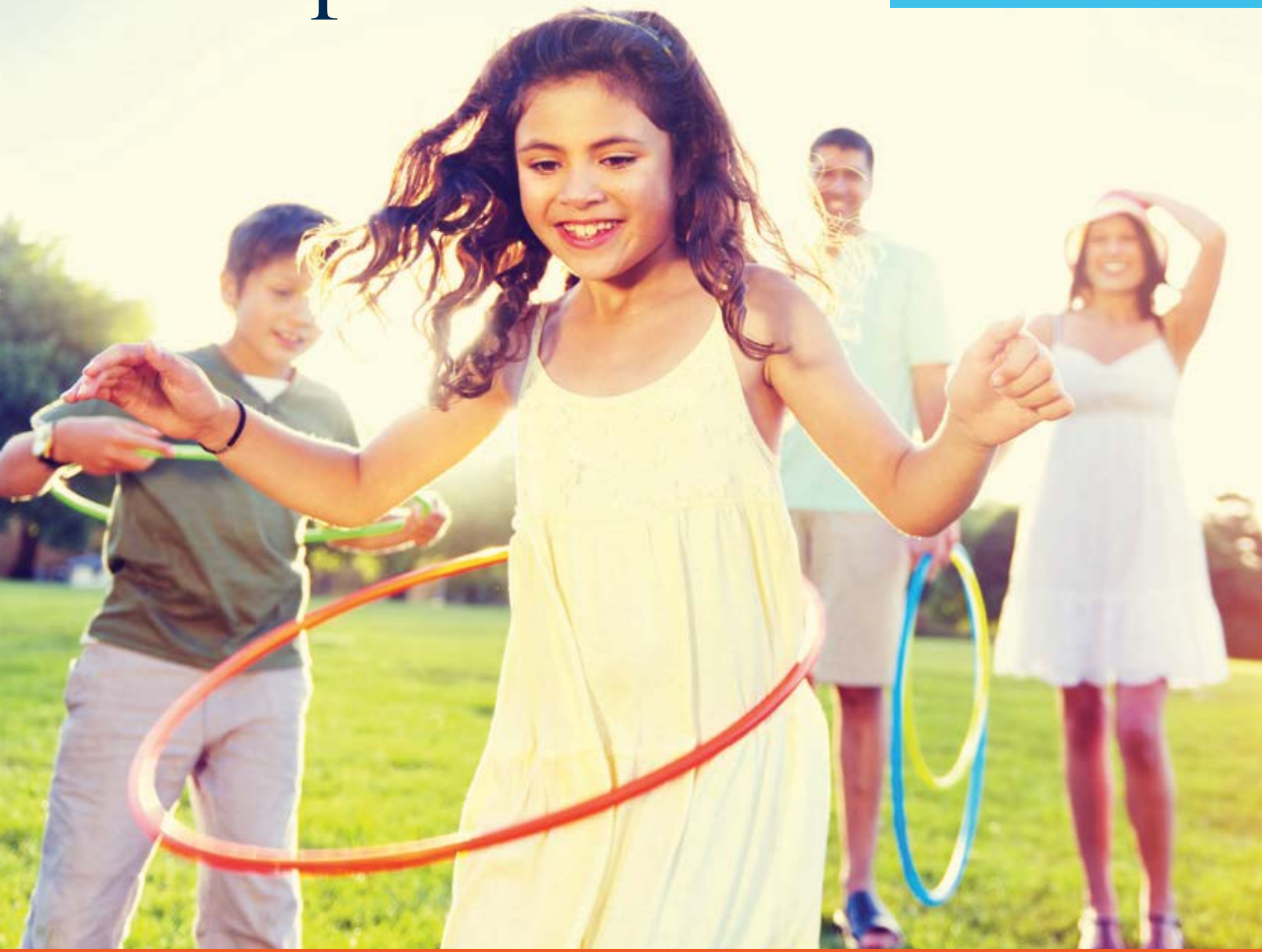
Supplemental Hospital Plans

FRANCHISE INSURANCE POLICIES



FOR EMPLOYEES OF THE STATE OF FLORIDA

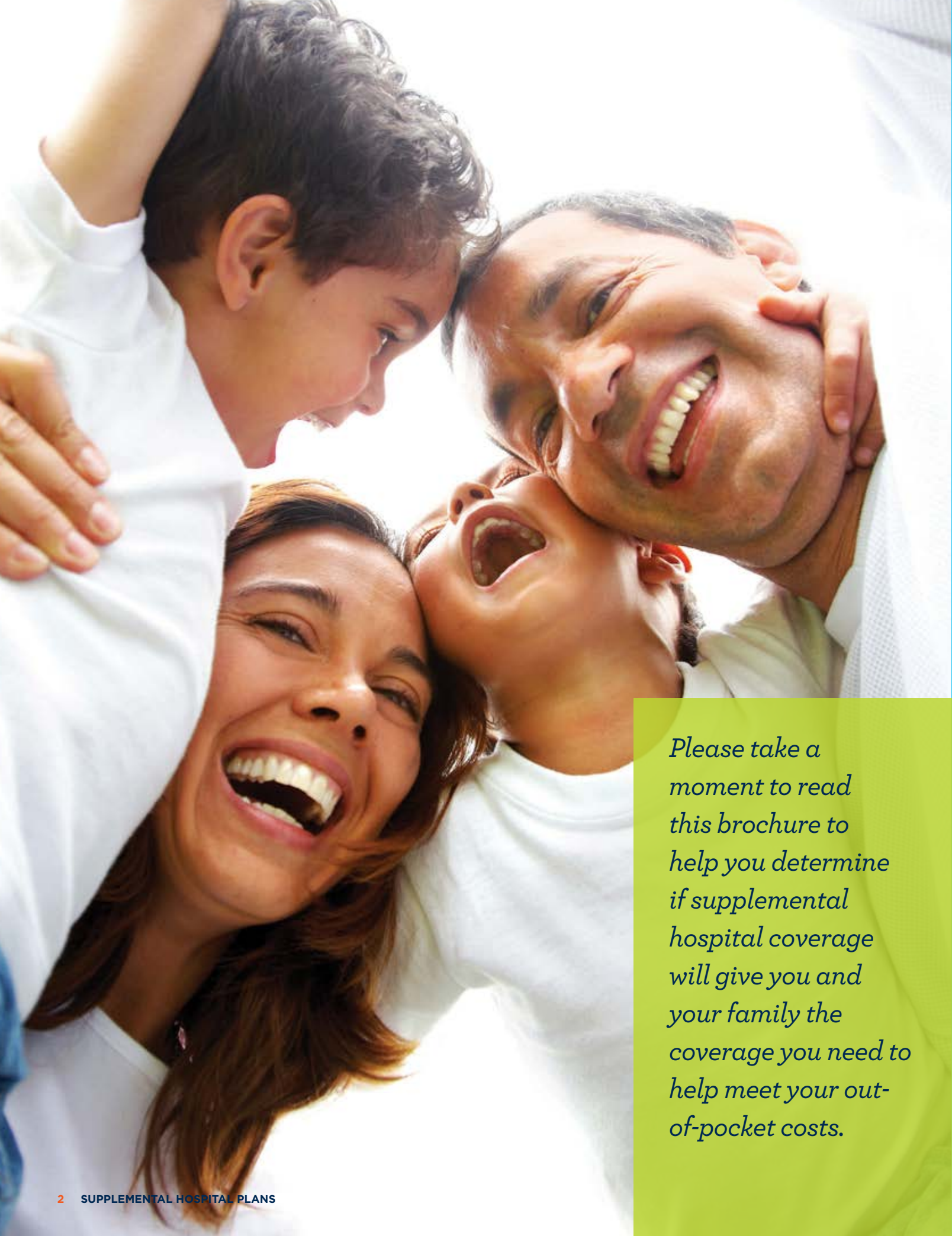
Help Protect Your Family From Out-of-Pocket Hospital Facility Costs for:

- In-Hospital Confinement
- Out Patient Surgical Center

Department of MANAGEMENT SERVICES
Division of State Group Insurance

Capital Insurance Agency, Inc.

This plan marketed & serviced by Capital Insurance Agency, Inc.



Please take a moment to read this brochure to help you determine if supplemental hospital coverage will give you and your family the coverage you need to help meet your out-of-pocket costs.

What is it?
Why do I need it?
Doesn't my medical plan cover all my expenses?

