

SERFF Tracking Number: HMRK-125579327 State: Arkansas
Filing Company: HM Life Insurance Company State Tracking Number: 38541
Company Tracking Number: HM905-LMP
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Group Indemnity Insurance
Project Name/Number: TRICA Filing/HM905-LMP

Filing at a Glance

Company: HM Life Insurance Company
Product Name: Group Indemnity Insurance
TOI: H21 Health - Other
Sub-TOI: H21.000 Health - Other
Filing Type: Form

SERFF Tr Num: HMRK-125579327 State: ArkansasLH
SERFF Status: Closed State Tr Num: 38541
Co Tr Num: HM905-LMP State Status: Approved-Closed
Co Status: Reviewer(s): Rosalind Minor
Author: Jennifer Bayich Disposition Date: 04/14/2008
Date Submitted: 03/28/2008 Disposition Status: Approved-Closed
Implementation Date: Implementation Date:

Implementation Date Requested: On Approval
State Filing Description:

General Information

Project Name: TRICA Filing
Project Number: HM905-LMP
Requested Filing Mode:

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 04/14/2008
State Status Changed: 04/14/2008
Corresponding Filing Tracking Number:
Filing Description:
March 26, 2008

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: Exempt from filing in PA
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Association
Deemer Date:

The State of Arkansas Department of Insurance
Life and Health Division
1200 W. Third Street
Little Rock, AR 72201-1904

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RE: HM Life Insurance Company, NAIC #93440
NAIC Group Code (#812)
Group Indemnity Medical Insurance Filing
Tree Care Industry Association
Form HM905-LMP
Form HM905-LMC

Dear Sir or Madam:

This filing is being submitted for your review and approval. The above listed forms will be issued to Arkansas residents who are members of the Tree Care Industry Association, a membership association situated in Ohio. A summary of the benefits provided to members is enclosed.

The group policy and certificate forms for this form series were last approved for use in Arkansas on March 28, 2006. As mentioned above, these forms will be issued to Association members of the Ohio based group who are Arkansas residents. Ohio approved use of these forms on May 5, 2006. The approved Certificate is attached.

The Tree Care Industry Association is a 68-year-old public and professional resource on trees and arboriculture representing approximately 2,100 tree service and affiliated company members. Additional information about the Association can also be obtained at their website: <http://www.tcia.org> .

Indemnity Medical Insurance is a type of accident and health coverage marketed in lieu of, or as a supplement, to a traditional medical plan. The above listed and previously approved forms provide a limited benefit directly to a claimant on a reimbursement basis; they do not provide health care, major medical or comprehensive medical insurance.

This filing is submitted via SERFF electronically. The required supporting materials are included in the Component Header(s).

If you have any questions, please contact me at the left-side address; should you prefer, I may also be reached at either my direct dial of 412-544-0923; or via e-mail at Jennifer.bayich@hminsurancegroup.com.

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Thank you in advance for your attention to this filing.

Sincerely,

Jennifer L. Bayich, Esq.
 Compliance Analyst II
 Attachments

Company and Contact

Filing Contact Information

Jennifer Bayich, Compliance Analyst II
 P.O. Box 535061
 Pittsburgh, PA 15235-5061

jennifer.bayich@hminsurancegroup.com
 (412) 544-0923 [Phone]
 (412) 544-1138[FAX]

Filing Company Information

HM Life Insurance Company
 PO Box 535065
 Suite P6504
 Pittsburgh, PA 15253-5065
 (412) 544-1139 ext. [Phone]

CoCode: 93440 State of Domicile: Pennsylvania
 Group Code: 812 Company Type:
 Group Name: HM Insurance Group State ID Number:
 FEIN Number: 06-1041332

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form x\$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
HM Life Insurance Company	\$50.00	03/28/2008	19083394

SERFF Tracking Number: HMRK-125579327

State: Arkansas

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TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: Group Indemnity Insurance

Project Name/Number: TRICA Filing/HM905-LMP

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/14/2008	04/14/2008

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State: Arkansas

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Disposition

Disposition Date: 04/14/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Summary of Benefits	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes

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TOI: H21 Health - Other

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Product Name: Group Indemnity Insurance

Project Name/Number: TRICA Filing/HM905-LMP

Form Schedule

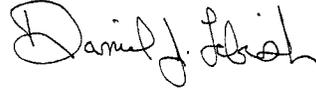
Lead Form Number: HM905-LMC

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	LM905-LMC	Certificate	Certificate	Initial		48	TCIA Cert - OH.pdf

HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place, Pittsburgh, PA 15222

HM Life Insurance Company, certifies that you will be insured under the Group Policy Number issued to the Policyholder shown below during the time, in the manner, and for the amounts provided in the Group Policy.



President

POLICYHOLDER: Tree Care Industry Association
GROUP POLICY NUMBER: HM0000XX
POLICY EFFECTIVE DATE: 4/1/2008
CERTIFICATE EFFECTIVE DATE: 4/1/2008
STATE OF ISSUE: Ohio

A Group Policy has been issued to the Policyholder. Your coverage under that Group Policy is shown in this Certificate. If your coverage is changed by an amendment to the Group Policy, We will provide the Policyholder with a revised Certificate or other notice to be given to you.

PLEASE READ THIS CERTIFICATE CAREFULLY

This Certificate of Insurance has a Table of Contents to help you find specific provisions. It goes into effect, subject to its applicable terms and conditions, at 12:01 AM on the Certificate Effective Date shown above, at the Policyholder's address. The laws of the State of Issue shown above govern this Certificate.

"You" and "your" refer to the Covered Employee. The "Company", "we", "us", and "our" refer to **HM Life Insurance Company**. Other defined terms are printed with an initial capital letter.

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application containing false, incomplete or misleading information may be subject to civil or criminal penalties, depending on state law.

• GROUP INDEMNITY MEDICAL INSURANCE CERTIFICATE • NON-PARTICIPATING

THIS CERTIFICATE DESCRIBES THE GROUP INDEMNITY MEDICAL INSURANCE PROVIDED UNDER THE GROUP POLICY. THE GROUP POLICY DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL INSURANCE.

**NOTICE CONCERNING COVERAGE
LIMITATIONS AND EXCLUSIONS UNDER THE
OHIO LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of Ohio who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Ohio Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the guaranty association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers care in selecting companies that are well managed and financially stable.

The Ohio Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in Ohio. You should not rely on coverage by the Ohio Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is *NOT* provided for your policy or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as a variable contract sold by prospectus. You should check with your insurance company representative to determine if you are only covered in part or not covered at all.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy.

**Ohio Life and Health Insurance Guaranty Association
1840 Mackenzie Drive
Columbus, Ohio 43220**

**Ohio Department of Insurance
2100 Stella Court
Columbus, Ohio 43266-0566**

The state law that provides for this safety-net coverage is called the Ohio Life and Health Insurance Guaranty Association Act. The following is a brief summary of this law's coverages, exclusions and limits. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations under the act or the rights or obligations of the guaranty association.

COVERAGE

Generally, individuals will be protected by the life and health insurance guaranty association if they live in Ohio and hold a life or health insurance contract, annuity contract, unallocated annuity contract, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are **not** protected by this association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by a medical, health, or dental care corporation, an HMO, a fraternal benefit society, a mutual protective association or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The association also does **not** provide coverage for:

- any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- any policy of reinsurance (unless an assumption certificate as issued);
- interest rate yields that exceed an average rate;
- dividends;
- credits given in connection with the administration of a policy by a group contractholder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them).

