Consolidated Community Credit Union dba CCCU

Group Hospital Insurance



How does it work?

Group Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Why is this coverage so valuable?

- The money is payable directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get competitive rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire. You'll be billed directly.

Be Well Benefit

Every year, each family member who has Hospital coverage can also receive $50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Group Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

Who can get coverage?

You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

How much does it cost?

Your monthly premium	
You	$12.22
You and your spouse	$23.27
You and your children	$17.59
Family	$28.64

Coverage may vary by state. See exclusions and limitations.
This plan has a pre-existing condition limitation. See the disclosures for more information.
If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at https://www.medicare.gov/publications/02110-choosing-a-medigap-policy-a-guide-to-health-insurance-for-people-with-medicare.pdf.

Hospital		
Hospital Admission	Payable for a maximum of 1 day per year	$1,000
ICU Admission (added to Admission)	Payable for a maximum of 1 day per year	$1,000
Hospital Daily Stay	Payable per day up to 365 days	$100
ICU Daily Stay (added to Daily Stay)	Payable per day up to 31 days	$100

Exclusions and Limitations

*Hospital insurance filed policy name is Group Hospital Indemnity Insurance Policy.
The definition of hospital does not include certain facilities. See your contract for details.

Active employment
You are considered in active employment if, on the day you apply for coverage, you are being paid regularly for the required 20 hours each week and you are performing the material and substantial duties of your regular occupation. Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. New employees may have a waiting period to be eligible for coverage. Please contact your plan administrator to confirm your eligibility date.

Pre-existing Condition
We will not pay benefits for a claim when the Covered Loss occurs in the first 12 months following an Insured's Coverage Effective Date and the Covered Loss is caused by, contributed to by, or resulting from any of the following:
• a Pre-existing Condition; or
• complications arising from treatment or surgery for, or medications taken for, a Pre-existing Condition.
An Insured has a Pre-existing Condition if, within the 12 months just prior to their Coverage Effective Date, they have an Injury or Sickness, whether diagnosed or not, for which:
• medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period; or
• drugs or medications were taken, or prescribed to be taken during that period; or
• symptoms existed
Pre-existing Condition requirements are not applicable to:
• Children who are newly acquired after your Coverage Effective Date.
The Pre-existing Condition provision applies to any Insured's initial coverage and any increases in coverage. Coverage Effective Date refers to the date any initial coverage becomes effective.

Exclusions and limitations
We will not pay benefits for a claim that is caused by, contributed to by, or resulting from any of the following:
• participation in a felony;
• being engaged in an illegal occupation;
• Injuring oneself intentionally or attempting or committing suicide, whether sane or not;
• participation in a riot, or insurrection. This does not include civil commotion or disorder, Injury as an innocent bystander, or Injury for self-defense;
• participating in war or any act of war, whether declared or undeclared;
• combat while serving in the armed forces of any nation or authority, including the National Guard, or similar government organizations while coverage is suspended and no premiums are collected;
• being legally intoxicated;
• a Covered Loss that occurs while an Insured is legally incarcerated in a penal or correctional institution;
• elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, gender identity disorders, or other diseases;
• treatment for dental care or dental procedures, unless treatment is the result of a Covered Accident;
• any Admission of a newborn Child immediately following Childbirth unless the newborn is Injured or Sick;
• voluntary use of illegal drugs; and
• Mental or Nervous Disorders. This exclusion does not include dementia if it is a result of:
• stroke, Alzheimer's disease, trauma, viral infection; or
• other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.
Additionally, no benefits will be paid for a Covered Loss that occurs prior to the Coverage Effective Date.

End of employee coverage
If you choose to cancel your coverage under this certificate, your coverage will end on the first of the month following the date you provide notification to your Employer.
Otherwise, your coverage under this certificate ends on the earliest of:
• the date the Policy is cancelled by us or your Employer;
• the date you are no longer in an Eligible Group;
• the date your Eligible Group is no longer covered;
• the date of your death;
• the last day of the period any required premium contributions are made; or
• the last day you are in Active Employment.
However, as long as premium is paid as required, coverage will continue in accordance with the Continuation of your Coverage During Absences provision or if you elect to continue coverage for you under Portability of Hospital Indemnity Insurance.
We will provide coverage for a Payable Claim that occurs while you are covered under this certificate.

THIS INSURANCE PROVIDES LIMITED BENEFITS
This coverage is a supplement to health insurance. It is not a substitute for essential health benefits or minimum essential coverage as defined in federal law. Insureds in some states must be covered by comprehensive health insurance before applying for hospital insurance.
This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form GHIP16-1 and Certificate Form GHIC16-1 or contact your Unum representative.
Unum complies with applicable civil union and domestic partner laws.

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HOSPITAL INDEMNITY COVERAGE
OREGON

GROUP HOSPITAL INDEMNITY INSURANCE
THE POLICY AND CERTIFICATE PROVIDE LIMITED BENEFITS

BENEFITS PROVIDED ARE SUPPLEMENTAL
AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES

OUTLINE OF COVERAGE

Read your Certificate Carefully. This outline of coverage provides a very brief description of the important features of coverage. This is not the insurance contract and only the actual Policy and Certificate provisions will control. The Policy itself sets forth in detail the rights and obligations of us and the Policyholder. **PLEASE READ THE POLICY AND YOUR CERTIFICATE CAREFULLY!**

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CERTIFICATE. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

Hospital Confinement Indemnity Coverage is designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of hospitalization resulting from a covered accident or sickness, subject to any limitations set forth in the Certificate. Coverage is not provided for any benefits other than the fixed daily indemnity for hospital confinements and any additional benefits described below.

Schedule of Benefits

The benefits an Insured may receive for a Payable Claim are listed in the Schedule of Benefits, subject to all other terms and provisions of the Certificate. Amounts are the same for all Insureds, unless noted otherwise. Duration of all benefits are on a per day basis.

Renewability

The Policy is optionally renewable subject to the terms and provisions in the Cancellation or Modification of Policy section of the Policy.

Right to Change Rates

We will not change rates before the later of the first Policy Anniversary or the end of any Rate Guarantee Period as stated in the Rate Schedule. However, if changes occur for reasons which affect the risk assumed for the insurance we are providing under this Policy, we can change the rates at any time. These reasons include, but are not limited to:

- a change occurs in this Policy design;
- a division, subsidiary, or affiliated company is added or deleted; or
- the number of Insureds changes by [10]% or more; or
- a change in federal or state law, regulation, or regulatory process that substantially impacts this Policy, the benefits payable, or the risk insured.

In any event, we will provide Written notice to the Policyholder at least [45] days prior to the effective date of a rate change. A rate change may take effect on an earlier date if agreed to by us and the Policyholder.