Supplemental Hospital coverage is additional coverage designed especially to help take care of some of the hospital facility costs that may not be covered by your primary plan.

Although it depends on your unique circumstances, there could be some amount of money that you are responsible for when you or someone in your family is hospitalized. These costs and obligations are called out-of-pocket costs. These charges can include hospital deductible, room and board, co-payments and any special fees.

All plans also include various levels of coverage for outpatient surgery at licensed Ambulatory Surgical Centers. The level of supplemental coverage is based upon the plan you select; it's your choice.

As an employee of the State of Florida, you can help protect your family against those extra out-of-pocket costs with Supplemental Hospital Expense Insurance from Cigna Health and Life Insurance Company (CHLIC).

Please remember, you do not have to have dependents to qualify for this additional coverage. If you are single, you may want to consider buying this insurance for yourself.

We offer you a choice of four different plans. Your primary health insurance coverage should be reviewed before considering whether or not to enroll in a Supplemental Hospital plan(s).

For example... If you have selected the State Employees' PPO Plan you may want to enroll in our **30/20 Plus** plan, **OR** our **Preferred Provider Plus** plan which are designed to help you with your network hospital admission deductibles and special in-hospital facility charges.

If you have elected a State HMO plan, you may want to choose one of the **365 Plus** plans which has been designed for use with the HMO or you can even use it with one of the other plans.

The benefits are paid directly to you or to the hospital; it's your choice.

What Are My Options?

You can choose any one of the supplemental hospital plans from the list below. (Options 5-8 allow you to have more than one supplemental hospital plan)

1

30/20 Plus

People First
Benefit Code 8110

2

Preferred Provider Plus (PPP)

People First
Benefit Code 8100

3

365+ $100 Daily

People First Benefit Code 8130

4

365+ $250 Daily

People First
Benefit Code 8140

5

30/20 Plus (8110)
AND
365+ $100 (8130)

6

30/20 Plus (8110)
AND
365+ $250 Daily (8140)

7

Preferred Provider Plus (8100)
AND
365+ $100 Daily (8130)

8

Preferred Provider Plus (8100)
AND
365+ $250 Daily (8140)

THESE POLICIES PROVIDE LIMITED HOSPITAL FACILITY COVERAGE ONLY.

365+

PEOPLE FIRST BENEFIT PLAN CODE, $100/DAY: 8130
PEOPLE FIRST BENEFIT PLAN CODE, $250/DAY: 8140

OUTLINE OF COVERAGE

For policy Form Number 60065
365 Plus Hospital Confinement Indemnity Policy

The purpose of the 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 child from birth until his or her 25th birthday unless otherwise indicated, below. 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. A child who is 25 years old will be considered an Eligible Dependent until the end of the calendar year in which the child reaches age 30, if: (a) unmarried and does not have a dependent of his or her own; (b) is a resident of this state or a full-time or part-time student; and (c) is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.

BENEFIT AMOUNTS

BENEFIT	AMOUNT WE PAY
FIXED DAILY BENEFIT (PER DAY OF CONFINEMENT)	
Option I	$100
Option II	$250
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;
- Routine care or 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/nervous confinements are limited to 31 days per person per calendar year.

PREMIUM CHANGES

Cigna 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 of your dependents will automatically terminate on the date your coverage terminates.

This 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.

365+

PEOPLE FIRST BENEFIT PLAN CODE, $100/DAY: 8130
PEOPLE FIRST BENEFIT PLAN CODE, $250/DAY: 8140

FRANCHISE INSURANCE POLICY

Offering you coverage 365 days a year for covered hospital stays, and additional coverage (see Schedule of Benefits below) for you and your eligible family members. The amount of supplementary coverage is $100 or $250 per day.

SCHEDULE OF BENEFITS

DAILY OPTION AMOUNT:
Options $100 or $250 :
- $100 daily
- $250 daily

IN HOSPITAL STAY:
365 days per year coverage of the daily benefit (when charged room and board).

OTHER BENEFITS:
- 31 days per calendar year for alcohol/drug/mental or nervous disorders for inpatient confinement,
- One day benefit for single day surgery/ambulatory surgical centers,
- 100% daily benefit provided for up to a maximum of 20 days when transferred directly from a hospital to a convalescent or skilled nursing facility,
- 60% of your daily benefit for convalescent or skilled nursing care if confinement is in lieu of inpatient hospitalization (20-day limit per confinement),
- 50% of your daily benefit for home health care (7-day limit per confinement).