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the association is obligated to pay out: The association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the association will not pay more than \$100,000 in cash surrender values, \$100,000 in health insurance benefits, \$100,000 in present value of annuities, or \$300,000 in life insurance death benefits - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages.

Note to benefit plan trustees or other holders of unallocated annuities (GICs, DACs, etc.) covered by the act: For unallocated annuities that fund governmental retirement plans under §§401(k), 403(b) or 457 of the Internal Revenue Code, the limit is \$100,000 in present value of annuity benefits including net cash surrender and net cash withdrawal per participating individual. In no event shall the association be liable to spend more than \$300,000 in the aggregate per individual; For covered unallocated annuities that fund other plans, a special limit of \$1,000,000 applies to each contractholder, regardless of the number of contracts held with the same company or number of persons covered. In all cases, of course, the contract limits also apply.

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SCHEDULE OF AFFILIATES

Employees of the following affiliates are eligible on the effective dates listed below. Individuals who are employed by a newly-acquired affiliate are eligible on the date it is acquired as long as the Policyholder notifies us within 180 days of its acquisition and pays the required premium. If we are not notified within the required time period, such individuals will be eligible on the date we agree in writing to provide coverage and receive the required premium. Individuals who are employed by the affiliate on its effective date of coverage are eligible for coverage on that date.

Affiliate Name	Location	Effective Date
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Not Applicable		
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none on the Policy Effective Date

SCHEDULE OF BENEFITS

This Certificate is intended to be read in its entirety. In order to understand all the conditions, exclusions and limitations applicable to its benefits, please read all the Certificate provisions carefully.

Minimum Participation Requirement: 10% of all Eligible Persons

Eligible Persons: An Eligible Person is an individual who is a full-time employee of the Policyholder who works at least 15 hours per week.

Eligibility Waiting Period

The Eligibility Waiting Period is the period of time an Employee must be in a Covered Class to be eligible for this insurance. It will be extended by the number of days the Employee is not in Active Service.

For Employees hired 31 days or more before the Certificate Effective Date: No Waiting Period

For Employees hired less than 31 days before, or after the Certificate Effective Date: 30 days

MEDICAL INDEMNITY BENEFITS

This Schedule of Benefits provides a brief outline of the Medical Indemnity Benefits provided by this Cert. Please read the Description Of Benefits section for full details.

Covered Expense	Benefit Amount
In-Patient Hospital Services	
Maximum Daily In-Hospital Benefit	\$ 200
Maximum Days per Plan Year	90/365
Additional Daily Benefit for first day of Hospital Confinement (limited to admissions per Plan Year)	\$ 200 1
Mental / Nervous Conditions Benefit	50% of the Daily In-Hospital Benefit
Maximum Days per Plan Year	30
Substance Abuse Benefit	50% of the Daily In-Hospital Benefit
Maximum Days per Plan Year	30
Out-Patient Hospital Services	
Daily Out-Patient Treatments	\$ 125
Maximum Days per Plan Year	1
Out-Patient Diagnostic Testing Benefit	
Daily Out-Patient Tests	\$ 400
Maximum Number per Plan Year	1
Hospital Emergency Room Benefit	
Benefit Amount Per Visit	\$ 150
Maximum Visits per Plan Year for Covered Accidents	2
Maximum Visits per Plan Year for Covered Sickness	2
Physician Services	
	See Schedules Of Surgical Procedures
Surgery Benefit	
Maximum Benefit per Procedure	\$ 500
Maximum Procedures per Plan Year	1
Anesthesia Benefit	20% of the Surgery Benefit

Office Visits

Maximum Benefit per Visit	\$ 60
Maximum Number of Visits per Plan year	4

Ambulance Service

Benefit per Trip	\$ 75
Maximum Number of Trips per Plan Year	1

Wellness Service Benefit

Benefit per Trip	\$ 25
Maximum Number of Trips per Plan Year	1

Wellness Screening Test Benefit

Benefit per Test	\$ 75
Maximum Tests per Plan Year	1

Rates and Premiums

Mode of Premium Payment	Monthly
Premium Due Dates	2/13/2008

The entire cost of this insurance is paid by Covered Persons.

GENERAL DEFINITIONS

Please note that certain words used in this Certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service means that the Covered Employee is either:

1. at work on one of the Employer's scheduled work days and is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;
2. on a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, only if the Employee was in Active Service on the preceding scheduled workday.

MEDICAL INDEMNITY BENEFITS

This Schedule of Benefits provides a brief outline of the Medical Indemnity Benefits provided by this Cert. Please read the Description Of Benefits section for full details.

Covered Expense	Benefit Amount
In-Patient Hospital Services	
Maximum Daily In-Hospital Benefit	\$ 250
Maximum Days per Plan Year	90/365
Additional Daily Benefit for first day of Hospital Confinement (limited to admissions per Plan Year)	\$ 200 1
Mental / Nervous Conditions Benefit	50% of the Daily In-Hospital Benefit
Maximum Days per Plan Year	30
Substance Abuse Benefit	50% of the Daily In-Hospital Benefit
Maximum Days per Plan Year	30
Out-Patient Hospital Services	
Daily Out-Patient Treatments	\$ 200
Maximum Days per Plan Year	2
Out-Patient Diagnostic Testing Benefit	
Daily Out-Patient Tests	\$ 500
Maximum Number per Plan Year	1
Hospital Emergency Room Benefit	
Benefit Amount Per Visit	\$ 300
Maximum Visits per Plan Year for Covered Accidents	2
Maximum Visits per Plan Year for Covered Sickness	2
Physician Services	
	See Schedules Of Surgical Procedures
Surgery Benefit	
Maximum Benefit per Procedure	\$ 750
Maximum Procedures per Plan Year	1
Anesthesia Benefit	20% of the Surgery Benefit

Office Visits

Maximum Benefit per Visit	\$ 80
Maximum Number of Visits per Plan year	6

Ambulance Service

Benefit per Trip	\$ 75
Maximum Number of Trips per Plan Year	1

Wellness Service Benefit

Benefit per Trip	\$ 50
Maximum Number of Trips per Plan Year	1

Wellness Screening Test Benefit

Benefit per Test	\$ 100
Maximum Tests per Plan Year	1

Rates and Premiums

Mode of Premium Payment	Monthly
Premium Due Dates	2/13/2008

The entire cost of this insurance is paid by Covered Persons.

GENERAL DEFINITIONS

Please note that certain words used in this Certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service means that the Covered Employee is either:

1. at work on one of the Employer's scheduled work days and is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;
2. on a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, only if the Employee was in Active Service on the preceding scheduled workday.

MEDICAL INDEMNITY BENEFITS

This Schedule of Benefits provides a brief outline of the Medical Indemnity Benefits provided by this Policy. Please read the Description Of Benefits section for full details.

