

# 30/20 PLUS

People First Benefit Plan Code 8110 | Franchise Health Insurance Policy

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

### HOSPITAL CONFINEMENT INDEMNITY POLICY

The purpose of the 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 by 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 supplement to any Basic Hospital Insurance or group coverage.**

### BENEFIT AMOUNTS

Daily room and board benefit.....	\$30.00
Additional intensive care unit benefit, if applicable .....	\$30.00
Maximum daily hospital benefit for one period of confinement applicable .....	\$3,600.00

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.

### INPATIENT HOSPITAL SPECIAL CHARGES BENEFIT

*Percent we pay*

- First \$250 of eligible hospital expenses per admission, incurred by individual or family member ..... 100%
- Next \$12,500 ..... 20%

### AMBULATORY SURGICAL CENTER BENEFIT

- First \$12,500 of eligible expenses incurred by individual or family member..... 20%

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

### 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.

### PREMIUM CHANGES

CIGNA can make premium and benefit changes as claims experience dictates, but only 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.

*\*One continuous period of confinement means all periods of confinement of an insured person as an inpatient or for outpatient surgery which arise out of sickness or injury due to the same or related causes and are not separated by at least three consecutive months.*

## 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 CIGNA.*

## SCHEDULE OF BENEFITS

### PAYS \$250 PER ADMISSION

Pays the first \$250 of Inpatient (charged room and board) hospital "special charges" at 100% for each employee or family member per hospital admission, in order to help offset hospital deductibles.

### PLUS.....PAYS \$30

Pays \$30 per day for each day you are charged room and board by the Hospital. An additional \$30 per day is payable for confinement in a hospital intensive care unit making a total of \$60 per day. The maximum payable for all hospital daily room and board benefits during One Continuous Period of Inpatient Confinement is \$3,600 per person.

### PLUS.....PAYS 20%

After deducting the \$250 paid to you for admission, and the room and board charges from your hospital bill, the plan then pays 20% of the next \$12,500 inpatient hospital "special charges" for each person.\*

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

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

\*subject to a maximum of \$2,500 for "One Continuous Period of Confinement or subsequent surgeries for the same or related conditions".

## 30/20 PLUS PLAN • MONTHLY RATE

AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY
18	\$26.78	\$63.14	36	\$40.28	\$102.52	54	\$78.70	\$169.46
19	\$26.78	\$63.66	37	\$41.34	\$104.04	55	\$82.00	\$175.28
20	\$26.96	\$64.56	38	\$42.68	\$106.18	56	\$84.72	\$179.68
21	\$27.16	\$65.50	39	\$44.34	\$109.20	57	\$87.46	\$184.16
22	\$27.34	\$66.40	40	\$45.86	\$111.78	58	\$90.04	\$188.24
23	\$27.52	\$67.34	41	\$47.34	\$114.16	59	\$93.34	\$193.78
24	\$28.04	\$69.10	42	\$49.00	\$117.02	60	\$96.68	\$199.28
25	\$28.82	\$71.52	43	\$50.86	\$120.30	61	\$99.60	\$203.96
26	\$29.60	\$73.98	44	\$53.44	\$125.16	62	\$101.22	\$205.88
27	\$30.38	\$76.50	45	\$56.08	\$130.18	63	\$102.98	\$208.06
28	\$31.50	\$79.84	46	\$58.02	\$133.52	64	\$105.60	\$211.94
29	\$32.56	\$83.14	47	\$59.90	\$136.58	65	\$108.24	\$216.48
30	\$33.74	\$86.66	48	\$61.98	\$140.12	66	\$110.92	\$221.84
31	\$34.86	\$90.18	49	\$65.02	\$145.74	67	\$113.76	\$227.50
32	\$35.86	\$93.40	50	\$68.10	\$151.38	68	\$116.52	\$233.06
33	\$36.86	\$96.66	51	\$70.54	\$155.52	69	\$119.42	\$238.86
34	\$38.04	\$99.08	52	\$72.80	\$159.22			
35	\$39.30	\$101.14	53	\$75.36	\$163.50			

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.