

HOSPITAL FIXED INDEMNITY INSURANCE*

eBasic eAdvantage Plus Premier eValue eComplete ePremier eMaximum

Physician Office Visits - This benefit is payable for visits to a Physician's office, which are Medically Necessary due to a covered Injury or Sickness. Benefits are limited to a single Physician visit per day per Covered Person. There is a 30 day Waiting Period for Sickness.

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|---|------|------|------|------|------|------|------|------|
| Physician Office Visit - Indemnity Benefit: | \$65 | \$70 | \$75 | \$80 | \$50 | \$80 | \$80 | \$80 |
| Maximum number of days per Covered Person, per Plan Year: | 10 | 10 | 10 | 10 | 1 | 2 | 2 | 2 |

Physician Office Wellness Visits - This benefit is payable for routine health examinations and immunizations for Covered Persons.

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|---|------|------|------|------|------|------|------|------|
| Physician Office Visit - Indemnity Benefit per day: | \$65 | \$70 | \$75 | \$80 | \$50 | \$80 | \$80 | \$80 |
| Maximum number of days per Covered Person, per Plan Year: | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 |

Outpatient Diagnostic, X-Ray, Radiology, Laboratory - This benefit is payable when as the result of a covered Injury or Sickness, x-rays, laboratory tests are ordered or performed by a Physician. Benefit payable on a per day basis. There is a 30 day Waiting Period for Sickness.

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|---|------|------|------|-------|-------|-------|-------|-------|
| Outpatient Diagnostic Lab - Indemnity Benefit per day: | \$30 | \$50 | \$75 | \$100 | \$100 | \$100 | \$100 | \$100 |
| Maximum Number of days per Covered Person, per Policy Year: | 3 | 3 | 3 | 3 | 1 | 1 | 1 | 1 |
| Diagnostic X-ray - Indemnity Benefit per day | \$30 | \$50 | \$75 | \$100 | \$100 | \$100 | \$100 | \$100 |
| Maximum Number of days per Covered Person, per Policy Year | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 |

Hospital Confinement Benefit - This benefit is payable for a maximum of 31 days per Policy Period, for Hospital Confinement (semi-private room) as the result of a covered Injury or Sickness. There is a 30 day Waiting Period for Sickness. A 12-month Pre-Existing Condition clause applies.

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|---|-------|-------|---------|---------|---------|---------|---------|---------|
| Maximum per day per Covered Person, per Policy Year: | \$250 | \$500 | \$1,000 | \$1,500 | \$2,000 | \$2,000 | \$2,000 | \$3,000 |
| Maximum number of covered days per Covered Person, per Policy Year: | 31 | 31 | 31 | 31 | 5 | 10 | 10 | 10 |

Hospital Admission Benefit - This benefit is payable per Policy Year for Hospital Admission as the result of a covered Injury or Sickness. There is a 30 day Waiting Period for Sickness. A 12-month Pre-Existing Condition clause applies.

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|---|-----|-----|-----|-----|-------|---------|---------|-----|
| Maximum per day per Covered Person, per Policy Year: | N/A | N/A | N/A | N/A | \$500 | \$1,000 | \$2,000 | N/A |
| Maximum number of covered days per Covered Person, per Policy Year: | N/A | N/A | N/A | N/A | 1 | 1 | 1 | N/A |

ICU/CCU Benefit - This benefit is payable for a maximum of 15 days per Policy Period, for Hospital Confinement in an ICU or CCU as the result of a covered Injury or Sickness. There is a 30 day Waiting Period for Sickness. A 12-month Pre-Existing Condition clause applies. This benefit will be paid in lieu of the Hospital Confinement benefit.

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|---|-------|-------|---------|---------|---------|---------|---------|---------|
| Maximum per day per Covered Person, per Policy Period: | \$250 | \$500 | \$1,000 | \$3,000 | \$3,000 | \$3,000 | \$3,000 | \$3,000 |
| Maximum number of covered days per Covered Person, per Policy Period: | 15 | 15 | 15 | 15 | 5 | 5 | 5 | 5 |

Emergency Room Benefit - This benefit is payable when, as the result of a covered Injury or Sickness, a Covered Person requires Hospital Emergency Room treatment for a Medical Emergency. There is a 30 day Waiting Period for Sickness.