Covered Expense	Benefit Amount
In-Patient Hospital Services	
Maximum Daily In-Hospital Benefit	\$ 300
Maximum Days per Plan Year	90/365
Additional Daily Benefit for first day of Hospital Confinement (limited to admissions per Plan Year)	\$ 300 1
Mental / Nervous Conditions Benefit	50% of the Daily In-Hospital Benefit
Maximum Days per Plan Year	30
Substance Abuse Benefit	50% of the Daily In-Hospital Benefit
Maximum Days per Plan Year	30
Out-Patient Hospital Services	
Daily Out-Patient Treatments	\$ 350
Maximum Days per Plan Year	2
Out-Patient Diagnostic Testing Benefit	
Daily Out-Patient Tests	\$ 500
Maximum Number per Plan Year	3
Hospital Emergency Room Benefit	
Benefit Amount Per Visit	\$ 450
Maximum Visits per Plan Year for Covered Accidents	2
Maximum Visits per Plan Year for Covered Sickness	2
Physician Services	
	See Schedules Of Surgical Procedures
Surgery Benefit	
Maximum Benefit per Procedure	\$ 1000
Maximum Procedures per Plan Year	1
Anesthesia Benefit	20% of the Surgery Benefit
Inpatient Visits	
Benefit per Visit	\$ 30
Maximum Number of Visits per Plan Year (Limited to 1 visit per day)	2

Office Visits

Maximum Benefit per Visit	\$ 100
Maximum Number of Visits per Plan year	8

Ambulance Service

Benefit per Trip	\$ 100
Maximum Number of Trips per Plan Year	1

Wellness Service Benefit

Benefit per Trip	\$ 75
Maximum Number of Trips per Plan Year	1

Wellness Screening Test Benefit

Benefit per Test	\$ 150
Maximum Tests per Plan Year	1

Rates and Premiums

Mode of Premium Payment	Monthly
Premium Due Dates	2/13/2008

The entire cost of this insurance is paid by Covered Persons.

GENERAL DEFINITIONS

Please note that certain words used in this Certificate have specific meanings. Other than references to he, him, his, you, your, yours, we, us or our the words defined below and capitalized within the text of this Certificate have the meanings set forth below.

Active Service means that the Covered Employee is either:

1. at work on one of the Employer's scheduled work days and is performing his regular duties on a full-time basis, either at one of the Employer's usual places of business or at some other location to which the Employer's business requires him to travel;
2. on a scheduled holiday, vacation day or period of Employer-approved paid leave of absence, only if the Employee was in Active Service on the preceding scheduled workday.

A Covered Person is considered in Active Service if he is none of the following:

1. an Inpatient in a Hospital, Skilled Nursing Facility, rehabilitation hospital, convalescent facility or receiving Outpatient care or chemotherapy or radiation therapy;
2. confined at home under the care of a Physician for a treatment of a Covered Sickness or of injury sustained in a Covered Accident; or
3. totally disabled.

Ambulance Service means an entity which is licensed by the state, where required, which provides local air or land transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured. A Trip means transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured, for example:

- a. from a Covered Person's home, the scene of an accident or medical emergency to a Hospital or skilled nursing facility; or
- b. between Hospitals; or
- c. between a Hospital and skilled nursing facility

Appropriate Treatment means care, services or supplies, provided by or at the direction of a Physician that are appropriate, according to accepted standards of medical practice, for the Covered Person's injury or sickness and are provided during the course of treatment of an injury sustained in a Covered Accident or for a Covered Sickness.

Company or we, us or our means HM Life Insurance Company, domiciled in Pennsylvania.

Covered Accident means a sudden, unforeseeable, external event that results, directly and independently of all other causes, in an injury or loss and meets all of the following conditions:

1. occurs while the Covered Employee is covered under this Certificate or is not subject to the Pre Existing Condition Limitation;
2. treatment must be rendered within 72 hours of such Covered Accident;
3. is not contributed to by disease, sickness, or mental or bodily infirmity; and
4. is not otherwise excluded under the terms of this Certificate.

Covered Employee means an Eligible Person, as defined in the Schedule of Benefits, for whom an enrollment form has been accepted by us and required premium has been paid when due and for whom coverage under this Certificate remains in force.

Covered Expenses means the benefits shown, for services or supplies listed, in the Schedule of Benefits and described in the Medical Indemnity Benefits section of this Certificate. Covered Expenses must be Appropriate Treatment for injuries sustained in a Covered Accident or for a Covered Sickness.

Covered Person means a Covered Employee, an eligible spouse and eligible dependent children who are covered under this Certificate.

Covered Sickness means a bodily disorder, disease, physical or mental condition, functional nervous disorder, pregnancy, or complication of pregnancy that:

1. is first manifested while the Covered Person is covered under this Certificate or is not subject to the Pre-Existing Condition Limitation; and
2. is not otherwise excluded under the terms of this Certificate.

A Covered Sickness includes congenital defects and birth abnormalities of a newborn child.

Eligible Dependent means the Covered Employee's:

1. lawful spouse, unless such spouse is eligible for medical coverage as a Covered Employee under this Certificate; and
2. unmarried natural or step child, unless such child is eligible for medical coverage as a Covered Employee under this Certificate and who:
 - a. is less than 19 years old; or
 - b. each of your unmarried children who is under 25 years of age and attending an accredited educational institution as a full-time student.
 - c. becomes incapable of self-support because of mental retardation or physical handicap before reaching the limiting age for dependent children. The Company must receive proof of incapacity within 31 days after coverage would otherwise terminate. This insurance will continue for as long as the Covered Employee's insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age 25;
 - d. is adopted by or placed for adoption with, or is party in a suit for adoption by, the Covered Employee; or
 - e. is required to be provided coverage by the Insured or His spouse under the terms of a Qualified Medical Child Support Order (QMCSO). A QMCSO will also include a judgment, decree or order issued by a court of competent jurisdiction or through an administrative process established under, and having the force and effect of, state law and which satisfies the QMCSO requirements of ERISA (section 609).

Eligible Person means an individual as defined in the *Schedule of Benefits*.

Provide Evidence of Insurability means a Covered Person must upon request and at their expense:

1. Complete and sign our health and medical history form.
2. Sign our form authorizing us to obtain information about his health and other insurance coverage.
3. Provide any additional reasonable information about his insurability that we request.
4. Undergo a physical examination and testing at our request.

He, him or his means an individual, male or female.

Hospital means an institution that meets all of the following:

1. it is licensed and accredited by the Joint Commission on Accreditation of Health Care Organizations as a Hospital pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to a sick and injured persons;
2. it is managed under the supervision of a staff of legally licensed physicians;
3. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);

4. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis;
5. it charges for its services.

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

1. rehabilitation, convalescent or custodial care;
2. the aged; or
3. Veteran's Administration Hospital or Federal Government Hospitals unless the Covered Person Incurs an expense.

Hospital Stay means a confinement in a Hospital, ordered by a Physician, over one or more nights when room and board and general nursing care are provided at a per diem charge made by the Hospital. The Hospital Stay must result directly and independently of all other causes from a Covered Accident or a Covered Sickness. Separate Hospital Stays due to the same Covered Accident or Covered Sickness will be treated as one Hospital Stay unless (a) separated by at least 90 days or (b) a Covered Employee returns to Active Service for 30 or more days between Hospital Stays.

In-Patient means a Covered Person who is confined for at least one full day or twenty-four (24) continuous hours in a Hospital and incurred room and board charges. The requirement that a person be charged for room and board does not apply to confinement in a Veteran's Administration Hospital or Federal Government Hospital and in such case The term "Inpatient" shall mean a Covered Person who is required to be confined for a period of at least a full day or twenty-four (24) continuous hours as determined by the Hospital.

Medically Necessary means a service, supply or treatment provided for diagnosis and treatment which is:

1. Ordered by a physician;
2. Required for treatment or management of a medical condition or symptom;
3. Provided in accordance with approved and generally accepted medical and surgical practice.

Out-Patient means a Covered Person who receives covered treatment, services and supplies while not an Inpatient in a Hospital.

Physician means a licensed health care provider practicing within the scope of his license and rendering care and treatment to a Covered Person that is appropriate for the condition and locality and who is not:

1. employed or retained by the Policyholder; or
2. living in the Covered Person's household; or
3. a parent, sibling, spouse or child of the Covered Person.