365+ $100 DAILY PLAN:

This will pay up to the limits of the plan even if confined due to workers' compensation injury.

EXAMPLE: In-patient hospital stay

Day 1:	$100 benefit
Day 2	$100 benefit
Day 3	$100 benefit

Patient incurs three nights of hospital room and board charges; patient would receive $300 to help offset out of pocket expenses.

365+ $100 Daily • Monthly Rate *To calculate BI-WEEKLY PAYROLL DEDUCTION, divide by 2*

AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY
18	$3.66	$8.70	39	$6.10	$15.04	60	$13.28	$27.46
19	$3.68	$8.76	40	$6.32	$15.40	61	$13.70	$28.10
20	$3.70	$8.90	41	$6.52	$15.72	62	$13.94	$28.36
21	$3.72	$9.02	42	$6.76	$16.12	63	$14.18	$28.64
22	$3.76	$9.14	43	$7.00	$16.58	64	$14.56	$29.16
23	$3.78	$9.28	44	$7.36	$17.24	65	$14.92	$29.82
24	$3.86	$9.52	45	$7.72	$17.94	66	$15.28	$30.56
25	$3.96	$9.86	46	$8.00	$18.38	67	$15.68	$31.36
26	$4.06	$10.18	47	$8.24	$18.80	68	$16.06	$32.12
27	$4.18	$10.54	48	$8.54	$19.30	69	$16.46	$32.92
28	$4.32	$11.00	49	$8.96	$20.08	70	$16.84	$33.70
29	$4.48	$11.44	50	$9.38	$20.80	71	$17.26	$34.54
30	$4.64	$11.92	51	$9.72	$21.42	72	$17.68	$35.38
31	$4.78	$12.42	52	$10.02	$21.92	73	$18.12	$36.22
32	$4.92	$12.86	53	$10.38	$22.54	74	$18.56	$37.12
33	$5.06	$13.30	54	$10.84	$23.36	75	$19.00	$38.02
34	$5.22	$13.64	55	$11.30	$24.16	76	$19.48	$38.98
35	$5.40	$13.92	56	$11.66	$24.76	77	$19.96	$39.94
36	$5.54	$14.12	57	$12.02	$25.38	78	$20.40	$40.86
37	$5.68	$14.32	58	$12.40	$25.94	79	$20.42	$40.88
38	$5.86	$14.64	59	$12.84	$26.70			

**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+ $250 Daily • Monthly Rate *To calculate BI-WEEKLY PAYROLL DEDUCTION, divide by 2*

AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY
18	$11.80	$27.84	39	$19.54	$48.14	60	$42.62	$87.88
19	$11.82	$28.08	40	$20.16	$49.28	61	$43.90	$89.92
20	$11.88	$28.46	41	$20.84	$50.32	62	$44.64	$90.76
21	$11.96	$28.86	42	$21.58	$51.60	63	$45.38	$91.74
22	$12.04	$29.28	43	$22.42	$53.02	64	$46.56	$93.46
23	$12.14	$29.68	44	$23.54	$55.18	65	$47.72	$95.46
24	$12.34	$30.46	45	$24.72	$57.38	66	$48.90	$97.82
25	$12.66	$31.54	46	$25.58	$58.86	67	$50.16	$100.32
26	$13.04	$32.62	47	$26.40	$60.24	68	$51.38	$102.76
27	$13.38	$33.72	48	$27.32	$61.78	69	$52.66	$105.30
28	$13.88	$35.20	49	$28.66	$64.26	70	$53.92	$107.84
29	$14.34	$36.64	50	$30.00	$66.74	71	$55.24	$110.50
30	$14.86	$38.22	51	$31.10	$68.56	72	$56.60	$113.20
31	$15.34	$39.76	52	$32.08	$70.20	73	$57.96	$115.94
32	$15.80	$41.18	53	$33.22	$72.08	74	$59.38	$118.78
33	$16.26	$42.64	54	$34.70	$74.70	75	$60.84	$121.72
34	$16.78	$43.68	55	$36.16	$77.28	76	$62.36	$124.68
35	$17.34	$44.60	56	$37.34	$79.22	77	$63.88	$127.76
36	$17.76	$45.18	57	$38.56	$81.20	78	$65.38	$130.84
37	$18.24	$45.86	58	$39.70	$83.00	79	$65.42	$130.86
38	$18.82	$46.82	59	$41.14	$85.44			

** 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.*

30/20 Plus

PEOPLE FIRST BENEFIT PLAN CODE 8110 | FRANCHISE SUPPLEMENTAL HOSPITAL 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 a covered in-hospital confinement or 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 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.

