

ABE-Sponsored Group Hospital Money Insurance

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

INSURANCE EXCLUSIVELY

for Bar Association Members¹

ABE-Sponsored Hospital Money Insurance

Underwritten by New York Life Insurance Company

YOU'LL ENJOY HIGH-LEVEL BENEFITS IN KEEPING WITH YOUR POSITION

As an active member of a highly respected profession, you've earned the right to quality insurance...hospital money insurance that is flexible enough to help safeguard both you and your family. The ABE-sponsored Hospital Money Insurance is designed to do just that.

It's not just a supplement to your existing medical coverage, but a valuable asset in its own right that can supply you with extra money when you need it most.

YOU RECEIVE BENEFITS FROM THE FIRST DAY OF YOUR HOSPITAL STAY...UP TO 365 DAYS

You may receive benefits for up to a full year, starting with your first day in the hospital, for each covered stay. You are the direct recipient of the benefits, which are in addition to any you may receive from similar policies.

Furthermore, a subsequent covered stay, due to the same or related causes and separated by 180 days or more from the previous stay, is considered as "new" and entitles you to a whole new benefit period.

YOU CAN INSURE YOURSELF FOR UP TO \$500 A DAY

Bar Association Members,¹ any age, who are residents of the U.S. (except VT and WA), Puerto Rico, or the U.S. Virgin Islands, are eligible for coverage. MN residents must be insured under a qualified major medical plan in order to request coverage.

ABE-sponsored Hospital Money Insurance offers you a choice of daily benefit amounts up to \$500 when you're confined to the hospital for at least 18 consecutive hours and a charge is made for room and board.

IMPORTANT FEATURES:

- Benefits Paid Directly to You...up to \$500 a Day, up to 365 Days Per Covered Confinement
- Double Benefits For Cancer/Intensive Care
- Up to \$250 a Day For Home Health Care Expense Benefits
- Optional up to \$2,000 For Surgical Expenses
- Guaranteed Acceptance For You and Your Family

Benefits are payable for up to one year per covered stay. Benefits provided depend upon the insurance selected and the premium will vary with the amount of benefits.

When a Member turns age 65, the daily benefit amount reduces as shown in the Benefit Reduction Schedule on page 4. Premiums do not reduce.

YOU MAY INSURE YOUR SPOUSE/DOMESTIC PARTNER AND CHILDREN AS WELL

You can request Spouse/Domestic Partner (DP) coverage for the same benefit amount you choose for yourself, or a lesser one if you prefer – subject to the reduction schedule shown in the Schedule of Benefits and Quarterly Premiums on page 4. A Domestic Partner (DP) is defined as an eligible dependent. The group policy provides the same benefits for parties to a Civil Union as are granted to a Spouse in marriage for residents of any state that so mandates. You may insure your eligible dependent children (including those that are married) under age 26 (age 30 for residents of NY or those who have served in active or reserve Armed Forces and were honorably discharged), for a daily benefit not to exceed 100% of the insured Member's benefit. Best of all, one premium payment each due date covers ALL eligible children...no matter how many you have! And this coverage grows right along with your family. Once child coverage is in place, additional youngsters are covered automatically at birth at no additional cost.

Note: If both you and your Spouse/DP are Bar Association Members,¹ you may both select the Member policy. In that case, neither of you may insure the other as a Spouse/DP, and you must insure all of your dependent children under only one Certificate of Insurance.

¹ The terms "Bar Association Member" and "Member" when used herein mean a practicing lawyer who is a member of the American Bar Association (ABA) or any entity that is represented in the ABA's House of Delegates, including state and many local and specialty bar associations. A list of all such entities is available at <https://abendowment.org/resources>.

This material is not intended for use with residents of New Mexico or Arizona.

Underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010.

