

30/20 PLUS

People First Benefit Plan Code: 8010

Designed for participants in the State Employees' PPO Plan, the 30/20 Plus plan will provide benefits paid directly to you or your hospital for in-hospital confinement or for surgery at licensed Ambulatory Surgical Centers.

OUTLINE OF COVERAGE

For Policy Form Number 60055-0193

Supplemental Hospital Expense Policy

The purpose of this policy is to provide reimbursement for specified hospital expenses that are incurred while you or your dependents are confined as an inpatient. The benefits of this policy will be in addition to those you may receive from your group health plan or any individual health plan that you may have.

Since this is a franchise policy, no other insurance carrier may coordinate with the benefits that are payable under this policy. You are eligible for benefits with each hospital confinement due to sickness, injury, or pregnancy (including complications of pregnancy), but only if confinement has been recommended or approved by an attending physician and you or your dependents have not exhausted the benefits of the policy.

If you choose to purchase this policy, you may elect to have your eligible dependents insured under your policy. It is intended to be a supplement to any basic hospital insurance or group coverage.

BENEFIT AMOUNTS

Daily Hospital Benefits

Room and Board Benefit	\$30
If applicable, Intensive Care Unit Benefit	\$60
Maximum Daily Hospital Benefit for one period of confinement	\$3,600

HOSPITAL SPECIAL CHARGES BENEFIT

100% of the first \$250 of expenses per admission, incurred by an individual or family member. Plus 20% of the next \$12,500 incurred while confined, up to a maximum of \$2,500 for one continuous period of confinement. ("One continuous period of confinement" means all periods of confinement of an insured person as an

inpatient which arise out of sickness or injury due to the same or related causes and are not separated by at least three consecutive months).

These benefits apply when you or your insured dependents are hospital-confined due to sickness, injury or certain complications of pregnancy. "Sickness" means illness or disease. With respect to you or your insured spouse, "sickness" also means pregnancy and the resulting childbirth.

EXCLUSIONS AND LIMITATIONS

Benefits will not be paid for any hospital confinement when confinement is on account of or in connection with:

- Injury due to participation in a riot or insurrection;
- War or any act of war, if declared or not;
- The normal pregnancy of a dependent daughter;
- Routine care or treatment of an infant not due to the child's sickness or injury.

Benefits will not be paid for confinement in a hospital owned or operated by the United States Government or any of its agencies, subject to the right, if any, of the United States Government to recover reasonable and customary charges for inpatient care provided through a military or veteran's hospital.

Total benefits payable for all hospital confinements caused or contributed to by (a) mental or nervous disorders; (b) drug addiction or drug use in any form, except as prescribed by a physician; and (c) alcoholism or excessive use of intoxicants, will be limited to a maximum benefit period of 31 days each calendar year for each insured person.

Supplemental Hospital coverage is additional coverage designed especially to help take care of some of the out-of-pocket hospital facility costs not covered by your primary plan.

PREMIUM CHANGES

Alta can make premium and benefit changes as claims experience dictates, but only at an open enrollment anniversary date if: (a) these changes are made to all policies issued to employees within your Agency or Department; and (b) 45 days advance notice is given to the sponsoring employer.

TERMINATION

You may cancel your policy during any open enrollment. Your policy will terminate on the earliest of: (a) the date you stop active work with the sponsoring employer; or (b) the effective date of your Medicare coverage; or (c) the date you reach age 70. If your spouse is insured under the policy, his or her coverage will terminate on the earliest of: (a) the effective date of his or her Medicare coverage; (b) the date he or she reaches age 70; or (c) the date he or she becomes legally separated or divorced from you. If your children are insured under the policy, each child's coverage will terminate on the date he or she is no longer an eligible dependent. Coverage for all of your dependents will automatically terminate on the date your coverage terminates.

If coverage for any person terminates for any reason other than non-payment of premium, and termination occurs prior to attainment of age 65 or eligibility for Medicare, the conversion privilege in your policy would give that person the right to obtain an individual policy similar to the terminated policy.

The outline of coverage is only a brief summary of the policy and is not the contract of insurance. The policy itself sets forth the rights and obligations of the insured and Alta.

SCHEDULE OF BENEFITS

PAYS \$250 PER ADMISSION

Deductibles – First \$250 of Inpatient (charged room and board) hospital “special charges” paid at 100% for each employee or family member per hospital admission, in order to help offset hospital deductibles.

PLUS.....PAYS 20%

After your \$250 deductible has been paid by the plan in full, the plan pays 20% of the next \$12,500 inpatient hospital “special charges” for each person.

PLUS.....PAYS \$30

Pays \$30 per day for each day of inpatient hospital confinement for each person. An additional \$30 per day is payable for confinement in a hospital intensive care or progressive care unit making a total of \$60 per day. The maximum payable for all hospital daily room and board benefits for each hospital care period is \$3,600 per person.

OR.....PAYS 20% FOR OUT PATIENT SURGERY

Pay 20% of the first \$12,500 facility charges for Out Patient surgery performed at a hospital or licensed Ambulatory Surgical Center.

30/20 PLUS PLAN • MONTHLY RATE

AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY
18	\$23.94	\$56.40	36	\$36.00	\$91.58	54	\$70.28	\$151.36
19	\$23.94	\$56.88	37	\$36.94	\$92.92	55	\$73.26	\$156.56
20	\$24.08	\$57.66	38	\$38.12	\$94.84	56	\$75.66	\$160.50
21	\$24.26	\$58.50	39	\$39.62	\$97.54	57	\$78.10	\$164.48
22	\$24.42	\$59.32	40	\$40.96	\$99.82	58	\$80.42	\$168.12
23	\$24.58	\$60.16	41	\$42.28	\$101.96	59	\$83.38	\$173.08
24	\$25.04	\$61.70	42	\$43.76	\$104.52	60	\$86.34	\$178.00
25	\$25.74	\$63.90	43	\$45.42	\$107.46	61	\$88.96	\$182.16
26	\$26.44	\$66.08	44	\$47.72	\$111.80	62	\$90.42	\$183.88
27	\$27.14	\$68.32	45	\$50.08	\$116.26	63	\$91.98	\$185.82
28	\$28.14	\$71.32	46	\$51.84	\$119.24	64	\$94.32	\$189.30
29	\$29.10	\$74.24	47	\$53.50	\$122.00	65	\$96.68	\$193.36
30	\$30.12	\$77.40	48	\$55.36	\$125.16	66	\$99.06	\$198.14
31	\$31.14	\$80.56	49	\$58.08	\$130.16	67	\$101.60	\$203.20
32	\$32.04	\$83.44	50	\$60.82	\$135.20	68	\$104.08	\$208.16
33	\$32.92	\$86.32	51	\$63.00	\$138.92	69	\$106.66	\$213.34
34	\$33.98	\$88.50	52	\$65.02	\$142.20			
35	\$35.10	\$90.34	53	\$67.30	\$146.04			

Note: To Calculate BI-WEEKLY RATES, divide by 2

* Any eligible employee may purchase a policy during the allowable enrollment periods without restriction due to their age on the 365+ and SIS plans. PPP and 30/20 plans have an age restriction at 70.