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.

BENEFIT AMOUNTS

BENEFIT	AMOUNT WE PAY
Daily room and board benefit	$30
Additional intensive care unit benefit, if applicable	$30
Maximum daily hospital benefit for one period of confinement applicable	$3,600
INPATIENT HOSPITAL SPECIAL CHARGES BENEFIT	
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.

"One continuous period of inpatient 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.

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.

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 Inpatient Confinement or subsequent surgeries for the same or related conditions".

30/20 Plus Plan • Monthly Rate *To calculate BI-WEEKLY PAYROLL DEDUCTION, divide by 2*

AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY
18	$27.12	$63.98	39	$44.92	$110.62	60	$97.94	$201.90
19	$27.14	$64.50	40	$46.46	$113.24	61	$100.92	$206.64
20	$27.30	$65.40	41	$47.96	$115.66	62	$102.56	$208.58
21	$27.50	$66.36	42	$49.64	$118.56	63	$104.32	$210.80
22	$27.70	$67.28	43	$51.52	$121.88	64	$106.98	$214.74
23	$27.88	$68.24	44	$54.14	$126.82	65	$109.66	$219.32
24	$28.40	$70.00	45	$56.78	$131.90	66	$112.38	$224.76
25	$29.18	$72.46	46	$58.78	$135.26	67	$115.24	$230.50
26	$29.98	$74.96	47	$60.68	$138.38	68	$118.04	$236.12
27	$30.78	$77.50	48	$62.84	$141.96	69	$121.00	$242.00
28	$31.92	$80.90	49	$65.88	$147.66			
29	$33.00	$84.22	50	$68.98	$153.36			
30	$34.18	$87.80	51	$71.48	$157.56			
31	$35.28	$91.36	52	$73.76	$161.32			
32	$36.32	$94.64	53	$76.34	$165.66			
33	$37.32	$97.92	54	$79.74	$171.68			
34	$38.54	$100.38	55	$83.08	$177.58			
35	$39.82	$102.48	56	$85.82	$182.04			
36	$40.82	$103.86	57	$88.60	$186.58			
37	$41.88	$105.38	58	$91.22	$190.70			
38	$43.24	$107.56	59	$94.58	$196.34			

**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.*

Preferred Provider Plus/PPP

PEOPLE FIRST BENEFIT PLAN CODE 8100 | FRANCHISE SUPPLEMENTAL HOSPITAL INSURANCE POLICY

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 have a covered hospital confinement or surgery in a licensed Ambulatory Surgical Center.

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

SUPPLEMENTAL IN-HOSPITAL EXPENSE POLICY

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

BENEFIT AMOUNTS

BENEFIT	AMOUNT WE PAY
INPATIENT HOSPITAL EXPENSE BENEFIT	
First $250 of eligible expense per admission	100%
Next $25,000 of eligible expense	10%
AMBULATORY SURGICAL CENTER BENEFIT	
First $25,000 of eligible expenses	10%
ALCOHOL/DRUG TREATMENT CENTER INPATIENT BENEFIT	
First $25,000 of eligible expense	10%
Benefits paid at 10% will be subject to a maximum payment of $2,500 during one continuous period of inpatient confinement.*	
AMBULANCE BENEFIT	
Maximum amount per continuous period of inpatient confinement	$100
OUT-OF-STATE EMERGENCY HOSPITAL BENEFIT	
First $250 per individual per confinement	100%
Next $12,500 of miscellaneous hospital charges	20%
Daily room and board benefit	$30
Additional daily ICU benefit	$30
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 inpatient 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.*

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.

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.

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.

