

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.

Offered by New York Life Insurance & Annuity Corporation

Employee-Paid Hospital Indemnity Insurance

Summary of Benefits

Prepared for: The Trustees of Columbia University In the City of New York Class 1

Eligibility:

All active Employees of the Employer regularly scheduled to work a minimum of 20 hours per week inside or outside of the United States.

Employee: You will be eligible for coverage immediately.

Spouse: Is eligible as long as you apply for and are approved for coverage yourself.

Child(ren): Birth to age 26, as long as you apply for and are approved for coverage yourself.

What's Included?

Here are just some of the covered Hospital Benefits...

The benefit amounts and how many times/days payable per benefit is outlined below. Hospital Admission and Confinement Benefits are payable when the Covered Person is confined on an inpatient basis to a covered facility for confinement due to treatment of an injury or sickness. Only one Hospital Benefit Type is payable per day per Covered Person, with the most common confinements that we pay claims on included below.

	Plan 2	Plan 1
Admission Benefits		
Payable on the first day of inpatient confinement		
Hospital Admission Benefit (1 time per Period of Confinement)	\$1,000	\$500
Intensive Care Unit (ICU) Admission Benefit (1 time per Period of Confinement)	\$2,000	\$1,000
Confinement Benefits		
Begin on the 2nd day of confinement when an admission benefit applies, or as outlined below.		
¹ Included for confinement to a NICU due to birth		
	\$100	\$100
Daily Inpatient Hospital Confinement Benefit	Per day, up to 365 days, per Period of Confinement	Per day, up to 365 days, per Period of Confinement
	\$200 ¹	\$200 ¹
Intensive Care Unit (ICU) Confinement Benefit	Per day, up to 90 days, per Period of Confinement	Per day, up to 90 days, per Period of Confinement

Portability - If your employment is terminated, you can continue your hospital indemnity insurance, and hospital indemnity insurance for your insured spouse and dependent children, on a direct-bill basis. Your spouse and dependent children may also continue their hospital indemnity insurance, following your death or following divorce. Coverage can be continued as outlined in the Group Policy. Refer to your certificate for details.

Your Monthly Cost of Coverage:

Coverage Tier	Plan 2	Plan 1
Employee	\$8.38	\$6.07
Employee + Spouse	\$19.15	\$12.08
Employee + Child(ren)	\$15.82	\$10.17
Family	\$25.38	\$16.20

Actual per pay period premiums may differ slightly due to rounding. Rates may be subject to change in the future.

Important Definitions and 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 receive your completed enrollment form if applicable, or the date you authorize any necessary payroll deductions if applicable. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage, if applicable and elected by You, will not begin unless you are actively at work on the effective date.

When your coverage ends – Coverage ends on the earliest of the date you or your dependents, if applicable, 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. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the Continuation of Insurance provisions in your Certificate.)

Definitions

Exclusions -

Exclusions: means benefits will not cover losses caused or contributed to by:

- suicide or attempted suicide;
- intentionally self-inflicted harm;
- Aviation other than flying as a fare-paying passenger;
- war or act of war, whether declared or undeclared;
- active participation in a riot or insurrection;
- participation a felony;
- active duty as a member of the armed forces of any nation;
- in the case of a Spouse or Dependent Child(ren), a Sickness or injury occurring while the Spouse or Dependent Child(ren) is on active duty as a member of the armed forces of any nation. We will refund, upon Written notice of such service, any Premium which has been accepted for any period not covered as a result of this exclusion;
- Cosmetic surgery, except when required for appropriate care as determined by a Doctor;
- participation in an illegal occupation or activity;

THIS POLICY PROVIDES LIMITED BENEFITS. IT PAYS A FIXED BENEFIT AND DOES NOT COVER MEDICAL EXPENSES AS INCURRED. THIS IS NOT A SUBSTITUTE FOR COMPREHENSIVE OR MAJOR MEDICAL HEALTH INSURANCE.

Terms and conditions of coverage for Hospital Indemnity insurance are set forth in Group Policy No. GHI0100245. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, eligible benefits, their respective payments, and policy exclusions and limitations are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Please keep this material as a reference. This product is not health care insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act. Policy provisions and product availability may vary by state. Policy forms: Hospital Indemnity: GBS-HI-1000.00. Coverage is underwritten by New York Life Insurance and Annuity Corporation, 51 Madison Avenue New York, NY 10010.

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