



Plan Administrator
P.O. Box 14522
Des Moines, IA 50306



**PLEASE RESPOND WITHIN:
14 Days After Receipt**

Dear NEA Member,

Thank you for inquiring about the National Education Association Group Insurance Program. Enclosed you'll find the information you requested for the following plan: NEA In-Hospital Indemnity Plan, a Voluntary Hospital Indemnity coverage **issued by The Prudential Insurance Company of America (Prudential)**.

Before you take a look at the information I've enclosed, let me mention some of the important benefits you receive with all our insurance plans.

- These are group plans, negotiated especially for NEA Members. Plan rates can only be changed on a group basis.
- Each plan is backed by a 30-day Free Look. After you receive your Certificate of Insurance, you have a full 30 days to review your new coverage. If you decide that it's not exactly what you want and need, simply return it. Every dollar you've paid will be refunded, and your coverage will be canceled, no questions asked – provided of course, you have not submitted any claims.

Please read the enclosed brochure for more information, including eligibility, renewability, costs, exclusions, limitations and terms of coverage on this plan.

Once you determine the level of personal insurance protection you need, simply complete and return the application in the postage-paid envelope provided for approval. If you have questions along the way, just pick up the phone and call us. Our toll-free number is: 1-800-541-4119 Monday-Friday 7am-8pm CT. Whatever your personal situation, I hope you'll take a few minutes today to candidly assess your family's insurance needs and apply to bring your coverage up-to-date through this exclusive member program. Please return your application today!

Yours truly,

Steven Miller, Senior Vice President
Association Member Benefits Advisors, LLC
License #1936106

**Association Member Benefits Advisors, LLC
P.O. Box 14522 • Des Moines, IA 50306
1-800-541-4119**

www.neamb.com/products/nea-in-hospital-indemnity-plan

NEA In-Hospital Indemnity Plan ENROLLMENT FORM



Please refer to the description of your plan for coverage options available to you.

Member Last Name	First Name	MI	Member Number
Member Address			Email Address
Phone Number	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

PLEASE SELECT ONE OPTION AND PERSON(S) YOU WISH TO COVER:

- Member Only
 Member + Spouse/Domestic Partner
 Member + Child(ren)
 Member + Family

PLEASE NOTE: If no option is selected, you will be issued Member Only coverage.

COVERAGE OPTIONS:

- Standard
 Enhanced
 PLEASE NOTE: If no option is selected, you will be issued Standard coverage.

DEPENDENT COVERAGE SECTION (Please complete if enrolling in dependent coverage):

First Name	MI	Last Name	Gender	Relationship: Spouse/Child	Date of Birth

CONTRIBUTION PAYMENT:

I authorize the NEA and its designated insurance plan administrator to establish an automatic bill payment to pay my insurance premiums when they come due. I also authorize my financial institution to charge my account accordingly. I understand if my premium changes, I will be notified and my SAFEGuardPAY[®] deduction will be adjusted accordingly.

- Monthly
 Quarterly
 Semi-Annually
 Annually

Credit Card - Authorization Number: _____

- Electronic Fund Transfer Authorization (EFT): Checking
 Savings

Account Owner's Name

Bank Name

Bank's Transit Routing Number (if savings account only)

Your Savings Account Number

X _____
Signature of Account Owner

IDAHO AND NEW HAMPSHIRE RESIDENTS – The accident policy provides limited benefits. Review your certificate carefully.

FLORIDA RESIDENTS – Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NEW YORK RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **This notice ONLY applies to accident and health coverage.**

MEMBER SIGNATURE

I have read and understand the terms and requirements of the fraud warnings included as part of this form.

The Group Certificate provides limited benefits. Review your certificate carefully.

Member Signature _____ **Date** ____/____/____
(Month/Day/Year)

NOTICE TO CONSUMER: THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. THE BENEFITS PROVIDED BY THIS POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THIS POLICY CAREFULLY TO AVOID A DUPLICATE OF COVERAGE.

