

STATE INSURANCE SUPPLEMENT/SIS

Specifically designed to be used where employees and eligible dependents are based outside of the State of Florida as a condition of employment, and employees and dependents who live in a county where network providers are not available.

OUTLINE OF COVERAGE

For Policy Form Number 60064-0193

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 with each hospital confinement due to sickness, injury, or 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.

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.

NETWORK HOSPITAL EXPENSE BENEFIT

Insured percentage –
First \$100 of eligible expenses 100%
Next \$25,000 of eligible expenses. 10%

AMBULATORY SURGICAL CENTER BENEFIT

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

ALCOHOL/DRUG/MENTAL OR NERVOUS 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 per person per calendar year.

NON-NETWORK HOSPITAL EXPENSE BENEFIT

Insured percentage –
First \$250 per individual per admission 100%
Next \$12,500 of miscellaneous hospital charges 20%

Daily room and board benefit \$100

Daily ICU benefit \$200

All benefits paid at 20% will be subject to a maximum payment of \$2,500 per person per calendar year.

OCCUPATIONAL AND SPEECH THERAPY

Benefit insured percentage . . . 80%

Maximum per person per calendar year \$1,000

AMBULANCE BENEFIT

Insured percentage. 80%

Maximum per occurrence . . \$400

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
- A sickness or injury for which benefits are paid or payable under Workers' Compensation or any occupational disease or similar law whether such benefits are insured or self-insured;
- Intentionally self-inflicted injury or attempted suicide, whether sane or insane.

The SIS helps to offset your hospital admission deductible per occurrence. All other benefits are limited to \$2,500 per person per calendar year.

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 for inpatient care provided through a military or veteran's hospital.

Maximum benefits will not exceed \$2,500 per person per calendar year except for benefits provided in connection with:

- Non-network room and board and intensive care services;
- Occupational and speech therapy services; and
- Ambulance services.

Room and board and intensive care services will not be paid for more than 60 days per person per calendar year in either a network or non-network hospital.

Total benefits payable for all hospital confinements caused or contributed to by mental or nervous disorders will be limited to a maximum of 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 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 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 of 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.

STATE INSURANCE SUPPLEMENT/SIS • MONTHLY RATE

AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY
18	\$35.00	\$65.80	39	\$39.36	\$75.10	60	\$47.86	\$87.30
19	\$35.02	\$65.96	40	\$39.74	\$75.64	61	\$48.28	\$87.90
20	\$35.04	\$66.10	41	\$40.08	\$76.08	62	\$48.64	\$88.42
21	\$35.08	\$66.32	42	\$40.38	\$76.48	63	\$48.84	\$88.62
22	\$35.14	\$66.56	43	\$40.74	\$76.96	64	\$49.04	\$88.86
23	\$35.20	\$66.80	44	\$41.12	\$77.48	65	\$49.36	\$89.28
24	\$35.26	\$67.02	45	\$41.62	\$78.26	66	\$49.66	\$89.74
25	\$35.42	\$67.46	46	\$42.14	\$79.02	67	\$49.96	\$90.30
26	\$35.68	\$68.04	47	\$42.50	\$79.52	68	\$50.28	\$90.86
27	\$35.92	\$68.62	48	\$42.84	\$79.98	69	\$50.58	\$91.42
28	\$36.16	\$69.20	49	\$43.20	\$80.50	70	\$50.90	\$91.98
29	\$36.48	\$69.94	50	\$43.72	\$81.30	71	\$51.20	\$92.52
30	\$36.78	\$70.64	51	\$44.24	\$82.06	72	\$51.52	\$93.10
31	\$37.10	\$71.38	52	\$44.62	\$82.62	73	\$51.82	\$93.66
32	\$37.42	\$72.10	53	\$44.98	\$83.10	74	\$52.14	\$94.22
33	\$37.68	\$72.74	54	\$45.36	\$83.66	75	\$52.46	\$94.78
34	\$37.94	\$73.36	55	\$45.86	\$84.42	76	\$52.78	\$95.36
35	\$38.24	\$73.82	56	\$46.34	\$85.14	77	\$53.10	\$95.94
36	\$38.56	\$74.20	57	\$46.72	\$85.66	78	\$53.42	\$96.54
37	\$38.80	\$74.44	58	\$47.08	\$86.18	79	\$53.74	\$97.10
38	\$39.04	\$74.72	59	\$47.42	\$86.66			

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.