

# AVMA LIFE Trust

## Group Hospital Indemnity Plan

**AVMA | LIFE**  
Veterinarian Inspired Coverage

Underwritten by



Underwritten by New York Life Insurance Company  
(NY, NY 10010) on policy form GMR

# WE'VE GOT YOU COVERED

## A Hospital Indemnity Insurance Plan That's Only for Veterinarians

Since 1957, the AVMA LIFE Trust has made available to members like you coverage you can trust.

This insurance trust program is tailor-made for veterinarians, by veterinarians. Members in the program are more than just participants—they're in charge.

Nine Trustees, all AVMA Members, and one AVMA Liaison Trustee, supervise the program and its professional operating staff. They give the plan direction, to be sure the benefits are the ones you and your family most desire. The Trustees also act as a Review Board should a member ever experience a problem with the insurance program. You can think of it as having a "Board of Directors" that puts your needs first.

The program is also designed to help save you money. You'll benefit from the group purchasing power of thousands of veterinarians across the country.

As a self-rated participating program, charges to members are based on the claims experience of AVMA members and their families—no outside groups. When funds exceed expenses, that money is returned to participants in the form of lower costs or improved coverage.

The program is underwritten by New York Life Insurance Company, one of the industry's most respected names.

New York Life Insurance Company (NY, NY 10010), the underwriter, has received the highest possible ratings for financial strength currently awarded to any life insurer by all four major rating agencies including Moody's Investor Service (AAA), Standard & Poor's (AAA), Fitch Ratings (Aaa), and A.M. Best (AA+).\*

## What is the purpose of the AVMA LIFE Trust Hospital Indemnity Plan?

The hospital indemnity plan supplements other medical care insurance you may carry. It is rare that any medical care plan covers all of the expenses of an accident or sickness especially if hospitalization is involved.

Hospital indemnity insurance can provide cash just when you need it most: to help pay expenses during a hospitalization. You can use your benefit any way you choose: towards offsetting the cost of your medical coverage deductible or coinsurance, to help cover the cost of a private room, or deposit the money in your savings account. The choice is yours.

## Who is eligible for AVMA LIFE Trust Hospital Indemnity coverage?

Regular AVMA members, under age 65, who reside in the U.S. and Student Chapter members attending a full schedule of classes in the U.S., may apply to insure themselves and their eligible dependents. Eligible dependents include the member's spouse/domestic partner and dependent children under age 26. An individual may apply for coverage as an eligible member or eligible spouse/domestic partner but not both.

**Important Notice:** The AVMA LIFE Trust Hospital Indemnity plan is not available to residents of Vermont.

## You may receive a daily benefit you can use as you wish

When applying, you may select a daily benefit of \$100 to \$400 (in \$50 units) for yourself. You may also select an equal or lesser amount for your eligible dependents, but not more than the member's benefit amount. (Maximum benefits for eligible dependent children can not exceed \$200 daily benefit.)

The daily benefit will be paid to you for each day of a covered hospitalization, for which a Room and Board charge is made, for up to 500 days for each benefit period. (Hospitalization for gastric bypass procedures are limited to a maximum of 30 days and total days of hospitalization outside the U.S. are limited to 15 days while insured.)

The daily benefit that will be paid can be used as you wish. It can help meet your deductible, coinsurance share of your medical care expenses or the extra cost of a private room.

## Your benefits are increased for intensive care confinements

Certain hospitalizations where intensive care unit stays are necessary have greater costs associated with them. For covered persons under age 65, this plan can pay double your daily benefit, up to the 500 day maximum benefit period, for intensive care confinement. For those covered persons age 65 and over the plan can pay 150% of your daily benefit while confined to an intensive care unit.

## Pregnancy Benefits

The plan can pay 100% of your daily benefit amount for covered hospitalization due to pregnancy, subject to the pre-existing conditions limitations, up to a maximum benefit period of 30 days. Complications due to pregnancy are covered immediately, however, normal pregnancy is not covered until nine months following your effective date of coverage.

\*Individual Third Party Ratings Reports (as of 8/09/16)

## Observation Care Benefit

100% of your daily benefit amount may be payable if you are medically assigned or admitted by a physician for short term (less than 24 hours) observation in a hospital, beyond the scope of regular outpatient care, and not receiving any other benefits for a covered hospital stay (except for those covered persons age 60 and over, this additional benefit may be paid for the first day of your covered stay in a hospital.) This benefit is limited to no more than two daily benefits in a calendar year.

## Outpatient Surgery Benefit

The plan can pay 100% of your daily benefit amount if you undergo medically necessary outpatient surgery due to a covered injury or illness. This benefit is payable up to three times per calendar year. Covered outpatient surgery must be performed by a physician in a hospital or ambulatory surgical center.

