



Offered by Life Insurance Company of North America, a Cigna company

# Employee-Paid HOSPITAL CARE COVERAGE

## SUMMARY OF BENEFITS

Prepared for: Fanatics, Inc.

**Hospital Care coverage provides a benefit according to the schedule below when a Covered Person incurs a Hospital stay resulting from a Covered Injury or Covered Illness. See State Variations (marked by \*) below.**

### Who Can Elect Coverage:

**You:** All active, Full-time Employees of the Employer who are United States citizens or permanent resident aliens regularly working a minimum of 30 hours per week in the United States.

You will be eligible for coverage first of the month following date of hire or active service.

**Your Spouse/Domestic Partner:** Up to age 70, as long as you apply for and are approved for coverage yourself.

**Your Child(ren):** Birth to 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

### Available Coverage:

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand the terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

**Benefit Waiting Period:**\* 0 days following the effective date, unless otherwise stated. No benefits will be paid for a loss which occurs during the Benefit Waiting Period.

Hospitalization Benefits	Plan 1
<b>Hospital Admission*</b> No Elimination Period. Limited to 1 day, 1 benefit(s) every 365 days.*	\$1,000 per day
<b>Hospital Chronic Condition Admission*</b> No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	\$50 per day
<b>Hospital Stay</b> No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	\$100 per day
<b>Hospital Intensive Care Unit (ICU) Stay</b> No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	\$200 per day
<b>Hospital Observation Stay</b> 1 hour Elimination Period. Limited to 72 hours.	\$100 per 24-hour period

**Portability Feature:**\* You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 70 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

### Employee's Bi-Weekly Cost of Coverage: (26 pay periods)

Tier	Plan 1
Employee Only	\$6.02
Employee & Spouse	\$13.30
Employee & Child(ren)	\$10.56
Employee & Family	\$17.84

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

**NOTE:** The following are some of the important policy provisions, terms and conditions that apply to benefits described in the policy. This is not a complete list. See your Certificate of Insurance for more information.

**Benefit Amounts Payable:** Benefits for all Covered Persons are payable at 100% of the Benefit Amounts shown, unless otherwise stated. Late applicants, if allowed under this plan, may be required to provide medical evidence of insurability.

NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

### Benefit-Specific Conditions, Exclusions & Limitations (Hospital Care):

- **Hospital Admission:** Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness.
- **Hospital Chronic Condition Admission:** Must be admitted as an Inpatient due to a covered chronic condition and treatment for the covered chronic condition must be provided by a specialist in that field of medicine. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).
- **Hospital Stay:** Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit(s) will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.
- **Intensive Care Unit (ICU) Stay:** Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit(s) will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.
- **Hospital Observation Stay:** Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 23 hours following the 1 hour elimination period, on a non-Inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.

### Common Exclusions and Limitations:

**Exclusions:\*** In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury or Covered Illness which is caused by or results from any of the following (unless otherwise provided for in the policy):

- (1) intentionally self-inflicted injury, suicide or any attempted threat while sane or insane;
- (2) commission or attempt to commit a felony or an assault;
- (3) declared or undeclared war or act of war;
- (4) a Covered Injury or Covered Illness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
- (5) voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage (excludes WA residents);
- (6) operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Injury or Covered Illness occurred. (excludes WA residents)
- Those not necessary, as determined by Us in accordance with generally accepted standards of medical practice, for the diagnosis, care or treatment of the physical or mental condition involved. This applies even if they are prescribed, recommended, or approved by the attending physician.
- Elective or cosmetic surgery. This does not include reconstructive, cosmetic surgery: a) incidental to or following surgery for trauma, infection or other disease of the involved part; or b) due to congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect.
- Dental surgery, unless the surgery is the result of an accidental injury;
- In addition, benefits will not be paid for services or treatment rendered by a Physician, Nurse or any other person who is:
  - Employed or retained by the Subscriber;
  - providing homeopathic, aroma-therapeutic or herbal therapeutic services;
  - living in the Covered Person's household;
  - a parent, sibling, spouse or child of the Covered Person.

### Important Definitions:

**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 in a covered loss.

**Covered Person:** An eligible person, as defined in the Schedule of Benefits, who is enrolled and for whom Evidence of Insurability, where required, has been accepted by Us, required premium has been paid when due, and coverage under this Policy remains in force.

**Elimination Period:** The continuous period of time that must be satisfied before a benefit shown in the Schedule of Benefits is payable. An Elimination Period may be satisfied during the Policy's Benefit Waiting Period.

**Hospital:\*** An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of physicians; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis. The term Hospital does not include a clinic, facility, or unit of a Hospital for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addicts or alcoholics; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.

## Policy Provisions:

**When your coverage begins:** Coverage begins on the later of the program's effective date, the date you become eligible, the date we or your employer receive your completed enrollment form, or the date you authorize any necessary payroll deduction, or if evidence of insurability is required, after we have approved you (or your dependent) for coverage in writing. Your coverage will not begin unless you are actively at work on the effective date. Coverage for Covered Persons will not begin on the effective date if the covered person is confined to a hospital, facility or at home; disabled or receiving disability benefits or unable to perform activities of daily living.

**When your coverage ends:** Coverage for any Covered Person ends on the earliest of the date they are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your Spouse and Dependent Child(ren), if applicable, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the *Continuation of Insurance* provisions in your Certificate.)

**30 Day Right To Examine Certificate:** If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

### \*State Variations

Spouse definition includes civil union for employees residing in Vermont. **Admission Benefits** Washington residents will receive 25% higher admission benefit. **Chronic Condition Admission Benefit** not available to CT residents. **Portability** is not available to VT residents, but always available to CT residents. **Exclusions** may vary for residents of CT, MN, SC, SD, and WA. **Important Definitions** (Hospital) includes stays in substance abuse and mental nervous facilities in VT.

### Series 1.0/1.1

**THIS POLICY PAYS LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.**

This is not intended as a complete description of the insurance coverage offered. This is not a contract. Full terms and conditions of coverage are defined by and governed by Group Policy No.HC 960227. Please see your Plan Sponsor to obtain a copy of the Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, costs, benefits, riders and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form GHIP-00-1000.00. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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