This policy provides Hospital Indemnity insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

IMPORTANT NOTICES (KEEP FOR YOUR RECORD)

For residents of all states except Alabama, Arkansas, District of Columbia, Florida, Kentucky, Louisiana, Maine, Maryland, New Jersey, New York, North Carolina, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, and Washington;

WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive, or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

ALABAMA RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA and RHODE ISLAND RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

KENTUCKY RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE and WASHINGTON RESIDENTS – Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

MARYLAND RESIDENTS – Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS – Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NORTH CAROLINA RESIDENTS – Any person who, with the intent to injure, defraud, or deceive an insurer or insurance claimant, knowing that the statement contains false or misleading information concerning a fact or matter material to the claim may be guilty of a Class H felony.

PENNSYLVANIA and UTAH RESIDENTS – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO RESIDENTS – Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

VERMONT RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

VIRGINIA RESIDENTS – Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

NEA In-Hospital Indemnity Plan



Here's How the Plan Works

NEA In-Hospital Indemnity Plan can provide supplemental protection when combined with your basic health insurance coverage. It can provide you with extra pocket money that can be used for medical and non medical expenses or that you can use toward any expenses you want. You can even place it in your savings for when you might need it in the future. Or, use it to help pay your hospital, physician or therapy costs ... the choice is completely up to you!

Who is Eligible

As long as you are an active NEA member, under age 75, residing in the U.S. you are eligible to apply for this plan. Your lawful spouse or domestic partner under age 75, and your unmarried dependent children under age 26 are also eligible.

Note: if both parents are insured as members, only one parent may request coverage for eligible dependents. This Plan is not available to individuals who are on Active Military Duty in the Armed Forces.

Effective Date of Coverage

Approved coverage will take effect on the first day of the month following date approved by Prudential provided your premium is paid within 31 days of the due date and provided you and your dependents, if proposed for coverage, are not confined, in a hospital or other medical institution. If you or your dependents are so confined, coverage will not become effective until the day you or your dependents are no longer so confined, and you and your dependents are still eligible for insurance. Payment of a premium contribution for insurance does not mean there is any coverage in force before the effective date as specified by Prudential.

Pre-Existing Conditions

Prudential will not pay benefits for a Covered Accident, Covered Injury or Covered Illness caused, or resulting from a Pre-existing Condition.

A person has a Pre-existing Condition when that person receives medical treatment, consultation, care or services, including diagnostic measures, or has taken prescribed drugs or medicines, or followed treatment recommendation in the 12 months just prior to the person's effective date of Coverage and the person had symptoms for which an ordinarily prudent person would have consulted a health care provider in the 12 months just prior to the person's effective date of Coverage.

Schedule of Benefits

Benefit	STANDARD	ENHANCED
Hospital Admission Benefit	\$500	\$1,000
ICU Admission Benefit	\$500	\$1,000
Hospital Confinement Benefit	\$100	\$150
ICU Confinement Benefit	\$200	\$300

Hospital Admission

Pays a benefit if a covered person is admitted for confinement to a Hospital for treatment of a covered accident, injury, or illness.

1. Admissions must occur within 90 days of covered accident, injury or illness.
2. Requires admission to a Hospital for payment. Not payable for ER treatment or outpatient treatment..
3. Payable no more than one time per covered person, per covered accident, injury or illness.
4. Payable for a stay in observation status of at least 24 hours.
5. Payable up to 5 times per calendar year.

ICU Admission

Pays a benefit, if a covered person, upon initial admission for confinement to a Hospital for treatment of a covered accident, injury, or illness, is admitted to an ICU.

1. The ICU admission must occur within 90 days after the covered accident, injury or illness occurs.
2. Requires admission to a Hospital ICU for payment.
3. Payable no more than one time per covered person, per covered accident, injury or illness.
4. Payable up to 5 times per calendar year.
5. When a covered person is admitted to the ICU, this benefit pays **in addition to** the Hospital Admission benefit. (i.e., they would receive both the ICU Admission benefit and the Hospital Admission benefit).