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|--|-------|-------|-------|-------|-------|-------|-------|-------|
| Benefit amount per day: | \$100 | \$150 | \$300 | \$300 | \$300 | \$300 | \$300 | \$300 |
| Maximum Emergency Room days per Policy Period: | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

* NOTE: SEE TERMS AND CONDITIONS FOR DEFINITIONS AND EXCLUSIONS. SOME PRODUCTS OR FEATURES MAY NOT BE AVAILABLE IN ALL STATES, TERMS AND CONDITIONS MAY VARY BY STATE. THIS IS NOT MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

| HOSPITAL FIXED INDEMNITY INSURANCE* | eBasic | eAdvantage | Plus | Premier | eValue | eComplete | ePremier | eMaximum |
|-------------------------------------|--------|------------|------|---------|--------|-----------|----------|----------|
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Surgery (Inpatient/Outpatient) - When surgery for a Covered Person is performed in an Outpatient Surgery Facility or while confined to a Hospital, coverage is provided for the use of the operating and recovery room, including the Physician's charges for performing surgery. Benefits are also provided for medical services and supplies used in the performance of the surgery. We will pay the charges for covered expenses, not to exceed the Maximum Benefit amount and the Maximum Surgeries shown in the Schedule for this benefit. There is a 30 day Waiting Period for Sickness. A 12-month Pre-Existing Condition clause applies.

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|--|-------|---------|---------|---------|---------|---------|---------|---------|
| Inpatient Surgery benefit amount per day: | \$500 | \$1,000 | \$1,250 | \$1,500 | \$2,000 | \$2,000 | \$2,000 | \$2,000 |
| Maximum Inpatient Surgery days per Policy Period: | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |
| Outpatient Surgery benefit amount per day: | \$200 | \$500 | \$625 | \$750 | \$1,500 | \$1,500 | \$1,500 | \$1,500 |
| Maximum Outpatient Surgery days per Policy Period: | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |

Anesthesia Benefit (Inpatient/Outpatient) - This benefit is payable for Covered Expenses when administered by a Doctor in connection with a covered surgical procedure resulting from a Covered Accident or Sickness. There is a 30 day Waiting Period for Sickness. A 12-month Pre-Existing Condition clause applies.

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|--|-------|-------|-------|-------|-------|-------|-------|-------|
| Inpatient Anesthesia benefit amount per day: | \$125 | \$250 | \$313 | \$375 | \$500 | \$500 | \$500 | \$500 |
| Maximum Inpatient Anesthesia days per Policy Period: | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |
| Outpatient Anesthesia benefit amount per day: | \$50 | \$125 | \$156 | \$188 | \$375 | \$375 | \$375 | \$375 |
| Maximum Outpatient Anesthesia per Policy Period: | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |

| GROUP ACCIDENT INSURANCE | eBasic | eAdvantage | Plus | Premier | eValue | eComplete | ePremier | eMaximum |
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Accidental Death and Dismemberment Benefit - Benefits will be payable for all losses up to the Principal Sum for each Covered Person. If more than one loss is sustained in the same covered Accidental Injury, only one benefit amount will be paid, the largest of which the Covered Person is entitled. Dismemberment is specific to the type of loss and is payable as a percentage of the Principal Sum. **

Accidental Death Principal Sum:

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|---------------------|---------|---------|---------|----------|----------|----------|----------|----------|
| Insured Person: | \$2,500 | \$5,000 | \$7,500 | \$15,000 | \$15,000 | \$15,000 | \$15,000 | \$15,000 |
| Covered Spouse: | \$1,250 | \$2,500 | \$3,750 | \$7,500 | \$7,500 | \$7,500 | \$7,500 | \$7,500 |
| Covered Child(ren): | \$625 | \$1,250 | \$1,875 | \$3,750 | \$3,750 | \$3,750 | \$3,750 | \$3,750 |

Excess Accident Medical Expense Benefit (per covered Accident) - This benefit is payable for a Covered Expense that result directly from a Covered Accident and independent of disease or bodily infirmity. Benefits are only payable for Usual and Customary Charges incurred after the Deductible is met; for those Medically Necessary Eligible Expenses incurred by or on behalf of the Covered Person; and for Eligible Expenses incurred within 30 days after the date of the Covered Accident.