THIS BROCHURE IS A SUMMARY of the principal provisions of this group insurance sponsored by the American Bar Endowment for its Members. IT IS NOT TO BE CONSIDERED A CONTRACT OF INSURANCE. The complete terms are set forth in the Group Policy G-11459-0 on Policy Form GMR-FACE/G-11459-0 issued by New York Life Insurance Company. This is group insurance, meaning coverage is issued under a Certificate of Insurance; coverage is not provided under an individual policy, nor is it employer/employee insurance.

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800-621-8981

Solo/Small Firm Help Line:

877-621-7676

www.abendowment.org

OUTPATIENT TREATMENT BENEFIT

Coverage pays 100% of your selected daily benefit for emergency outpatient treatment in a hospital or ambulatory surgical center due to illness or injury (up to five such visits within a year). Insureds must be under age 65 for this benefit. Also included is coverage for common accident, chemical dependency, intermediate ICU and observation care.

HOME HEALTH CARE EXPENSE BENEFIT

After you return home from the hospital, your doctor may order visiting nurse or home health agency services for you. These services may be needed because patients are being sent home earlier to cut hospital costs. When the doctor orders this professional care within seven days after you are home from the hospital, you will be paid up to 50% of your daily benefit for these expenses for up to 90 days. Benefits begin the first day you are home following a covered stay.

YOUR BENEFITS ARE DOUBLED FOR CANCER/INTENSIVE CARE

With ABE-sponsored Hospital Money Insurance your daily benefit will double if you or a covered dependent are hospitalized for cancer or if you require the special services of intensive or coronary care facilities. These double benefits can continue for the entire benefit period as long as you remain hospitalized for cancer or are confined in an intensive or coronary care unit. Under no circumstance will more than an additional 100% of the daily benefit be payable.

YOU MAY ADD UP TO \$2,000 IN SURGERY BENEFITS

An Optional Surgical Benefit for a \$1,000 or \$2,000 maximum benefit is available. The Surgical Schedule (see page 4) pays a specific benefit amount for each surgical procedure, up to the maximum benefit selected, depending on which option you choose. For Two or More Procedures — The largest benefit amount will be paid if the procedures were performed at the same time and through the same incision. The largest benefit amount plus one half the total benefit of all other procedure(s) performed will be paid for procedures performed at the same time but through separate incisions. Successive Procedures — Unless due to causes unrelated to the previous operation, successive operations will be considered to have been performed during one period of disability. See certificate for complete details.

SKILLED NURSING FACILITY BENEFIT

If you are confined in a Skilled Nursing Facility after a covered hospital stay of at least three days, benefits are payable at 50% of the daily benefit for up to 30 days. Also see Exclusions and Limitations section on page 3.

WHEN COVERAGE ENDS

Because this is a group policy, you cannot be singled out for an increase in your premium. Your coverage can be renewed as long as the group policy is not terminated by the ABE or New York Life Insurance Company, and you pay your premiums on time. Dependent coverage will end when yours does or when your dependents are no longer eligible, whichever comes first. If you should die, your Spouse/DP and dependent children may continue with full coverage as long as the premiums are paid when due, except that child coverage will terminate when he or she is no longer eligible.

YOUR INSURANCE BECOMES EFFECTIVE PROMPTLY

Your coverage begins on the first day of the month following receipt of your application and the initial premium for the coverage you have selected. If you are hospitalized on that date, your coverage begins on the first day of the month following termination of hospitalization, provided such day is within three months of the date insurance would have taken effect and you're still eligible.

If you apply for dependents' insurance, it becomes effective when yours does, unless the dependent is hospitalized on that date. In that case, dependent coverage begins on the first day following release from hospital confinement, provided such day is within three months of the date insurance would have taken effect, your insurance is still in effect, and the person is still eligible: your Spouse/DP is then your lawful married Spouse/DP and any dependent child is then under age 26 (age 30 for residents of NY or those who have served in active or reserve Armed Forces and were honorably discharged).