Policyholder means the entity shown on the cover page of this Certificate.

ELIGIBILITY, EFFECTIVE DATE, TERMINATION AND CONTINUATION PROVISIONS

Certificate Effective Date

We agree to provide Medical Indemnity Insurance Benefits described in this Certificate in consideration of the Policyholder's application and payment of the initial premium when due. Insurance coverage begins on the Certificate Effective Date shown on this Certificate's first page.

Eligibility

An employee becomes eligible for insurance under this Certificate on first of the month following the date he meets all of the requirements of one of the Covered Classes and completes any Eligibility Waiting Period, as shown in the *Schedule of Benefits*. Dependents of an Eligible Person become eligible for any dependent insurance provided by this Certificate on the later of first of the month following the date the employee becomes eligible and first of the month following the date the spouse or dependent child meets the applicable definition shown in the *Definitions* section of this Certificate.

No person may be eligible for insurance under this Certificate as both an Employee and a spouse or dependent child at the same time.

If both spouses are eligible as employees, the dependent children may be covered under only one employee, but not both of them.

If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have no dependent children;

1. both will be insured as Covered Employees when a Covered Employee is not required to contribute to the cost of his insurance; and
2. both may be insured as Covered Employees or one may elect to insure the other as an Eligible Dependent when a Covered Employee is required to contribute to the cost of his insurance.

If both spouses meet the definition of an Eligible Person, as shown in the *Schedule of Benefits* and have dependent children;

1. both will be insured as Covered Employees and dependent coverage will be provided via only the parent whose birthday occurs first during a calendar year, when a Covered Employee is not required to contribute to the cost of his dependents' insurance; and
2. both may be insured as Covered Employees but only one may elect dependent coverage to insure dependent children, when a Covered Employee is required to contribute to the cost of his dependents' insurance.

A spouse that does not meet the definition of an Eligible Person or a dependent child may elect to be insured as an Eligible Dependent provided one spouse meets the definition of an Eligible Person as shown in the *Schedule of Benefits*.

Insurance becomes effective for an eligible employee who enrolls and agrees to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the employee becomes eligible;

3. first of the month following the date we receive the employee's completed enrollment form and the required first contribution, if any, during his lifetime.

Insurance becomes effective for an employee's Eligible Dependents if he enrolls and agrees to make required contributions, if any, on the latest of the following dates:

1. the effective date of this Certificate;
2. first of the month following the date the employee becomes eligible;
3. first of the month following the date the dependent meets the definition of spouse or dependent child, as applicable;
4. first of the month following the date We receive a completed enrollment form for such person's coverage and the required first premium, during such person's lifetime.

Insurance becomes effective for a newborn dependent child automatically from the moment of the child's live birth. Insurance for that dependent child automatically ends 31 days later unless other Dependent Children are insured under this Certificate or a request is made to cover the child and the required initial premium is paid, during the child's lifetime.

Deferred Effective Date

The effective date of insurance will be deferred for any employee who is not in Active Service on first of the month following the date he would otherwise have become an Eligible Person. Coverage will become effective on the later of first of the month following the date he returns to Active Service and first of the month following the date coverage would otherwise have become effective.

Late Enrollee

An Eligible Person will be considered a late enrollee if he does not apply for insurance under this Certificate within 31 days of first of the month following the date he is first eligible.

Effective Date of Changes

Any increase or decrease in the amount of insurance for the Covered Person resulting from a change in benefits provided by this Certificate or a change in the employee's Covered Class will take effect on first of the month following the date of such change. Increases will take effect subject to any Active Service requirement.

Termination of Insurance

Please read the Continuation Provisions section of this Certificate for information on continuation after eligibility for coverage would otherwise end.

The insurance on a Covered Person will end on the earliest date below:

1. first of the month following the date this Certificate or insurance for a Covered Class is terminated;
2. the next premium due date after first of the month following the date the Covered Person is no longer in a Covered Class or satisfies eligibility requirements under this Certificate;
3. the next premium due date after first of the month following the date the Covered Person attains age 70;

4. the last day of the last period for which contributions, if any, are paid;
5. the end of any period of continuation, as provided in the Continuation Provisions; and
6. with respect to an Eligible Dependent, first of the month following the date of the death of the Covered Employee or first of the month following the date of divorce from the Covered Employee.

Termination will not affect a claim for benefits while coverage was in effect.

Continuation Provisions

Continuation may be available after the termination of this insurance. Please contact your employer for details.

CLAIM PROVISIONS

Notice of Claim

Written or authorized electronic/telephonic notice of claim for benefits must be given to us within 31 days or as soon as reasonably possible. If written or authorized electronic/telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic/telephonic notice was given as soon as was reasonably possible. Notice can be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized agent. Notice should include the Policyholder's name and Policy number and the Covered Person's name, address, Policy and Policy Number.

Claim Forms

We will send claim forms for filing proof of loss when we receive notice of a claim. If such forms are not sent within 15 days after we receive notice, the proof requirements will be met by submitting, within the time fixed in this Certificate for filing proof of loss, written or authorized electronic proof of the nature and extent of the loss for which the claim is made.

Claimant Cooperation Provision

Failure of a claimant to cooperate with us in the administration of the claim may result in termination of the claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

Proof of Loss

Written or authorized electronic proof of loss satisfactory to us must be given to us at our Administrative Office, such other place as we may designate for the purpose, or to our authorized agent within 90 days of the loss for which claim is made.

If (a) benefits are payable as periodic payments and (b) each payment is contingent upon continuing loss, then proof of loss must be submitted within 90 days after the termination of each period for which we are liable. If written or authorized electronic notice is not given within that time, no claim will be invalidated or reduced if it is shown that such notice was given as soon as reasonably possible. In any case, written or authorized electronic proof must be given not more than one year after the time it is otherwise required, except if proof is not given solely due to lack of legal capacity.

Time of Payment of Claims

We will pay benefits due under this Certificate for any loss immediately upon receipt of due written or authorized electronic proof of such loss.

Payment of Claims

All benefits will be paid in United States currency. All benefits payable under this Certificate, unless otherwise stated, will be payable to the Covered Person or to His estate.

If we are to pay benefits to the Covered Person's estate or to a person who is incapable of giving a valid release, we may pay up to \$1,000 to a relative by blood or marriage whom we believe is equitably entitled. Any payment made by us in good faith pursuant to this provision will fully discharge us to the extent of such payment and release us from all liability.

Claim Administration

For plans subject to the Employee Retirement Income Security Act (ERISA), The plan administrator of the employer's employee welfare benefit plan (the plan) has selected us as the plan fiduciary under federal law for the review of claims for benefits provided by this Certificate and for deciding appeals of denied claims. In this role we shall have the authority, in our discretion, to interpret the terms of plan documents, to decide questions of eligibility for coverage or benefits under the plan, and to make any related findings of fact. All decisions made by us in this capacity shall be final and binding on participants and beneficiaries of the plan to the full extent permitted by state and federal law.

We will have no fiduciary responsibility with respect to the administration of the plan except as described above. It is understood that our sole liability to the plan and to participants and beneficiaries under the plan shall be for the payment of benefits provided under this Certificate.

We may contract with another entity to perform this function on our behalf.

Payment of Claims to Foreign Employees

The Policyholder may, in a fiduciary capacity, receive and hold any benefits payable to Covered Employees whose place of employment is other than:

1. the United States and its possessions; or
2. the Dominion of Canada.

We will not be responsible for the application or disposition by the Policyholder of any such benefits paid. Our payments to the Policyholder will constitute a full discharge of our liability for those payments under this Certificate.

