

365 PLUS

People First Benefit Plan Code, \$100/Day: 8030
People First Benefit Plan Code, \$200/Day: 8040

Designed as a supplement for those choosing an HMO as their primary plan. Offering you Coverage 365 days a year for accident & sickness, and a wide array of coverage for you and your eligible family members. The amount of supplementary coverage is \$100 or \$200 per day. A good choice if you have elected HMO coverage.

OUTLINE OF COVERAGE

For policy Form Number 60065-0193

365 Plus Hospital Confinement Indemnity Policy

The purpose of this policy is to provide a fixed daily benefit 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.

You are eligible for benefits with each hospital confinement due to sickness, injury or pregnancy (including complications of pregnancy), but only if the 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. "Eligible dependents" means: (a) your spouse; and (b) your unmarried child from birth until his or her 19th birthday. It does not mean anyone who lives outside the United States or Canada.

The term "child" includes your adopted child, stepchild, foster child or other child in court-ordered temporary or other custody, or a child under legal guardianship, but only if this child depends on the insured for support and maintenance. An unmarried child who is 19 years old will be considered an eligible dependent until the end of the calendar year in which the child reaches age 25, if: (a) the child depends on the insured for support; and (b) the child lives in the insured's household or is a full-time or part-time student.

BENEFIT AMOUNTS

Fixed Daily Benefit (Per Day Per Confinement)

Option I	\$100
Option II	\$200
Option III	\$300

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 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 of treatment of an infant not due to the child's sickness or injury;
- Intentionally self-inflicted injury or attempted suicide, whether sane or insane.

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.

Benefits in connection with Ambulatory Surgical Centers, Convalescent or Skilled Nursing Centers, or Home Health Care Services are covered only as outlined in the Schedule of Benefits.

Alcohol, drug, and mental and nervous confinements are limited to 31 days per person per calendar year.

PREMIUM CHANGES

Alta can make premium and benefit changes as claims experience dictates, but only if: (a) these changes are made to all policies of the same form issued to employees of the sponsoring employer; and (b) 45 days advance notice is given to the sponsoring employer.

TERMINATION

You may cancel your policy during an open enrollment period or within 31 days of a qualifying event. Your policy will terminate on the date you stop active work with the sponsoring employer. If your spouse is insured under the policy, his or her coverage will terminate on 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 your dependents will automatically terminate on the date your coverage terminates.

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

DAILY OPTION AMOUNT: OPTIONS \$100 OR \$200

HOSPITAL: 365 days per year coverage of the daily benefit,

PLUS: 31 days per year for alcohol/drug/mental or nervous disorders,

PLUS: One day benefit for single day surgery/ambulatory surgical centers,

PLUS: 60% of your daily benefit for convalescent or skilled nursing care if confinement is in lieu of inpatient hospitalization (20-day limit per confinement),

PLUS: 50% of your daily benefit for home health care (7-day limit per confinement),

PLUS: Daily benefit provided for up to a maximum of 20 days when transferred directly from a hospital to a convalescent or skilled nursing facility.

365+ \$100 DAILY • MONTHLY RATE

AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY
18	\$3.42	\$8.06	39	\$5.66	\$13.94	60	\$12.34	\$25.44
19	\$3.42	\$8.12	40	\$5.86	\$14.26	61	\$12.72	\$26.04
20	\$3.44	\$8.24	41	\$6.04	\$14.58	62	\$12.92	\$26.28
21	\$3.46	\$8.36	42	\$6.26	\$14.94	63	\$13.14	\$26.56
22	\$3.48	\$8.48	43	\$6.50	\$15.36	64	\$13.48	\$27.06
23	\$3.52	\$8.60	44	\$6.82	\$15.98	65	\$13.82	\$27.64
24	\$3.58	\$8.82	45	\$7.16	\$16.62	66	\$14.16	\$28.32
25	\$3.68	\$9.14	46	\$7.40	\$17.04	67	\$14.52	\$29.04
26	\$3.78	\$9.44	47	\$7.64	\$17.44	68	\$14.88	\$29.76
27	\$3.88	\$9.76	48	\$7.92	\$17.88	69	\$15.24	\$30.50
28	\$4.02	\$10.20	49	\$8.30	\$18.60	70	\$15.62	\$31.24
29	\$4.16	\$10.62	50	\$8.70	\$19.32	71	\$16.00	\$32.00
30	\$4.30	\$11.06	51	\$9.00	\$19.86	72	\$16.38	\$32.78
31	\$4.44	\$11.52	52	\$9.30	\$20.32	73	\$16.78	\$33.58
32	\$4.58	\$11.90	53	\$9.62	\$20.88	74	\$17.20	\$34.40
33	\$4.70	\$12.32	54	\$10.04	\$21.64	75	\$17.62	\$35.24
34	\$4.86	\$12.64	55	\$10.46	\$22.38	76	\$18.06	\$36.10
35	\$5.02	\$12.90	56	\$10.82	\$22.94	77	\$18.50	\$37.00
36	\$5.14	\$13.08	57	\$11.16	\$23.52	78	\$18.94	\$37.90
37	\$5.28	\$13.28	58	\$11.50	\$24.04	79	\$18.94	\$37.90
38	\$5.44	\$13.56	59	\$11.92	\$24.74			

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.

365+ \$200 DAILY • MONTHLY RATE

AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY
18	\$7.56	\$17.80	39	\$12.50	\$30.80	60	\$27.26	\$56.20
19	\$7.56	\$17.96	40	\$12.94	\$31.52	61	\$28.10	\$57.52
20	\$7.60	\$18.20	41	\$13.34	\$32.20	62	\$28.54	\$58.06
21	\$7.66	\$18.46	42	\$13.82	\$33.00	63	\$29.04	\$58.68
22	\$7.70	\$18.72	43	\$14.34	\$33.92	64	\$29.78	\$59.78
23	\$7.76	\$19.00	44	\$15.06	\$35.30	65	\$30.52	\$61.06
24	\$7.90	\$19.48	45	\$15.82	\$36.72	66	\$31.28	\$62.56
25	\$8.12	\$20.18	46	\$16.36	\$37.66	67	\$32.08	\$64.16
26	\$8.34	\$20.86	47	\$16.90	\$38.52	68	\$32.86	\$65.74
27	\$8.56	\$21.58	48	\$17.48	\$39.52	69	\$33.68	\$67.36
28	\$8.88	\$22.52	49	\$18.34	\$41.10	70	\$34.48	\$68.98
29	\$9.18	\$23.44	50	\$19.20	\$42.70	71	\$35.34	\$70.68
30	\$9.50	\$24.44	51	\$19.90	\$43.86	72	\$36.20	\$72.42
31	\$9.82	\$25.44	52	\$20.52	\$44.90	73	\$37.08	\$74.16
32	\$10.12	\$26.34	53	\$21.24	\$46.12	74	\$37.98	\$75.98
33	\$10.40	\$27.24	54	\$22.20	\$47.80	75	\$38.92	\$77.84
34	\$10.72	\$27.94	55	\$23.12	\$49.44	76	\$39.88	\$79.76
35	\$11.08	\$28.52	56	\$23.88	\$50.68	77	\$40.86	\$81.74
36	\$11.36	\$28.92	57	\$24.66	\$51.94	78	\$41.84	\$83.70
37	\$11.66	\$29.34	58	\$25.40	\$53.08	79	\$41.84	\$83.70
38	\$12.04	\$29.94	59	\$26.32	\$54.66			

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