

PREFERRED PROVIDER PLUS/PPP

Preferred Provider Plus plan (PPP) is a supplemental hospital plan especially created to help offset your out-of-pocket deductible and in-hospital special charges when you or your covered dependents are confined in a hospital, or have surgery in a licensed Ambulatory Surgical Center.

In the event you find yourself or your family utilizing a non-network facility in the State of Florida, the same benefits will apply. Unlike many other plans, the benefits are paid directly to you or your hospital. This is in addition to any other group or individual hospital insurance plan you may have.

OUTLINE OF COVERAGE

For Policy Form Number 60053-0193

Supplemental In-Hospital Expense Policy

The purpose of this policy is to provide reimbursement for specified hospital expenses. 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 supplemental policy, no other insurance carrier may coordinate with the benefits that are payable under this policy. You are eligible for benefits for specified hospital charges due to sickness, injury, or pregnancy (including complications of pregnancy), if charges were incurred on the recommendation or approval of an attending physician, and you or your dependents have not exhausted the benefits of the policy.

This policy does not meet the minimum standards for Basic Hospital Expense Insurance. It is intended to be a supplemental to any Basic Hospital Insurance or group coverage.

If you are hospitalized for an emergency while traveling out-of-state, and are confined to a hospital, this plan will upgrade to the 30/20 Plus.

BENEFIT AMOUNTS

HOSPITAL DEDUCTIBLE

Hospital inpatient deductible per admission. \$250

HOSPITAL EXPENSE BENEFIT

Insured percentage –
first \$25,000
of eligible expenses 10%

AMBULATORY SURGICAL CENTER BENEFIT

Insured percentage –
first \$25,000
of eligible expenses 10%

ALCOHOL/DRUG TREATMENT CENTER INPATIENT BENEFIT

Insured percentage –
first \$25,000
of eligible expenses 10%
Maximum per person,
per calendar year 31 days

All benefits paid at 10% will be subject to a maximum payment of \$2,500 during one continuous period of inpatient confinement.*

OUT-OF-STATE EMERGENCY HOSPITAL BENEFIT

Insured percentage – first \$250
per individual per confinement. 100%
Next \$12,500 of miscellaneous hospital charges . . . 20%
Daily room and board benefit \$30
Daily intensive care unit benefit \$60

All benefits paid at 20% will be subject to a maximum payment of \$2,500 during one continuous period of inpatient 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.

INPATIENT EMERGENCY ACCIDENT BENEFIT

Insured percentage 100%
 Maximum per continuous period
 of inpatient confinement \$250

Note: Applicable only in situations occurring within a preferred provider area involving insured persons eligible to receive benefits for charges incurred in a preferred provider hospital.

AMBULANCE BENEFIT

Insured percentage 100%
 Maximum per continuous period
 of inpatient confinement \$100

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 mental or nervous disorders will be limited to a maximum benefit period of 31 days each calendar year for each insured.

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.

PREFERRED PROVIDER PLUS/PPP • MONTHLY RATE

AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY
18	\$32.94	\$61.80	36	\$36.30	\$69.68	54	\$42.72	\$78.58
19	\$32.96	\$61.94	37	\$36.52	\$69.92	55	\$43.18	\$79.28
20	\$32.98	\$62.06	38	\$36.76	\$70.18	56	\$43.62	\$79.94
21	\$33.04	\$62.28	39	\$37.06	\$70.54	57	\$43.98	\$80.44
22	\$33.10	\$62.50	40	\$37.42	\$71.02	58	\$44.34	\$80.94
23	\$33.14	\$62.72	41	\$37.72	\$71.44	59	\$44.66	\$81.38
24	\$33.20	\$62.94	42	\$38.02	\$71.82	60	\$45.06	\$81.98
25	\$33.36	\$63.34	43	\$38.36	\$72.26	61	\$45.46	\$82.56
26	\$33.58	\$63.90	44	\$38.72	\$72.76	62	\$45.80	\$83.04
27	\$33.82	\$64.44	45	\$39.20	\$73.50	63	\$45.98	\$83.22
28	\$34.04	\$64.98	46	\$39.66	\$74.22	64	\$46.18	\$83.44
29	\$34.34	\$65.68	47	\$40.02	\$74.68	65	\$46.48	\$83.84
30	\$34.64	\$66.34	48	\$40.32	\$75.12	66	\$46.76	\$84.28
31	\$34.94	\$67.04	49	\$40.68	\$75.60	67	\$47.04	\$84.80
32	\$35.22	\$67.72	50	\$41.16	\$76.34	68	\$47.34	\$85.34
33	\$35.48	\$68.30	51	\$41.64	\$77.08	69	\$47.62	\$85.84
34	\$35.72	\$68.90	52	\$42.02	\$77.60			
35	\$36.00	\$69.32	53	\$42.34	\$78.04			

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.