Physical Examination and Autopsy

We, at our own expense, have the right and opportunity to examine the Covered Person when and as often as we may reasonably require while a claim is pending and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions

No action at law or in equity may be brought to recover under the Policy less than 60 days after written or authorized electronic proof of loss has been furnished as required by the Policy. No such action will be brought more than three years after the time such written proof of loss must be furnished.

Recovery of Overpayment

If benefits are overpaid, we have the right to recover the amount overpaid by either of the following methods.

1. A request for lump sum payment of the overpaid amount.
2. A reduction of any amounts payable under this Certificate.

If there is an overpayment due when the Covered Person dies, We may recover the overpayment from the Covered Person's estate.

GENERAL PROVISIONS

10 Day Right To Examine Certificate

If a Covered Person is not satisfied with this Certificate for any reason, it may be returned to Us within 10 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Assignment

The rights and benefits under this Certificate may be assigned under certain circumstances. Any Covered Person that wants to make an assignment of his insurance should see the Policyholder for the conditions and further information.

We assume no responsibility for the validity, sufficiency, or effect of any assignment of a Covered Person's insurance (including an assignment on a form furnished by us or by the Policyholder).

Incontestability

All statements made by a Covered Person are considered representations and not warranties. No statement will be used to deny or reduce benefits or be used as a defense to a claim unless a copy of the instrument containing the statement is, or has been, furnished to the claimant. In the event of a claimant's death or incapacity, his applicable representative shall be given a copy.

After two years from a Covered Person's effective date of insurance, or from the effective date of increased benefits, no such statement will cause insurance or the increased benefits to be contested except for fraud.

Conformity with Statutes

Any provisions in conflict with the requirements of any state or federal law that applies to this Certificate are automatically changed to satisfy the minimum requirements of such laws.

Compensation Insurance

This Certificate is not in place of and does not affect any requirements for coverage under any Workers' Compensation, Occupational Disease or similar law.

DESCRIPTION OF INDEMNITY MEDICAL BENEFITS

This Section describes the Medical Indemnity Benefits provided by this Certificate. Benefit amounts and any applicable benefit-specific maximums or limits are shown in the Schedule of Benefits. Please read these sections in order to understand all of the terms, conditions and limitations applicable to these benefits.

MEDICAL EXPENSE BENEFITS

We will pay benefits shown in the Schedule of Benefits for the following Covered Expenses subject to all applicable conditions and exclusions, for Appropriate Treatment of an injury sustained in a Covered Accident or for Appropriate Treatment of a Covered Sickness. All benefit amounts and any applicable maximums are shown in the Schedule of Benefits, and, unless otherwise specified, are payable on a per Covered Person basis.

Covered Expenses:

In-Patient Hospital Services

If a Covered Person while insured is confined in a hospital as a result of a Covered Accident or a Covered Sickness, we will pay the benefit amount shown in the Schedule of Benefits. Payment will be for each day of Confinement, up to the Maximum Number of Days per calendar year, as shown in the Schedule of Benefits. No benefit will be paid for any day the Covered Person is not under the regular care and attendance of a Physician.

Benefits will be payable for a Covered Person while confined in an intensive care unit, coronary care unit, neonatal intensive care unit or pediatric intensive care unit up to the Maximum Number of Days per calendar year, as shown in the Schedule of Benefits for a Covered Accident or Covered Sickness. This benefit and the Daily In-Hospital Benefit together will be limited to the Maximum Number of Days as shown in the *Schedule of Benefits* for the Daily In-Hospital Benefit.

The Maximum Days shown in the *Schedule of Benefits* applies to the total of days of intensive, coronary, neonatal or pediatric intensive care and any other days of confinement per calendar year, including treatment of mental / nervous disorders or substance abuse treatment.

Miscellaneous Hospital. We will pay miscellaneous expenses charged by a Hospital, as part of the Daily In-Hospital Benefit shown in the *Schedule of Benefits* for each day of a Hospital Stay.

Such expenses include but are not limited to X-ray, laboratory and pre-admission tests and all charges other than room and board.

No benefit will be paid for any period the Covered Person is not confined to a Hospital as an inpatient during a Hospital Stay.

Outpatient Hospital Services

We will pay an Outpatient Hospital Services Benefit for each day, up to the maximum number of days, as shown in the *Schedule of Benefits*, for each day a Covered Person receives Appropriate Treatment for an injury sustained in a Covered Accident, or for Appropriate Treatment of a Covered Sickness, provided when He is an Outpatient.

Outpatient Diagnostic Testing Services

We will pay the benefit as shown in the Schedule of Benefits when laboratory tests or x-rays are performed for the purpose of diagnosis of a Covered Accident or Covered Sickness as indicated by symptoms that would suggest an Injury or Sickness has occurred, while the Covered Person is not confined in a Hospital. This benefit is limited to once per Testing Day, not to exceed the Maximum Number of Testing Days per Calendar Year shown in the *Schedule of Benefits*.

Emergency Room Treatment

We will pay a Hospital Emergency Room Benefit for Appropriate Treatment provided in an outpatient emergency room of a Hospital or licensed facility, for the maximum amount and number of visits annually, as shown in the *Schedule of Benefits*.

Physician Services

Surgery – If a Covered Person undergoes a surgical procedure listed in the Schedule of Surgical Procedures as a result of a Covered Accident or Sickness, and surgery is performed in a Hospital while confined or on an outpatient basis, Ambulatory Surgical Center, or in the Physician's office, we will pay the benefit shown in the *Schedule of Benefits*. A list of common procedures and the maximum amount for each is shown in the Schedule of Surgical Procedures.

If two or more procedures are performed through the same incision or operative site, the benefit paid will be for only the procedure that has the larger benefit. If more than one procedure is performed, but each through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50% of the amount payable for all other surgical procedures performed. With respect to a surgical procedure not listed in the Schedule of Surgical Procedures, we will pay an indemnity benefit amount consistent with similar

procedures that are listed in the Schedule of Surgical Procedures.

Anesthesia – We will pay a percentage, as shown in the *Schedule of Benefits*, of the surgical benefit for anesthesia and its administration.

In-Patient Hospital Visits — We will pay for Inpatient Hospital visits, for a Covered Accident or Covered Sickness, for the maximum number of visits shown in the *Schedule of Benefits*, for physician services rendered while confined in a Hospital.

Office Visits – We will pay the Physician Office Visit Benefit, shown in the *Schedule of Benefits*, for a Physician office visit as a result of a Covered Sickness or Covered Accident, for services rendered in the Hospital Emergency Room for a Covered Sickness and a wellness / physical visit. The total amount paid under this benefit will not exceed the Maximum Number of Office Visits per Calendar Year or the Maximum Benefit shown in the *Schedule of Benefits*.

Ambulance Services

Benefits are payable as shown in the *Schedule of Benefits* for Medically Necessary professional transportation furnished by a duly licensed ambulance service to the nearest facility equipped to treat a Covered Person's Accident or Sickness. This does not include transportation solely to the Covered Person's personal Physician, or to secure treatment from a Physician, or a facility of greater renown. Air transportation is payable only if Medically Necessary and to the nearest facility equipped to handle the Covered Person's Covered Accident or Covered Sickness.

Wellness Service Benefit

We will pay a benefit for Wellness Services rendered to a Covered Person, for the maximum amount and number of services shown in the *Schedule of Benefits*. Wellness services are limited to the following services: PAP Smear, PSA or immunization.

