



# City of Fort Lauderdale

## Major Medical Complement Insurance

### BENEFITS

#### HOSPITAL CONFINEMENT (HCB)

This benefit helps pay the out-of-pocket expenses an Insured Person incurs for a Hospital Confinement due to injury or sickness, provided:

- the insured is under the regular care and attendance of a Physician; and
- such expenses are covered by the Insured Person's Major Medical/Comprehensive Policy; and
- the Injury or Sickness begins after the effective date.

Such benefits are limited to the Deductible and/or the Coinsurance Amount the Insured Person is required to pay under their Major Medical/Comprehensive Policy, and include:

- In-patient Hospital stays
- In-patient surgeries
- Physician's in-hospital charges

Benefits will also be payable for Hospital emergency room treatment for Injuries and for Sicknesses if the Sickness results in a Hospital Confinement within 24 hours of the Hospital emergency room treatment.

Benefits are "per Insured Person per Calendar Year". The benefit selected cannot exceed the Insured Person's out-of-pocket responsibility under their Major Medical/Comprehensive Policy. **Your Employer is offering a \$2,500 HCB plan or a \$4,000 HCB plan.**

#### OUT-PATIENT BENEFIT (OPB)

Pays up to the maximum benefit selected for medically necessary outpatient treatment of an Injury or Sickness. Out-patient benefits include treatment under the regular care and attendance of a physician at a hospital, physician's office (except those expenses allocated as a physician's office visit expense), out-patient surgical or emergency facility or a diagnostic testing facility or similar facility that is licensed to provide out-patient treatment. Benefits are limited to the difference between the benefit paid by your major medical plan and actual out-patient expenses incurred.

The OPB is a "per person per calendar year" benefit with a family maximum limit equal to 2 times the "per person" benefit. **Your Employer is offering a \$1,250 Out-Patient Benefit plan or a \$2,000 Out-Patient Benefit Plan. Under the \$1,250 OPB plan, your total family benefit for the calendar year is \$2,500; under the \$2,000 OPB plan, your total family benefit for the calendar year is \$4,000.** No covered person may have more than \$1,250 of OPB per calendar year under the \$1,250 OPB plan, and no covered person may have more than \$2,000 OPB per calendar year under the \$2,000 OPB plan.

HMO Plans		CDHP Plan	
\$2,500 Hospital Confinement Benefit		\$4,000 Hospital Confinement Benefit	
\$1,250 Outpatient Benefit (R-02822)		\$2,000 Outpatient Benefit (R-02822)	
<u>Under Age 40:</u>	<u>Bi-Weekly</u>	<u>Under Age 40:</u>	<u>Bi-Weekly</u>
Insured Only	\$12.24	Insured Only	\$16.83
Insured & Spouse	\$22.04	Insured & Spouse	\$30.31
Insured & Children	\$27.08	Insured & Children	\$37.33
Insured & Family	\$36.86	Insured & Family	\$50.80
<b><u>Ages 40-49:</u></b>		<b><u>Ages 40-49:</u></b>	
Insured Only	\$16.63	Insured Only	\$23.04
Insured & Spouse	\$29.95	Insured & Spouse	\$41.48
Insured & Children	\$30.65	Insured & Children	\$42.52
Insured & Family	\$43.95	Insured & Family	\$60.93
<b><u>Ages 50 &amp; Above:</u></b>		<b><u>Ages 50 &amp; Above:</u></b>	
Insured Only	\$27.76	Insured Only	\$37.67
Insured & Spouse	\$49.96	Insured & Spouse	\$67.79
Insured & Children	\$44.99	Insured & Children	\$61.14
Insured & Family	\$67.17	Insured & Family	\$91.24

## ELIGIBILITY

All active full-time employees working at least 20 hours or more per week and engaged in an eligible occupation, their lawful spouse, and their unmarried, dependent children who are under 19 years of age; 25 if a full or part-time student, dependent upon the insured for support and living with the insured; 30, if unmarried with no dependents, a Florida resident and a full or part-time student and whose coverage under this policy has become effective and has not terminated. Additionally, in order to be eligible, each person must be covered under a group Major Medical/Comprehensive Medical plan that includes coinsurance and deductible.