30-DAY FREE LOOK

Once your application is approved, you will receive your Certificate of Insurance. If for any reason after you receive it, you are not fully satisfied, simply write "cancel" and return it within 30 days without claim and coverage will be invalidated. Any premium paid will be returned promptly and you will be under no further obligation.

IT'S EASY TO APPLY

1. As long as you are a Bar Association Member who resides in the U.S., District of Columbia, Puerto Rico, or the U.S. Virgin Islands, (except VT and WA) you are eligible to apply. You may also get coverage for your Spouse/DP and unmarried children under age 26. Simply complete the entire application and send it to: American Bar Endowment, 321 N. Clark St., Chicago, IL 60654-7648. Or visit www.abendowment.org to apply online.
2. Mail your application today, along with a check for your first premium payment, in the postage-paid envelope provided.
3. Residents of Puerto Rico: Please send your application to: Global Insurance Agency, Inc., P.O. Box 9023919, San Juan, Puerto Rico 00902-3919.

EXCLUSIONS AND LIMITATIONS

For benefits to be payable, the insured must be under the care of a physician, other than yourself, a family member, or person residing in your household.

EXCLUSIONS: The following stays are excluded, and if the Optional Surgical Benefit is in effect, surgeries resulting from any of the following are also excluded: 1. A stay for Cosmetic Surgery, except to remedy accidental injury sustained by an insured while insured under the policy, or to correct congenital anomaly of an insured child; 2. A stay due or related to, in a role other than as victim, participation in or incarceration resulting from illegal occupation or activity or the commission of a felony, insurrection, riot, or terrorist activity; 3. Charges for a stay provided by or paid by any government agency or entity which does not normally charge for such a stay; 4. A stay that occurs during or is due or related to an insured person's active duty in the armed forces; 5. A stay due or related to declared or undeclared war or act of war; 6. A stay due or related to a Pre-existing Condition (defined below); 7. A stay due to pregnancy or childbirth, except complications thereof; 8. A stay due or related to intentionally self-inflicted injury, whether sane or insane. **MISSOURI RESIDENTS:** The exclusion for intentional self-inflicted injury is not applicable to injuries caused by attempted suicide while insane.

Additionally, the Optional Surgical Benefit excludes: 1. Charges for an assistant surgeon; 2. Charges for anesthesia and its administration; 3. Sterilization reversals, sexual transformations, and treatments related to sexual dysfunction; 4. Any loss, expense, or charge resulting from Cosmetic or Reconstructive Surgery, except for repairs of defects which result from a surgery for which Optional Surgical Benefits are paid.

LIMITATIONS: Benefits for treatment of Chemical Dependency are limited to a maximum of 30 days for each covered stay and a total of 60 days of confinement while insured.

Benefits for Home Health Care services, which begin within seven days after release from the hospital and are recommended by your doctor in lieu of a continued hospital confinement for the same or related causes, will be paid at up to 50% of the inforce daily benefit amount for up to 90 days per injury or sickness.

Benefits for confinements in a Skilled Nursing Facility following a covered hospital stay of at least three consecutive days will be payable at 50% of the daily benefit for the lesser of up to 30 days or two times the number of days of the preceding covered hospital stay.

Benefits for treatment in an Intensive Care or Coronary Care Unit do not include charges for step down ICU/CCU units, telemetry units, semi-private rooms with separate charges for telemetry, or other such specialized units, unless charges for such units exceed the hospital's standard semi-private room rate by 50% or more.

PRE-EXISTING CONDITIONS: A Pre-existing Condition is any injury or sickness for which a person has consulted a doctor, received any medical services or supplies, or taken any medication during the 12 months prior to becoming covered under this insurance. You must be treatment free for 12 consecutive months or wait 24 consecutive months from the date of insurance (whichever comes first) in order for this condition to be covered. Please read the Pre-existing Condition clause on the application.