Hospital and ICU Confinement

Pays a benefit, if the covered person is confined in the hospital or ICU for treatment of a covered accident, injury, or illness. Payable for up to 30 days per confinement. When an Admission Benefit is included, the Hospital and ICU Confinement Benefit begins on Day 2.

1. Not payable for a confinement less than 24 hours.
2. Initial hospital confinement must begin within 90 days after the covered accident, injury or illness occurs.
3. Payable to a maximum of 5 times per calendar year.

Limitations

Prudential will not pay the daily Hospital Confinement benefit or ICU Confinement benefit concurrently. Only one benefit will be payable, per covered person, per day. The benefit that is payable is whichever is greatest.

Exclusions

A Hospital Indemnity Claim or Procedure is not covered if it is caused by, contributed to by, or resulting from, directly or indirectly, any of these:

- (1) Suicide or attempted suicide, while sane.
- (2) Intentionally self-inflicted Injuries, or any attempt to inflict such Injuries.
- (3) War, or any act of war. War means declared or undeclared war, and includes resistance to armed aggression. Terrorism is not considered an act of war. Terrorism means the deliberate use of violence or the threat of violence against civilians to create an emotional response through the suffering of victims or to achieve military, political, religious or social objectives.
- (4) An Accident that occurs while the person is serving on Full-Time active duty for more than 90 days in any armed forces. But this does not include Reserve or National Guard active duty for training.
- (5) Travel or flight in any vehicle used for aerial navigation, if:
 - (a) the person is riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
 - (b) the person is performing as a pilot or a crew member of any aircraft; or
 - (c) the person is riding as a passenger in an aircraft owned, operated, controlled or leased by or on behalf of the Contract Holder or any of its subsidiaries or affiliates. This includes getting in, out, on or off any such vehicle.
- (6) Participation in these hazardous sports: scuba diving; bungee jumping; base jumping; skydiving; ziplining; parachuting; hang gliding; paragliding; paramotoring; parasailing; or ballooning.
- (7) Treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident, Covered Injury or Covered Illness;
- (8) Elective procedures and/or cosmetic surgery or reconstructive surgery, unless it is a result of trauma, infection, or other diseases
- (9) Cosmetic Surgery, except when such Surgery is performed to:
 - treat a Covered Accident, Covered Injury or Covered Sickness;
 - correct a disorder of normal bodily function or structure that was caused by an Accident Injury or Sickness for which Coverage is not otherwise excluded under this Certificate; or
 - reconstruct a part of the body which was disfigured or removed as a result of an Accident, Injury or Sickness for which Coverage is not otherwise excluded under this Certificate;
 - to treat a condition caused by a congenital deformity, disease, or injury

(10) The Covered Person's mental illness, or the diagnosis or treatment of such mental illness, except for the Covered Person's use of:

- any drug, medication or sedative that is taken or used as prescribed by a Doctor; or
- an "over the counter" drug, medication or sedative taken as directed; or
- activities required by the Covered Person's service in the armed forces or any auxiliary unit of the armed forces of any country or international authority

(11) Hospital Confinement caused by, contributed to by, or resulting from Mental Illness. However, dementia as a result of stroke, trauma, viral infection, Alzheimer's disease or other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment are covered under this Policy. (12) Any claim, bill, or other demand or request for payment of benefits that the appropriate regulatory board determines were provided as a result of a prohibited referral.

30 Day Free Look

You will have 30 days to look over your Certificate of insurance. If for any reason you are not 100% satisfied you may return your Certificate, without claim, within 30 days of your effective date and you will be provided a full and complete refund of any premiums paid. Your coverage will then be canceled or terminated.