Wellness Screening Test Benefit

We will pay a benefit for care and treatment rendered to a Covered Person for wellness screening, for the maximum amount and number of tests shown in the *Schedule of Benefits*. The wellness benefit is limited to the following services: Mammogram, Colonoscopy, Flexible Sigmoidoscope or Bone Density.

Excluded Expenses

Unless specifically provided elsewhere in this Certificate, no benefit will be paid for:

1. treatment that is solely for the purpose of rest care or custodial care and any associated transportation;
2. cosmetic surgery or care, or treatment solely for cosmetic purposes, or complication thereof -

this exclusion does not apply to:

- a. cosmetic surgery resulting from an accident, if initial treatment of the Covered Person is begun within 12 months of the date of the Accident;
 - b. reconstruction incidental to or following surgery resulting from a covered Accident or Sickness or from trauma, infection or other diseases of the involved part;
 - c. correction of a congenital defect or anomaly that results in a functional defect of a covered dependent child;
 - d. with respect to a mastectomy:
 - i. all stages of reconstruction of the breast on which the mastectomy has been performed;
 - ii. surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 - iii. treatment of physical complications for all stages of the mastectomy, including lymphedema;
3. examinations needed for employment, obtaining insurance or travel;
 4. voluntary abortion, unless:
 - a. the life of the mother would be endangered if the fetus were carried to term; or
 - b. medical complications have arisen from an abortion;
 5. sex change procedures;
 6. experimental services or treatments;
 7. reversal of sterilizations;
 8. diagnosis and treatment of infertility;

9. treatment of exogenous obesity, gastric bypass surgery or weight control unless Medically Necessary;
10. routine eye examinations or fitting of glasses or contact lenses;
11. hearing examinations or fitting of hearing aids;
12. dental examinations or dental care other than expenses resulting from a Covered Accident;
13. smoking cessation;
14. suicide or any attempt threat, while sane or insane, or any intentionally self-inflicted injury or Sickness, unless as a result of a medical condition or an act of domestic violence;
15. participation in a riot, civil commotion, civil disobedience, insurrection or unlawful assembly, unless a loss that occurs while a Covered Person is acting in a lawful manner within the scope of authority;
16. committing, attempting to commit, or taking part in a felony or assault;
17. participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee jumping, mountain climbing, spelunking or hang gliding;
18. air travel, except:
 - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route
 - b. on a charter flight operated by a scheduled airline; or
 - c. as a passenger for transportation only and not as a pilot or crew member;
19. the Covered Person being legally intoxicated as determined according to the laws of the jurisdiction in which a Covered Accident occurred;
20. any treatment for an accident or sickness resulting from the use of a controlled substance by a Covered Person that is not provided by or at the direction of a Physician;
21. an act of war, whether declared or undeclared, or while performing police duty as member of any military or naval organization. This exclusion includes a Covered Accident occurring or Sickness contracted while in the service of any military, naval or air force of any country engaged in war (the Company will refund the pro rata unearned premium for any such period the Covered Person is not covered);
22. an accident or sickness arising out of and in the course of any occupation for compensation, wage or profit or expenses which are payable under Workers' Compensation, Occupational Disease or similar law, whether or not application for such benefits has been made;
23. during a period of time that insurance for a Covered Person is not in force;
24. after this Certificate has terminated;
25. any service, supply or treatment that is not provided by or at the direction of a Physician, or is inconsistent with standards of medical practice for the applicable condition;
26. treatment of any accident or sickness outside the United States or Canada;

27. services, supplies or treatment not considered Medically Necessary even if ordered by a Physician;
28. transportation except as provided for in Ambulance Services;
29. benefits for services or treatment rendered by any person who is:
 - a. employed or retained by the Policyholder;
 - b. living in the Covered Person's household;
 - c. a parent, sibling, spouse or child of a Covered Employee or of His spouse; or
 - d. a Covered Person treating himself; or

SCHEDULE OF SURGICAL PROCEDURES**500**

CPT-4 Codes	Description	Amount
10060	I&D of Abscess, Simple	\$14
10061	I&D of Abscess, Complex	\$32
19000	Puncture Aspiration of cyst of Breast	\$16
19120	Removal of Breast Lesion	\$92
19180	Mastectomy, Simple	\$154
19240	Removal of Breast	\$230
20550	Injection; Single Tendon Sheath or Ligament	\$12
20600	Drain/Inject Joint/Bursa	\$12
20605	Drain/Inject Joint/Bursa	\$12
22554	Neck Spine Fusion	\$500
23500	Closed tx, clavicle fracture	\$38
25560	Closed tx, radius fracture	\$72
27230	Closed tx, femur fracture.	\$110
27816	Closed tx, ankle fracture	\$78
28415	Closed tx, humerus fracture	\$244
29580	Application of Paste Boot	\$10
35301	Re-channeling of Artery	\$366
36415	Drawing blood	\$2
36489	Insertion of Catheter, Vein	\$32
36533	Insertion of Access Port	\$118
38562	Removal, Pelvic Lymph Nodes	\$244
38770	Remove Pelvis Lymph Nodes	\$296
38780	Remove Abdomen Lymph Nodes	\$488
44005	Freeing of Bowel Adhesion	\$198
44140	Partial Removal of Colon	\$284
44950	Appendectomy	\$144
44970	Laparoscopy surgical appendectomy	\$144
45378	Diagnostic Colonoscopy	\$84
45560	Repair of Rectocele	\$94
46255	Hemorrhoidectomy, internal and external	\$112
47600	Cholecystectomy	\$260
49000	Exploration of Abdomen	\$174
49320	Laparoscopy, diagnostic	\$124
49505	Repair Inguinal Hernia	\$142
49560	Repair Abdominal Hernia	\$172

50590	Lithotripsy, extracorporeal shock wave	\$332
51840	Bladder repair/vesical neck	\$240
52612	TURP	\$220
55810	Prostatectomy, perineal radical	\$412
57240	Repair Bladder & Vagina	\$136
57280	Suspension of Vagina	\$212
57282	Repair of Vaginal Prolapse	\$212
58150	Total Hysterectomy	\$250
58260	Vaginal Hysterectomy	\$242
58400	Suspension of Uterus	\$164
58600	Division of fallopian tube	\$116
58700	Removal of fallopian tube	\$152
58720	Removal of ovary/tube(s)	\$178
58740	Revise Fallopian Tube(s)	\$186
58750	Repair Oviduct	\$304
58770	Create New Tubal Opening	\$266
58925	Removal of ovarian cyst(s)	\$136
58940	Removal of ovary(s)	\$136
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$190
59150	Treat Ectopic Pregnancy	\$190
59400	Obstetrical Care	\$248
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$130
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$144
59510	Cesarean delivery	\$306
59851	Abortion	\$144
61154	Pierce Skull, Remove Clot	\$394
61312	Open Skull for Drainage	\$500
62284	Injection for Myelogram	\$64
63030	Low Back Disk Surgery	\$448
63035	Added Spinal Disk Surgery	\$146
63047	Removal of Spinal Lamina	\$500
63048	Removal of Spinal Lamina	\$176
63075	Neck Spine Disk Surgery	\$462
64721	Carpal Tunnel Surgery	\$144
65855	Laser Surgery of Eye	\$138
66170	Glaucoma Surgery	\$186
66761	Revision of Iris	\$110

66984	Remove Cataract, Insert Lens	\$266
67210	Treatment of Retinal Lesion	\$142
67820	Revise Eyelashes	\$14
67840	Remove Eyelid Lesion	\$36
68761	Close Tear Duct Opening	\$22