Preferred Provider Plus/PPP • Monthly Rate

To calculate BI-WEEKLY PAYROLL DEDUCTION, divide by 2

AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY
18	$14.96	$35.12	39	$23.96	$59.64	60	$52.44	$108.86
19	$14.98	$35.30	40	$24.92	$61.34	61	$54.30	$111.96
20	$15.02	$35.32	41	$25.76	$62.78	62	$55.96	$114.58
21	$15.20	$36.50	42	$26.58	$64.14	63	$56.86	$115.64
22	$15.26	$36.78	43	$27.52	$65.74	64	$57.86	$116.88
23	$15.36	$37.28	44	$28.58	$67.58	65	$59.32	$119.08
24	$15.46	$37.82	45	$30.02	$70.32	66	$60.82	$121.62
25	$15.74	$38.82	46	$31.50	$73.12	67	$62.32	$124.62
26	$16.18	$40.18	47	$32.60	$75.00	68	$63.90	$127.82
27	$16.62	$41.56	48	$33.60	$76.74	69	$65.46	$130.92
28	$17.06	$42.98	49	$34.82	$78.72			
29	$17.70	$44.84	50	$36.52	$81.88			
30	$18.28	$46.70	51	$38.24	$85.04			
31	$18.94	$48.68	52	$39.62	$87.38			
32	$19.58	$50.68	53	$40.90	$89.46			
33	$20.14	$52.46	54	$42.32	$91.86			
34	$20.72	$54.28	55	$44.20	$95.20			
35	$21.36	$55.66	56	$46.06	$98.46			
36	$22.08	$56.82	57	$47.60	$100.94			
37	$22.64	$57.58	58	$49.12	$103.46			
38	$23.24	$58.42	59	$50.58	$105.74			

**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.*

State Insurance Supplement/SIS

PEOPLE FIRST BENEFIT PLAN CODES 8120 | FRANCHISE SUPPLEMENTAL HOSPITAL INSURANCE POLICY

You may want to consider enrolling in this plan if you and your dependents are based outside of the State of Florida as a condition of employment, or live in a county where network providers are not available.

OUTLINE OF COVERAGE

For Policy Form Number 60064

HOSPITAL CONFINEMENT INDEMNITY POLICY

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

The SIS helps to offset your hospital admission deductible each time you are admitted to the Hospital. All other hospital benefits have a limit up to $2,500 per person per calendar year.

BENEFIT AMOUNTS

BENEFIT	AMOUNT WE PAY
NETWORK HOSPITAL EXPENSE BENEFIT	
First $100 of eligible expenses per admission	100%
Next $25,000 of eligible expenses	10%*
AMBULATORY SURGICAL CENTER BENEFIT	
First $25,000 of eligible expenses per calendar year	10%*
ALCOHOL/DRUG TREATMENT CENTER INPATIENT BENEFIT	
First $25,000 of eligible expenses	10%*
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	
First $250 per individual per admission	100%
Next $12,500 of miscellaneous hospital charges ***All benefits paid at 20% will be subject to a maximum payment of $2,500 per person per calendar year.***	20%
Daily room and board benefit	$100
Daily ICU benefit	$200
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 of any occupational disease or similar law whether such benefits are insured or self-insured; or
- 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.

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 calendar year in either a network or non-network 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.

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.

This 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.