HOW YOUR ASSIGNMENT OF DIVIDENDS TO ABE WORKS — THE UNIQUE CHARITABLE GIVING FEATURE OF ABE-SPONSORED INSURANCE

Founded by the ABA in 1942, the American Bar Endowment (ABE) is a §501(c) (3) not-for-profit public charity. ABE fulfills its charitable mission of improving the administration of justice, one of the profession's highest obligations, by making annual grants to support law-related research, public service, and educational projects and programs, including those conducted by the American Bar Association's Fund for Justice and Education (FJE) and the American Bar Foundation (ABF). ABE also makes Opportunity Grants to support boots-on-the-ground efforts to expand the availability of legal services to underserved communities. ABE maintains a Legal Legacy Fund for the permanent support of its grantees.

By participating in ABE's group insurance programs, designed for and available only to practicing lawyers and their families, you can contribute to these efforts. By enrolling in ABE-sponsored insurance programs, unless you notify the ABE otherwise pursuant to the procedures set forth below, **you agree to donate to ABE your share of any dividends payable on the group policies for ABE to use for its charitable purposes.** Donations of dividends to ABE are tax-deductible to the insured to the fullest extent permitted by law.

Your dividend donation to ABE makes a difference. These funds, after administrative expenses, are a significant source of ABE's charitable grants and additions to the Legal Legacy Fund. Insureds who donate their dividends help meet their professional and public responsibilities, as well as obtaining valuable coverage for their families. About 83% of insured lawyers donate their dividends.

Insureds are notified each year by late January of the amount, if any, of their dividend for the prior year that has been donated to ABE. (Dividends are not guaranteed, and in any given year, a given policy may not pay a dividend; dividends will vary from year to year.)

If you do not want to donate your dividend to ABE, you must request a refund of your dividend as follows: any time after the first policy year of your participation, for each year that you want a refund of your dividend, ABE must receive a written request from you for refund (by mail or email to dividends@abendowment.org), by as early as January 1st but not later than December 15th of the year for which a refund is requested. ABE will send confirmation of any request received, and you should retain that confirmation for your records as proof that your refund request was timely received. If you do not receive a confirmation within three weeks of sending a request to ABE, please contact the ABE. (Special instructions for new applicants are contained in the application and apply to any dividends earned during the first policy year only.) The approximate percentage of premium available for refund (if any) on each ABE-sponsored insurance policy will be published in each December/January issue of the *ABA Journal* and on ABE's website each October. You do not need to wait for this information as refund requests are accepted beginning January 1st.

Donation acknowledgments of your dividend, or dividend checks (if applicable), are mailed by late January the following year. If you receive a donation acknowledgment but you did not intend to donate your dividend to ABE, you may request a one-time waiver of the December 15th deadline by asking for a refund, if you have not previously requested such a waiver.

Please note: Insureds who do not want to contribute dividends to ABE must make a written request for refund each year, using the procedures above. When you sign the application for insurance, you are agreeing to donate your dividends unless you otherwise notify the ABE to request a refund. Do not sign the application if you do not agree with these procedures.

HOSPITAL MONEY INSURANCE – SCHEDULE OF BENEFITS AND QUARTERLY PREMIUMS*

Current as of June 2025

For a personalized rate quote, visit abendowment.org.

MEMBER SCHEDULES

Member's Age	\$500 a Day Benefit	\$450 a Day Benefit	\$400 a Day Benefit	\$300 a Day Benefit	\$200 a Day Benefit
Under age 40	\$112.82	\$101.56	\$90.30	\$67.73	\$45.15
with \$1,000 Surgical	119.04	107.78	96.52	73.94	51.37
with \$2,000 Surgical	125.26	114.00	102.74	80.17	57.59
Age 40 to 49	169.22	152.31	135.40	101.55	67.70
with \$1,000 Surgical	178.25	161.34	144.43	110.58	76.73
with \$2,000 Surgical	187.28	170.37	153.46	119.61	85.76
Age 50-64	225.62	203.06	180.50	135.38	90.25
with \$1,000 Surgical	241.44	218.88	196.32	151.19	106.07
with \$2,000 Surgical	257.26	234.70	212.14	167.02	121.89
Age 65-69	237.50	213.75	190.00	142.50	95.00
with \$1,000 Surgical	254.03	230.33	206.53	159.03	111.63
with \$2,000 Surgical	270.76	247.01	223.26	175.76	128.26
Age 70 & Over	316.44	284.82	253.20	189.90	126.60
with \$1,000 Surgical	333.07	301.45	269.83	206.53	143.23
with \$2,000 Surgical	349.70	318.08	286.46	223.16	159.86