## LATE ENROLLEES

If an eligible employee does not apply for coverage on their initial eligibility date, they may not apply for coverage until the next policy anniversary date, unless: (a) they are allowed to enroll in, or change their enrollment in the employer's Major Medical/Comprehensive Policy because they qualify as a Special Enrollee as defined by law; or (b) they are allowed to enroll in the employer's Major Medical/Comprehensive Policy during an employer sponsored period of open enrollment.

## TERMINATION OF COVERAGE

Coverage terminates on the earliest date any of the following events occur:

**For any Insured Person:** (a) on the date the policy is terminated; (b) as of the premium due date when the required premium remains unpaid, subject to the grace period; (c) on the premium due date following the date the Insured ceases to be an employee of the policyholder; or (d) on the premium due date following the date the Insured's coverage under a group Major Medical/Comprehensive Policy is no longer in effect

**For an Insured dependent spouse:** on the premium due date following the date the spouse ceases to be an eligible spouse.

**For Insured dependent children:** on the premium due date following the date the child ceases to be an eligible child.

## EXCLUSIONS

Benefits will not be paid for losses caused by or resulting from any one or more of the following:

- Declared or undeclared war or any act thereof;
- Suicide or intentionally self-inflicted injury or any attempt thereat, while sane or insane (while sane in Colorado and Missouri)
- Any Hospital Confinement or other covered treatment for Injury or Sickness while an Insured Person is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less do not, for the purposes of this exclusion, constitute service in the armed forces of any country. Upon notification to the Company of entering the armed forces of any country, the Company will return to the Insured pro rata any premium paid, less any benefits which have been paid, for any period during which the Insured Person is in such;
- Confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the Insured Person is legally required to pay for the services;
- Confinement or other covered treatment for Injury or Sickness which is not medically necessary;
- Confinement or other covered treatment for Dental or Vision care not related to an accidental Injury;
- Mental or nervous disorders;
- Alcoholism, drug addiction or complications thereof;
- Any Hospital Confinement or other covered treatment for Injury or Sickness for which compensation is payable under any Worker's Compensation Law, any Occupational Disease Law, the 4800 Time Benefit Plan or similar legislation;
- Any Hospital Confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Coinsurance payments by the Insured Person;
- Any Hospital Confinement or other covered treatment for Injury or Sickness for which benefits are not payable under the Insured Person's basic Major Medical/Comprehensive Policy;
- Any Hospital Confinement or other covered treatment for Injury or Sickness if, on the Insured Person's effective date of coverage, the Insured Person was not covered by a Major Medical/Comprehensive Policy. Our sole obligation will then be to refund all premiums paid for that Insured Person;
- An Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause occurred. A violation of the law includes both misdemeanor and felony violations.

## LIMITATIONS

### Pre-Existing Condition Limitation

This product does not have a pre-existing condition limitation, however, a condition must be covered under the Insured's Major Medical/Comprehensive Medical plan in order for benefits to be payable under this plan. Therefore, any pre-existing condition limitation applied to the Major Medical/Comprehensive Medical plan would, in effect, limit coverage under this plan.

## PREGNANCY

Pregnancy is covered the same as any other illness for insured employees and their insured spouses if it is covered under their group Major Medical/Comprehensive Medical plan, but pregnancy (except for complications of pregnancy) is not covered for dependent children, unless required by state law.

The exact provisions governing the insurance are contained in the master policy issued to each group on form number M-9054, policy series MG-108. This product is not available in all states.

*This product is underwritten by Fidelity Security Life Insurance Company, Kansas City, Missouri.*

The product is marketed by Allstate Workplace Division. Allstate Workplace Division is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL) a subsidiary of The Allstate Corporation.