State Insurance Supplement/SIS • Monthly Rate

To calculate BI-WEEKLY PAYROLL DEDUCTION, divide by 2

AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY	AGE	SINGLE	FAMILY
18	$14.14	$33.38	39	$23.44	$57.76	60	$51.12	$105.40
19	$14.16	$33.68	40	$24.24	$59.12	61	$52.68	$107.88
20	$14.26	$34.16	41	$25.02	$60.38	62	$53.54	$108.88
21	$14.36	$34.64	42	$25.92	$61.90	63	$54.46	$110.04
22	$14.46	$35.10	43	$26.90	$63.62	64	$55.84	$112.12
23	$14.54	$35.62	44	$28.26	$66.20	65	$57.24	$114.50
24	$14.82	$36.54	45	$29.66	$68.86	66	$58.66	$117.34
25	$15.22	$37.84	46	$30.68	$70.62	67	$60.16	$120.34
26	$15.64	$39.14	47	$31.66	$72.24	68	$61.64	$123.28
27	$16.04	$40.46	48	$32.76	$74.12	69	$63.16	$126.34
28	$16.66	$42.22	49	$34.38	$77.08	70	$64.68	$129.36
29	$17.22	$43.96	50	$36.02	$80.06	71	$66.28	$132.56
30	$17.82	$45.84	51	$37.30	$82.26	72	$67.90	$135.80
31	$18.42	$47.70	52	$38.50	$84.20	73	$69.54	$139.08
32	$18.96	$49.40	53	$39.84	$86.48	74	$71.22	$142.48
33	$19.50	$51.14	54	$41.62	$89.64	75	$72.98	$146.00
34	$20.12	$52.42	55	$43.34	$92.70	76	$74.76	$149.58
35	$20.78	$53.50	56	$44.80	$95.04	77	$76.64	$153.30
36	$21.30	$54.24	57	$46.24	$97.40	78	$78.46	$156.96
37	$21.88	$55.04	58	$47.62	$99.56	79	$78.48	$156.98
38	$22.56	$56.16	59	$49.38	$102.50			

**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.*

Questions & Answers

Plans Underwritten by Cigna Health and Life Insurance Company (CHLIC)

Below are general, commonly asked questions and answers which apply to all four of the hospital supplemental plans.

May I enroll in more than one plan?

Yes. See *What Are My Options* on page 4.

Who is eligible for the plans?

30/20 Plus or PPP: All active full-time and part-time employees under age 70 and their eligible dependents.
S.I.S. or 365 Plus: All active full-time and part-time employees and their eligible dependents.

Who are eligible dependents?

30/20, PPP, & SIS:

Eligible dependents include the employee's spouse* and all dependent children. Includes dependent children through the calendar year in which they turn 26, (a) if they are legal dependents, (b) depend on you for support and maintenance, and (c) live in your household or are a full-time or part-time student. (Please refer to the policy for a full definition of eligible dependents and the age extension guidelines for an Insured child who has a physical handicap or mental retardation.)

365+: *See page 5 for full definition regarding Eligible Dependents*

***30/20 – PPP: Spouse to age 70**

***365+ - SIS: No age restriction for spouse**

Will my coverage continue if I'm still working at age 70?

If you are an active Employee of the State and have the **30/20** or **PPP Plan**, coverage will terminate at the end of the year you turn age 70. If your spouse is also on your Plan his/her coverage will terminate the earlier of: a) the end of the year he/she turns age 70 or b) when your coverage terminates.

The **SIS** and **365+ Plans** do not have an age limit for active Employees.

Are benefits provided for services performed in ambulatory or outpatient surgical centers?

Yes. The covered facility charges for outpatient surgery in a licensed ambulatory or outpatient surgical center will be covered up to the Plan limits as long as it is a procedure which would be covered if performed in a hospital.

Can the benefit be paid directly to me or does it have to be paid to the hospital?

You can choose whether to have the benefits paid directly to you or to the hospital.

Could you give me an example of how the 30/20 Plus Plan PAYS?

Yes. Assume an insured person is confined in a hospital for 5 nights. In addition to the daily room and board charges, assume the hospital makes a charge of $9,250 for specified "special charges."

Amount Paid By 30/20 Plus Plan	
First $250 of specified "special charges" Paid at 100%	$250
Balance of specified "special charges" Paid at 20% (20% X $9,000):	$1,800
5 nights of hospital confinement times $30 per night:	$150
Total payment from 30/20 Plus Plan:	$2,200

The $2,200 payment paid in this example is in addition to any other benefits you receive from any group or individual hospitalization plan.

Are pre-existing conditions covered?

Yes. Pre-existing conditions ARE COVERED on the effective date of the plan.

Will my plans pay if I am confined in a hospital because of a worker's compensation injury?

The State Insurance Supplement Plan does not. The Preferred Provider Plus, 30/20 Plus Plan and the 365 Plus Plan will pay up to the limits of the plan selected.

Will the plans pay if I am hospitalized in an observation room?

Only if billed in an observation room for longer than 24 hours.

Will my physician's charges for inpatient professional services be covered?

No. Doctor charges and professional fees are NOT covered. Only allowable facility or supply charges for inpatient hospital stays and ambulatory surgical centers are covered up to the Plan limits.

I have other group or individual hospitalization insurance. Will these plans pay in addition to any other benefits I may receive?