SCHEDULE OF SURGICAL PROCEDURES**750**

CPT-4 Codes	Description	Amount
10060	I&D of Abscess, Simple	\$21
10061	I&D of Abscess, Complex	\$48
19000	Puncture Aspiration of cyst of Breast	\$24
19120	Removal of Breast Lesion	\$138
19180	Mastectomy, Simple	\$231
19240	Removal of Breast	\$345
20550	Injection; Single Tendon Sheath or Ligament	\$18
20600	Drain/Inject Joint/Bursa	\$18
20605	Drain/Inject Joint/Bursa	\$18
22554	Neck Spine Fusion	\$750
23500	Closed tx, clavicle fracture	\$57
25560	Closed tx, radius fracture	\$108
27230	Closed tx, femur fracture.	\$165
27816	Closed tx, ankle fracture	\$117
28415	Closed tx, humerus fracture	\$366
29580	Application of Paste Boot	\$15
35301	Re-channeling of Artery	\$549
36415	Drawing blood	\$3
36489	Insertion of Catheter, Vein	\$48
36533	Insertion of Access Port	\$177
38562	Removal, Pelvic Lymph Nodes	\$366
38770	Remove Pelvis Lymph Nodes	\$444
38780	Remove Abdomen Lymph Nodes	\$732
44005	Freeing of Bowel Adhesion	\$297
44140	Partial Removal of Colon	\$426
44950	Appendectomy	\$216
44970	Laparoscopy surgical appendectomy	\$216
45378	Diagnostic Colonoscopy	\$126
45560	Repair of Rectocele	\$141
46255	Hemorrhoidectomy, internal and external	\$168
47600	Cholecystectomy	\$390
49000	Exploration of Abdomen	\$261
49320	Laparoscopy, diagnostic	\$186
49505	Repair Inguinal Hernia	\$213

49560	Repair Abdominal Hernia	\$258
50590	Lithotripsy, extracorporeal shock wave	\$498
51840	Bladder repair/vesical neck	\$360
52612	TURP	\$330
55810	Prostatectomy, perineal radical	\$618
57240	Repair Bladder & Vagina	\$204
57280	Suspension of Vagina	\$318
57282	Repair of Vaginal Prolapse	\$318
58150	Total Hysterectomy	\$375
58260	Vaginal Hysterectomy	\$363
58400	Suspension of Uterus	\$246
58600	Division of fallopian tube	\$174
58700	Removal of fallopian tube	\$228
58720	Removal of ovary/tube(s)	\$267
58740	Revise Fallopian Tube(s)	\$279
58750	Repair Oviduct	\$456
58770	Create New Tubal Opening	\$399
58925	Removal of ovarian cyst(s)	\$204
58940	Removal of ovary(s)	\$204
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$285
59150	Treat Ectopic Pregnancy	\$285
59400	Obstetrical Care	\$372
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$195
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$216
59510	Cesarean delivery	\$459
59851	Abortion	\$216
61154	Pierce Skull, Remove Clot	\$591
61312	Open Skull for Drainage	\$750
62284	Injection for Myelogram	\$96
63030	Low Back Disk Surgery	\$672
63035	Added Spinal Disk Surgery	\$219
63047	Removal of Spinal Lamina	\$750
63048	Removal of Spinal Lamina	\$264
63075	Neck Spine Disk Surgery	\$693
64721	Carpal Tunnel Surgery	\$216
65855	Laser Surgery of Eye	\$207
66170	Glaucoma Surgery	\$279

66761	Revision of Iris	\$165
66984	Remove Cataract, Insert Lens	\$399
67210	Treatment of Retinal Lesion	\$213
67820	Revise Eyelashes	\$21
67840	Remove Eyelid Lesion	\$54
68761	Close Tear Duct Opening	\$33

SCHEDULE OF SURGICAL PROCEDURES**1000**

CPT-4 Codes	Description	Amount
10060	I&D of Abscess, Simple	\$28
10061	I&D of Abscess, Complex	\$64
19000	Puncture Aspiration of cyst of Breast	\$32
19120	Removal of Breast Lesion	\$184
19180	Mastectomy, Simple	\$308
19240	Removal of Breast	\$460
20550	Injection; Single Tendon Sheath or Ligament	\$24
20600	Drain/Inject Joint/Bursa	\$24
20605	Drain/Inject Joint/Bursa	\$24
22554	Neck Spine Fusion	\$1,000
23500	Closed tx, clavicle fracture	\$76
25560	Closed tx, radius fracture	\$144
27230	Closed tx, femur fracture.	\$220
27816	Closed tx, ankle fracture	\$156
28415	Closed tx, humerus fracture	\$488
29580	Application of Paste Boot	\$20
35301	Re-channeling of Artery	\$732
36415	Drawing blood	\$4
36489	Insertion of Catheter, Vein	\$64
36533	Insertion of Access Port	\$236
38562	Removal, Pelvic Lymph Nodes	\$488
38770	Remove Pelvis Lymph Nodes	\$592
38780	Remove Abdomen Lymph Nodes	\$976
44005	Freeing of Bowel Adhesion	\$396
44140	Partial Removal of Colon	\$568
44950	Appendectomy	\$288
44970	Laparoscopy surgical appendectomy	\$288
45378	Diagnostic Colonoscopy	\$168
45560	Repair of Rectocele	\$188
46255	Hemorrhoidectomy, internal and external	\$224
47600	Cholecystectomy	\$520
49000	Exploration of Abdomen	\$348
49320	Laparoscopy, diagnostic	\$248
49505	Repair Inguinal Hernia	\$284
49560	Repair Abdominal Hernia	\$344

50590	Lithotripsy, extracorporeal shock wave	\$664
51840	Bladder repair/vesical neck	\$480
52612	TURP	\$440
55810	Prostatectomy, perineal radical	\$824
57240	Repair Bladder & Vagina	\$272
57280	Suspension of Vagina	\$424
57282	Repair of Vaginal Prolapse	\$424
58150	Total Hysterectomy	\$500
58260	Vaginal Hysterectomy	\$484
58400	Suspension of Uterus	\$328
58600	Division of fallopian tube	\$232
58700	Removal of fallopian tube	\$304
58720	Removal of ovary/tube(s)	\$356
58740	Revise Fallopian Tube(s)	\$372
58750	Repair Oviduct	\$608
58770	Create New Tubal Opening	\$532
58925	Removal of ovarian cyst(s)	\$272
58940	Removal of ovary(s)	\$272
59121	Surgical Treatment of Ectopic pregnancy w/o salpingectomy	\$380
59150	Treat Ectopic Pregnancy	\$380
59400	Obstetrical Care	\$496
59409	Obstetrical Care; Vaginal Delivery Only – w/o Postpartum Care	\$260
59410	Obstetrical Care; Vaginal Delivery – with Postpartum Care	\$288
59510	Cesarean delivery	\$612
59851	Abortion	\$288
61154	Pierce Skull, Remove Clot	\$788
61312	Open Skull for Drainage	\$1,000
62284	Injection for Myelogram	\$128
63030	Low Back Disk Surgery	\$896
63035	Added Spinal Disk Surgery	\$292
63047	Removal of Spinal Lamina	\$1,000
63048	Removal of Spinal Lamina	\$352
63075	Neck Spine Disk Surgery	\$924
64721	Carpal Tunnel Surgery	\$288
65855	Laser Surgery of Eye	\$276
66170	Glaucoma Surgery	\$372
66761	Revision of Iris	\$220