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|--|---------|---------|---------|---------|---------|----------|----------|----------|
| Benefit Amount, after \$100 or \$500 deductible: | \$1,000 | \$2,500 | \$2,500 | \$5,000 | \$5,000 | \$10,000 | \$10,000 | \$10,000 |
| Maximum number of occurrences per Policy Year: | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |

*Underwritten by the United States Fire Insurance Company. Rated "A" (Excellent) by AM Best (2016 Edition). May not be available in all states. Terms and conditions may vary by state, see your fulfillment material to review. A thirty - (30) day Waiting period for Sickness applies to all insurance benefits. The 12-month Pre-existing Condition Limitation applies only to Hospital Room and Board, ICU/CCU, Surgery and Anesthesia Benefits. Maternity is not covered. See terms and conditions for definitions and exclusions. Must be 18 to enroll. Coverage is not provided for members age 65 and over, coverage will terminate at the end of the month insured turns age 65. Members can be enrolled only once. Duplicate or multiple memberships, that include duplicate enrollment in the Hospital Fixed Indemnity or Group Accident Insurance policies that are underwritten by United States Fire Insurance Company, is not allowed. Plan upgrades can only be made if the change is the result of a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. If coverage is canceled, persons may not re-enroll in coverage with United States Fire Insurance Company until six-months after their termination date. You may down grade your plan at any time.

| MONTHLY RETAIL RATES | eBasic | eAdvantage | Plus | Premier | eValue | eComplete | ePremier | eMaximum |
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|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Individual | \$76.32 | \$110.58 | \$182.38 | \$255.80 | \$190.62 | \$232.09 | \$244.45 | \$256.33 |
| Individual & Dependent(s) | \$146.06 | \$211.33 | \$348.50 | \$488.70 | \$393.36 | \$479.10 | \$504.84 | \$529.58 |
| Married, No Dependent(s) | \$127.62 | \$184.61 | \$304.44 | \$426.89 | \$361.71 | \$440.37 | \$463.54 | \$485.81 |
| Family | \$210.32 | \$304.65 | \$502.36 | \$704.29 | \$551.92 | \$672.04 | \$707.58 | \$741.71 |

The Retail Rates above include your insurance premium and a 3% credit card processing fee. Insurance Premium is the premium rate charged for the insurance policies underwritten by United States Fire Insurance Company and offered through your membership in this association. The Retail Rates per policy for the following memberships are; Hospital Fixed Indemnity Insurance (FI): eBASIC: Single=\$64.67, Single/Spouse=\$121.72, Single/Dependent(s)=\$105.79, Family=\$176.70, eADVANTAGE: Single=\$91.36, Single/Spouse=\$171.13, Single/Dependents(s)=\$148.51, Family=\$249.08, PLUS: Single=\$163.05, Single/Spouse=\$308.01, Single/Dependent(s)=\$268.10, Family=\$446.34, PREMIERE: Single=\$233.21, Single/Spouse=\$441.20, Single/Dependent(s)=\$384.33, Family=\$638.41; Group Accident Insurance (GA): eBASIC: Single=\$11.65, Single/Spouse=\$24.35, Single/Dependent(s)=\$21.83, Family=\$33.62, eADVANTAGE: Single=\$19.22, Single/Spouse=\$40.19, Single/Dependent(s)=\$36.10, Family=\$55.57, PLUS: Single=\$19.33, Single/Spouse=\$40.49, Single/Dependent(s)=\$36.34, Family=\$56.02, PREMIERE: Single=\$22.59, Single/Spouse=\$47.50, Single/Dependent(s)=\$42.56, Family=\$65.88.

**If you live in the state of Oregon: Benefits will be paid only one time regardless if loss is the result of the same or separate accidental injury.