

**INSURANCE
EXCLUSIVELY
for ABA Members**

ABE-Sponsored Hospital Money Plan

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...a hospital money insurance plan that is flexible enough to help safeguard both you and your family. The ABE-sponsored Hospital Money Plan insurance is designed to do just that.

It's not just a supplement to your existing coverage, but a valuable plan 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

ABA lawyer members, any age, who are residents of the U.S. (except Vermont and Washington), 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 Plan insurance offers you a choice of daily benefit amounts up to a benefit amount of \$500 when you're confined to the hospital for at least 18 consecutive hours and a charge is made for room and board. Benefits are payable for up to one year per covered stay. Benefits provided depend upon the plan selected and the premium will vary with the amount of benefits.

At member age 65, the daily benefit amount reduces as shown in the Benefit Reduction Schedule on the back of this brochure. Premiums do not reduce.



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

Hospital Money Plan is a group insurance plan, meaning coverage is issued to an ABE member under a Certificate of Insurance; it is not provided under an individual policy, nor is it employer/employee insurance. Underwritten by New York Life Insurance Company, 51 Madison Avenue, New York, NY 10010 under Group Policy G-11459-0 on Policy Form GMR-FACE/G-11459-0.

THIS BROCHURE IS A SUMMARY of the principal provisions of the group insurance program sponsored by the American Bar Endowment for its members. IT IS NOT TO BE CONSIDERED A CONTRACT OF INSURANCE. The complete terms of the group program are set forth in the Group Policy G-11459-0 issued by New York Life Insurance Company to the American Bar Endowment.

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
- Up to \$2,000 For Surgical Expenses
- Guaranteed Acceptance For You and Your Family

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

You can request spouse/domestic partner 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 Schedules of Benefits and Quarterly Premiums on the back of this brochure. 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) up to 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 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/domestic partner are ABA members, you may both select the member plan. 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.

OUTPATIENT TREATMENT BENEFIT

Improved coverage now 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 5 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.



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Bonnie Czarny is licensed in AR, Ins. Lic. #404091 and in CA Insurance License #0H99426.

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 7 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 Plan 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 whenever and wherever surgery is performed. The Surgical Schedule pays a specific benefit amount for each surgical procedure, up to the maximum benefit selected, depending on which option you choose.

SKILLED NURSING FACILITY BENEFIT

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

WHEN COVERAGE ENDS

Because this is a group policy, you cannot be singled out for an increase in your premium. And your coverage can be renewed as long as the Group Policy is not terminated by the ABE or New York Life, you maintain your ABA membership, and 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/domestic partner is then your lawful married spouse/domestic partner 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

This plan is backed by a full 30-day free review. 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. This is just one more reason you can count on ABE for such an important purchase.

IT'S EASY TO APPLY

1. As long as you are an ABA lawyer member who resides in the U.S., District of Columbia, Puerto Rico, or the U.S. Virgin Islands, you are eligible to apply. You may also get coverage for your spouse/ domestic partner and unmarried children up to age 26. Simply complete the entire application and send it to:
American Bar Endowment
321 N. Clark St., Ste. 1400, Chicago, IL 60654-7648
Or visit abendowment.org to apply online.
2. Mail 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 9023918, San Juan, Puerto Rico 00902-3918.

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 Preexisting 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 7 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 in-force 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, semiprivate 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.

PREEXISTING CONDITIONS: A preexisting 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 Plan. 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 Preexisting Condition clause on the application.

HOW YOUR ASSIGNMENT OF DIVIDENDS WORKS YOUR PLAN'S UNIQUE CHARITABLE GIVING FEATURE

Founded by the ABA in 1942, the American Bar Endowment (ABE) is a §501(c)(3) not-for-profit organization composed of members of the American Bar Association. **ABE fulfills its charitable purpose of improving the administration of justice, one of the profession's highest obligations, by making annual grants to support legal research, public service and educational projects in the field of law, including those conducted by ABA's Fund for Justice and Education (FJE) and the American Bar Foundation (ABF).** ABE also maintains the Legal Legacy Fund for the permanent support of its grantees. By participating in ABE's group insurance programs, designed for and available only to ABA members, members can contribute to these efforts. **Members who enroll in ABE-sponsored insurance programs agree that their share of any dividends payable on the group policies may be retained by ABE for its charitable purposes unless reclaimed as outlined below. Donations of dividends to ABE are tax-deductible to such members to the fullest extent permitted by law as contributions under Section 170(c) of the Internal Revenue Code.**

Members who donate dividends to ABE make a difference. These funds, after administrative expenses, are the primary source of ABE's charitable grants and additions to the Legal Legacy Fund. Insured members who donate their dividends help meet their professional and public responsibilities, as well as obtaining valuable coverage for their families. About 85% of members donate their dividends; these members are notified each year by late January of the amount, if any, of their dividend donation for the prior year. (Dividends are not guaranteed, and in any given year, a given plan may not pay a dividend; dividends will vary from year to year.)

Members who wish to request a refund of their dividends may do so. The approximate percentage of premium available for refund (if any) on each plan will be published in each **November issue of the ABA Journal**. You do not need to wait for this information as refund requests are accepted beginning January 1. **To request that dividends be paid to you rather than donated to ABE:** After the first policy year of your participation, a written request for refund (by mail or email to dividends@abendowment.org) **must be made each year and must reach ABE by December 15.** When ABE receives your refund request, it will send a confirmation. Retain this for your records as proof your request was timely received. If you do not receive a confirmation within 3 weeks, contact the ABE promptly to obtain another copy. (**Special instructions for new applicants** are contained in the application and apply to dividends, if any, during the first policy year only.)

Dividend checks and/or contribution notices for your tax return are mailed by late January. If you receive a contribution notice and you did not intend to make a contribution, you may request a *one-time* waiver of the December 15 deadline by asking for a refund, if you have not previously requested such a waiver.

Please note: Members who do not want to contribute dividends to ABE must make a written request for refund each year, using the procedures above. When members sign the application, they are agreeing to make **an annual decision** whether to contribute. **Do not sign the application if you do not agree with these procedures.**

HOSPITAL MONEY PLAN
SCHEDULE OF BENEFITS AND QUARTERLY PREMIUMS*
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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

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

CHILD(REN) SCHEDULES

	\$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

When comparing rates, please keep in mind that although not promised or guaranteed, this plan is designed to generate dividends that an insured may donate to support ABE's charitable grants. 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 "Assignment of Dividends" section on the previous page.*

- **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/Domestic Partner'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.

New York Life 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/domestic partner 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 and ABE.

Please contact ABE for all available benefit levels.

Premiums may vary due to rounding when billed.