66984	Remove Cataract, Insert Lens	\$532
67210	Treatment of Retinal Lesion	\$284
67820	Revise Eyelashes	\$28
67840	Remove Eyelid Lesion	\$72
68761	Close Tear Duct Opening	\$44

SERFF Tracking Number: HMRK-125579327

State: Arkansas

Filing Company: HM Life Insurance Company

State Tracking Number: 38541

Company Tracking Number: HM905-LMP

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: Group Indemnity Insurance

Project Name/Number: TRICA Filing/HM905-LMP

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HMRK-125579327

State: Arkansas

Filing Company: HM Life Insurance Company

State Tracking Number: 38541

Company Tracking Number: HM905-LMP

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: Group Indemnity Insurance

Project Name/Number: TRICA Filing/HM905-LMP

Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status: Approved-Closed	04/14/2008
Comments: Certificate of Readability is attached.		
Attachment: Certificate of Readability.pdf		
Satisfied -Name: Application	Review Status: Approved-Closed	04/14/2008
Comments:		
Attachment: HM905-LMA (revised by marketing).pdf		
Bypassed -Name: Health - Actuarial Justification	Review Status: Approved-Closed	04/14/2008
Bypass Reason: Not Applicable-Group Health Coverage		
Comments:		
Bypassed -Name: Outline of Coverage	Review Status: Approved-Closed	04/14/2008
Bypass Reason: Not Applicable-Group Coverage		
Comments:		
Satisfied -Name: Summary of Benefits	Review Status: Approved-Closed	04/14/2008
Comments:		
Attachment: TCIA Summary of Benefits.pdf		

STATE OF ARKANSAS
READABILITY CERTIFICATION

This is to certify that the following forms comply with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act and have achieved a Flesch Reading Ease Score of:

DESCRIPTION
Certificate

FORM NO.
HM905-LMC

FLESCH SCORE
47.5



Signed by Company Officer

March 26, 2008
Date

Domenic Palmieri
Name

Senior Vice President – Finance
Title



HM CARE ADVANTAGE GROUP APPLICATION

INSTRUCTIONS

Please Type or Print – Must be completed in full. Indicate “N/A” or “none” if item does not apply This application must be accompanied by the Coverage Transmittal form and the proposal for coverage requested. When completed return to:

Key Benefit Administrators, Inc.
P.O. Box 519
Fort Mill, SC 29716

APPLICANT INFORMATION

Full Legal Name of Group (to appear on Policy)

Tax ID Number		Business Telephone Number		Fax Number	
Address			City		State
Delivery Address (if different than above)			City		State
E-mail			Internet		
Nature of Business		SIC Code		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Other: _____	

Affiliates to be insured? Yes* No *If “yes,” please attach a separate sheet

Requested Effective Date	Number of Eligible Employees
--------------------------	------------------------------

Will the requested insurance replace existing insurance? Yes No

Premium Deposit of \$ _____ included. Estimated 1st month’s premium must be attached to this application. The Premium Deposit will be applied to the first premium when due. Make check payable to **HM Life Insurance Company**. Do not make check payable to the agent or leave the “Payee” blank. If a policy is not issued, the premium deposit will be refunded in full.

APPLICANT AGREES THAT

The insurance coverage requested and requested effective date must be approved by **HM Life Insurance Company** under its current rules and practices, including Active Work, Evidence of Insurability and Pre-Existing Condition provisions. All options and special requests are subject to Home Office approval. No insurance agent or broker has authority to guarantee acceptability of requested insurance coverage. All materials describing this coverage must be approved in writing by **HM Life Insurance Company** prior to distribution. Note: Coverage will not be in effect until notified in writing by the Home Office. Do not cancel prior coverage until notified. Premium rates quoted were based on the data submitted to **HM Life Insurance Company**. Final premium rates will be determined on the basis of the actual composition of the group of persons who become insured.

I represent that the statements contained in this application are true and complete to the best of my knowledge and belief, and I understand that they form the basis for **HM Life Insurance Company’s** approval of the coverage requested.

Printed Name of Applicant’s Authorized Representative

Signature of Applicant’s Authorized Representative

Date

Title

Signature of Witness and/or Agent

Location (City, State)

Signature of Resident Agent, where required

Agent License Number

Printed Name of Resident Agent

FRAUD NOTICE (Please read carefully)

Any person who knowingly and with intent to defraud or deceive any insurance company submits an insurance application or statement of claim containing any false, incomplete or misleading information may be subject to civil or criminal penalties, depending upon state law.

Underwritten By:
HM Life Insurance Company
P.O. Box 535061
Pittsburgh, PA 15253-3099
(800) 328-5433

Administered by:
Key Benefits Administrators, Inc.
P.O. Box 519
Fort Mill, SC 29716

Tree Care Industry Association
Medical Benefit Plans

Medical Insurance Benefits	Plan 1	Plan 2	Plan 3
	Benefits	Benefits	Benefits
Mandatory Benefits			
Daily In-Hospital Indemnity Benefit-Maximum (Full Benefit - The indemnity benefit pays a daily amount as selected above for hospital confinements at 90 consecutive days per confinement ; 365-day lifetime max per person. Requires a 24 hour stay)	\$200	\$250	\$300
Additional Daily benefit 1st Day of Confinement (1 admission per covered person per calendar year)	\$200	\$250	\$300
Surgery and Anesthesia Indemnity Benefit (Anesthesia Benefit pays 20% of the Surgery Benefit paid) 1 surgery per covered person per calendar year	\$500 / \$100	\$750 / \$150	\$1,000 / \$200
Outpatient Testing/Diagnostic Indemnity Benefit (The indemnity benefit amount selected is payable per testing day, up to a maximum of Plans 1 & 2 - 1 testing day per covered person per calendar year / Plan 3 - 2 testing days per covered person per calendar year.)	\$400	\$500	\$500
Outpatient Physician Office Visit Indemnity Benefit Maximum - Amount payable per visit. Plan 1 - 4 visits per person per calendar year Plan 2 - 6 visits per person per calendar year. Plan 3 - 8 visits per person per calendar year)	\$60	\$80	\$100
Health Information On-Call / On-Line - Unlimited Access	Included	Unlimited Access	Included
Additional/Optional Benefits			
Hospital Emergency Room Indemnity Benefit for Accident/Injury (Amount payable per visit per accident/injury for treatment received in a Hospital Emergency Room within 72 hours of a covered accident) Plans 1, 2 & 3 - 2 visits per covered person per calendar year	\$150	\$300	\$450
Inpatient Physician Visit (The indemnity benefit amount selected covers attending physician visits while patient is hospitalized, limited to 1 visit per day) Plans 1 & 2 - Not Covered ; Plan 3 - up to 2 visits	No Coverage	No Coverage	\$30
Outpatient Hospital Services (The indemnity benefit amount selected is payable per treatment day, up to a maximum of Plan 1 - 1 treatment day per covered person per calendar year / Plans 2 & 3 - 2 treatment days per covered person per calendar year.)	\$125	\$200	\$350
Wellness Screening Test (The indemnity benefit amount selected is payable per test, up to a maximum of 1 test per covered person per calendar year.) Tests include: Mammography, colonoscopy, flexible sigmoidoscopy, or bone densitometry.	\$75	\$100	\$150
Wellness Service (The indemnity benefit amount selected is payable per test, up to a maximum of 1 test per covered person per calendar year.) Service includes: Pap test, PSA, or immunization.	\$25	\$50	\$75
Ambulance: (The indemnity benefit amount selected Covers ground and air transportation by a licensed ambulance service). Plans 1, 2& 3: 1 Run	\$75	\$75	\$100