When comparing rates, please keep in mind that although not promised or guaranteed, this insurance is designed to generate dividends that an insured may donate to support ABE's charitable mission. If you do so, you are eligible for a charitable contribution deduction to the fullest extent allowable by law on your individual tax return. Please see "How Your Assignment of Dividends To ABE Works on page 3 for further details.

- **Notes:** Premiums are based on Member's age on the effective date of coverage, and increase on the November 1st on or next following a change in age, as shown.
- **Spouse/DP's rates** are based on Member's age; Spouse's/DP's benefit cannot exceed Member's benefit.
- **One payment** each due date insures ALL eligible dependent children, regardless of the number. Child(ren) benefit(s) cannot exceed 100% of Member's benefit.

SPOUSE/DOMESTIC PARTNER SCHEDULES

Member's Age	\$500 a Day Benefit	\$450 a Day Benefit	\$400 a Day Benefit	\$300 a Day Benefit	\$200 a Day Benefit
Under age 40	\$150.44	\$135.43	\$120.40	\$90.30	\$60.20
with \$1,000 Surgical	158.09	143.07	128.05	97.95	67.85
with \$2,000 Surgical	165.74	150.72	135.70	105.60	75.50
Age 40 to 49	225.63	203.07	180.50	135.38	90.25
with \$1,000 Surgical	235.23	212.67	190.10	144.98	99.85
with \$2,000 Surgical	244.83	222.27	199.70	154.58	109.45
Age 50-64	300.82	270.71	240.60	180.45	120.30
with \$1,000 Surgical	313.84	283.73	253.62	193.47	133.32
with \$2,000 Surgical	326.86	296.75	266.64	206.49	146.34
Age 65-69	316.72	285.06	253.40	190.05	126.70
with \$1,000 Surgical	330.40	298.74	267.08	203.73	140.38
with \$2,000 Surgical	344.08	312.42	280.76	217.41	154.06
Age 70 & Over	381.80	343.60	305.40	229.05	152.70
with \$1,000 Surgical	395.48	357.28	319.08	242.73	166.38
with \$2,000 Surgical	409.16	370.96	332.76	256.41	180.06

New York Life Insurance Company reserves the right to change rates on any November 1st, and on any date on which benefits are changed. However your rates may change only if they are changed for all others in the same class of insureds under this group policy. For example, a class of insureds is a group of people with all the same issue age and gender.

***BENEFIT REDUCTION SCHEDULE:** Member and Spouse/DP daily benefits reduce at Member age 65 from \$500/day to \$313/day, from \$450/day to \$281/day, from \$400/day to \$250/day, from \$300/day to \$188/day, and from \$200/day to \$125/day. Premiums do not reduce. Benefits provided depend on the daily amount selected and the premium will vary with the amount of benefits. Benefit options are not guaranteed and are subject to change by agreement between New York Life Insurance Company and ABE.

Please contact ABE for all available benefit levels.

Premiums may vary due to rounding when billed.

CHILD(REN) SCHEDULES

Member's Age	\$500 a Day Benefit	\$450 a Day Benefit	\$400 a Day Benefit	\$300 a Day Benefit	\$200 a Day Benefit
without Surgical	\$169.80	\$152.90	\$136.00	\$102.00	\$68.00
with \$1,000 Surgical	177.69	160.79	143.89	109.89	75.89
with \$2,000 Surgical	185.58	168.68	151.78	117.78	83.78