Monthly Rate - Standard Plan		
Attained Age	Member	Spouse
<25	\$5.33	\$3.04
25-29	7.45	4.02
30-34	7.97	4.78
35-39	7.42	5.10
40-44	7.83	6.10
45-49	8.41	7.05
50-54	9.23	8.18
55-59	10.46	9.73
60-64	13.18	12.85
65-69	17.17	16.89
70-74	21.69	21.30
75-79	28.29	27.78

Monthly Rate - Enhanced Plan		
Attained Age	Member	Spouse
<25	\$9.69	\$5.53
25-29	13.59	7.33
30-34	14.53	8.72
35-39	13.50	9.26
40-44	14.11	10.99
45-49	15.11	12.66
50-54	16.49	14.61
55-59	18.60	17.32
60-64	23.40	22.81
65-69	30.62	30.16
70-74	38.68	38.04
75-79	50.31	49.47

The rates are the same regardless of whether you are a smoker.

Children under age 26:

Standard Plan - \$1.98

Enhanced Plan - \$3.59

Premiums are based on insured member's age or insured spouse's age at issue and increase on attainment of each new age class. Premium rates may be changed by Prudential on any premium due date, but not more than once in any 12-month period, and on any date which benefits are changed. However, your rates may change only if they are changed for all others in the same class of insureds under the Group Policy. For example, a class is a group of people with the same issue age and gender.

Standard Plan

Daily In-Hospital Stay Benefit:

Daily Benefit Amount **\$100**
Maximum Benefit 5 times per Calendar Year

Hospital Admission:

Annual Benefit **\$500**
Maximum Benefit 5 times per Calendar Year

ICU Admission Benefit:

Daily Benefit Amount **\$500**
Maximum Benefit 5 times per Calendar Year

Intensive Care Unit Stay Benefit:

Daily Benefit Amount **\$200**
Maximum Benefit 5 times per Calendar Year

Enhanced Plan

Daily In-Hospital Stay Benefit:

Daily Benefit Amount **\$150**
Maximum Benefit 5 times per Calendar Year

Hospital Admission:

Annual Benefit **\$1,000**
Maximum Benefit 5 times per Calendar Year

ICU Admission Benefit:

Daily Benefit Amount **\$1,000**
Maximum Benefit 5 times per Calendar Year

Intensive Care Unit Stay Benefit:

Daily Benefit Amount **\$300**
Maximum Benefit 5 times per Calendar Year

Covered Illness: A physical or mental disease or disorder including pregnancy and Complications of Pregnancy, that results in a Covered Loss. A Covered Illness includes medically-necessary quarantine in a Hospital in conjunction with medically-necessary preventive treatment due to an identifiable exposure to a life-threatening contagious and infectious disease.

Covered Injury: Any bodily harm that results directly and independently of all other causes from a Covered Accident and results in a Covered Loss.

Daily In-Hospital Stay: A Hospital stay, for at least one full day, for which a room and board charge is made by the Hospital.

How to Apply

1. You will find an application included with this brochure. Be sure to complete all the information requested – failure to do so could result in a delay in processing your application.
2. Return your completed application along with your first premium check made payable to NEA Group Insurance Program and mail to the Administrator.

Administered by:



Association Member Benefits Advisors, LLC
P.O. Box 14522
Des Moines, IA 50306

Questions: 1-800-541-4119

Web: www.neamb.com/products/nea-in-hospital-indemnity-plan

AR Insurance License #100114462
CA Insurance License #0196562
In CA d/b/a Association Member
Benefits & Insurance Agency

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.

This coverage is not health insurance coverage (often referred to as “Major Medical Coverage”).

This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage.

Hospital Indemnity insurance coverage is a limited benefit policy issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. Prudential's Hospital Indemnity Insurance is not a substitute for medical coverage that provides benefits for medical treatment, including hospital, surgical, and medical expenses, and it does not provide reimbursement for such expenses. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by The Prudential Insurance Company of America, the Group Contract will govern. Please contact Prudential for more information. Contract provisions may vary by state. Contract Series: 83500.