Yes. If you have a claim, inform your other health insurance companies that these are "Franchise Plans". Therefore, Coordination of Benefits is NOT ALLOWED and benefits from other policies should not be reduced.

How To Enroll

HOW TO ENROLL

- Enroll during the ANNUAL OPEN ENROLLMENT PERIOD or as a NEW EMPLOYEE (within the firsts 60 days of employment).
- **You must contact the People First Service Center, toll free 866-663-4735, or access their web site at https://peoplefirst.myflorida.com to make your election.**

NOTE: Enrollment will not be complete unless People First is notified. PEOPLE FIRST IS THE SYSTEM OF RECORD.

HOW TO FILE A CLAIM

1. Obtain a copy of your itemized hospital facility bill with a diagnosis or UB04 hospital form.
2. Check the bill to make sure all charges are correct.
3. Use "Notice of Claim" Form included with your policy, or obtain a form from www.capitalins.com (Forms/claim forms/Cigna Hospital Supplemental claim form)
4. Complete all parts of the "Notice of Claim" Form. Claim(s) must be submitted no later than 15 months from the date of occurrence.
5. Mail the itemized hospital facility bill or UB04 hospital form and "Notice of Claim" Form to:
   Cigna Health and Life Insurance Company (CHLIC)
   P.O. Box 450309
   Fort Lauderdale, Florida 33345

For verification of Cigna Coverage and claim information, call Cigna Customer Service in Sunrise, Florida 1-800-888-5256.

CAPITAL INSURANCE AGENCY, INC.

"We're Here to Help You!"

FIND A LOCAL AGENT

Do you have general or enrollment questions?

Our agents are strategically located throughout the State to better serve you.

Find a Licensed Agent in your area by using the following link and providing your work county and agency:

capitalins.com/find-an-agent

HOME OFFICE

Mailing	P.O. Box 15949 Tallahassee, FL 32317	*Local*	850.386.3100
Physical	2457 Care Drive, Ste. A-200 Tallahassee, FL 32308	*Toll Free*	800.780.3100
		Fax	850.385.8126
		Email	groupdepartment@capitalins.com
		Web	www.capitalins.com

I understand that if accepted, my coverage will take effect on the day following the end of the month during which two biweekly or one monthly deduction was made. I understand that my elections are IRREVOCABLE unless I experience a QSC as defined by the Internal Revenue Code and Rule 60P 6.006 FAC Florida Administrative Code (F.A.C.). I hereby certify that I am an Employee of the Sponsoring Employer in an Eligible Class (as specified above), and authorize my Employer to reduce my salary by an amount sufficient to pay the premium for the insurance. I hereby acknowledge that I have received the Outline of Coverage which describes the insurance that I am applying for.

We've Got You Covered

No one can predict when

you or one of your family members may need to be hospitalized. When it happens, the financial effects of even a short hospital stay can be costly. Medical bills and other out-of-pocket expenses not covered by your primary health insurance can burden your family's budget for months or even years.

As an employee of the State of Florida, you can help protect you and your family against those extra hospital facility expenses with Supplemental Hospital Expense Insurance from Cigna.

Cigna Healthy Rewards®

Looking for more healthy choices? *We'll help.*

To take advantage of Healthy Rewards savings, go to Cigna.com/rewards (password: savings) or call us at 1.800.258.3312.

From acupuncture to natural supplements. Aerobic classes to therapeutic massage. You and your family have health choices like never before. And as part of our ongoing efforts to help people make healthy choices that lead to healthier lifestyles, the Cigna Healthy Rewards* program offers discounts on a wide variety of health programs and services – and it's available at no additional cost if you have a Cigna supplemental hospital plan.

- No referrals. No claim forms.
- Weight management and nutrition
- Vision and hearing care
- Tobacco cessation
- Alternative medicine
- Mind/body
- Fitness
- Vitamins, health and wellness products

*Healthy Rewards is a discount program. A discount program is NOT insurance, and the member must pay the entire discounted charge. These discounts are separate from and in addition to any benefits under your plan. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time.

cigna healthcare

Cigna Health and Life Insurance Company (CHLIC)
Administrative Office: Sunrise, Florida

Call Your Capital Representative today!
1.800.780.3100

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