:	1 per Policy Year

("Wellness Benefit" as used in this Benefit means Doctor Visit for other than treatment of Sickness or Injury)

Accidental Injury

Maximum Benefit Amount per Injury:	\$1,500 per Policy Year
Maximum Number of Injuries:	1 per Policy Year
Deductible per Accident:	\$100 per Injury

****The Pre-existing Conditions limitation is applicable only for Hospital Room & Board and General Nursing Services and Intensive and Cardiac Care Unit.**