## Outpatient Emergency Care Accident Benefit

This plan can pay a benefit equal to 100% of the daily benefit amount for covered persons under age 65, who have received medical treatment on an outpatient basis in a hospital or ambulatory surgical center within 48 hours of an accident causing injury requiring emergency treatment.

## Mental and Nervous Disorders

The full daily benefit amount is payable for up to 500 days for in-hospital treatment of mental and nervous disorders.

## Alcohol and Drug Abuse

The full daily benefit amount is payable for up to 500 days if confined for in-hospital treatment of alcohol abuse and up to 100 days for drug abuse. For treatment in a qualified Residential Treatment Facility for alcohol or drug abuse, 50% of the daily benefit amount is payable for up to 100 days.

## Skilled Nursing Facility Confinements

50% of your daily benefit amount is payable for up to 100 days if you are confined to a skilled nursing facility before age 65. Confinement must begin within 7 days of a covered hospitalization of at least 5 consecutive days duration. For skilled nursing facility confinement due to a mental or nervous disorder, 50% of the daily benefit amount is payable for up to 30 days.

**HOSPITAL INDEMNITY PLAN BENEFIT CHART**

| Plan Features                              | Plan Benefits  |
|--|--|
| Base Daily Benefit                         | Up to \$400; from \$100 to \$400 (in \$50 units)   |
| Benefit Period (BP)                        | Max 500 days; gastric bypass limited to 30 days; hospitalization outside U.S. covered up to 15 days per lifetime   |
| Intensive Care                             | Additional daily benefit; additional 50% for age 65 and over   |
| Observation Care Benefit                   | Max twice per calendar year; 100% of daily benefit amount  |
| Outpatient Surgery                         | One daily benefit max 3 times annually, not in physician's office  |
| Outpatient Emergency Care Accident Benefit | Under age 65, treatment received within 48 hours of accident causing injury; 100% of daily benefit   |
| Mental Nervous (MN)                        | As any other; up to 500 days for in-hospital treatment   |
| Alcohol/Drugs (AD)                         | Inpatient alcohol as any other; 100 day max for drugs; 50% AD if residential facility up to 100 days;  |
| Skilled Nursing Facility Benefit           | Max 100 day benefit period (30 for MN); 50% daily benefit  |
| Skilled Nursing Home Prior Confinement     | Max 7 days   |
| Home Convalescence Benefit                 | Max 30 days per year; 50% daily benefit  |
| Home Convalescence after Prior Confinement | Max 10 days  |
| Pregnancy Benefits                         | As any other; up to 30 days  |
| Ambulance Benefit                          | Max twice per calendar year; \$50 benefit  |
| Pre-Existing Conditions Clause             | 12/12; No pre-ex on complications of pregnancy   |
| Other Exclusions                           | Admissions due to VA, military, or any national or other facility for which no charge is payable by insured, felony, self-inflicted injury, custodial care |
| Coordination of Benefits                   | No   |
| Underwriting                               | Guaranteed Issue   |

## Home Convalescence Benefits

50% of your daily benefit amount is payable for confinement at home due to a total disability immediately following a covered hospitalization which lasted at least 10 consecutive days. Benefits will be paid for the lesser of 30 days or the number of days that the covered person was hospital confined.

## Ambulance Benefit

The plan may pay a \$50 benefit if a covered person is transferred to a hospital by a professional ambulance service resulting in a covered hospital stay. This benefit is limited to no more than two benefits in a calendar year.

## Please note the following exclusions and limitations:

Hospitalizations must begin while the covered person is being treated for a sickness or injury by a physician other than the member, a family member, or a person residing in the member's household.

Benefits are not payable for hospitalizations due to: war or military service; an injury or illness resulting from the participation in or incarceration for an illegal occupation or activity or the commission of a felony, insurrection, riot, or terrorist activity; intentionally self-inflicted injury, whether sane or insane; or a pre-existing condition as indicated below.

In addition, benefits are not payable for confinements in a Veterans Administration or any other National Government owned or operated hospital for which no charge is made that the covered person must pay.

## Pre-existing conditions limitations:

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 plan. These conditions will not be covered until this plan has been in force for at least 12 months. All new covered conditions that occur after the effective date of this plan will be covered immediately.

## Successive Periods of Confinement

Successive periods of confinement are treated as if they were one unless they are separated by 90 consecutive days during which the person was not confined to an institution for medical care or treatment; or they are due to unrelated causes.

## DEFINITION OF TERMS

### Here are the definitions of terms used in this description

Each insured person receives a Certificate of Insurance, which describes his or her coverage in detail and describes some important terms. Here are a few more important definitions:

**Hospital** means an institution for the care and treatment of sick and injured persons. It must provide 24 hour nursing by graduate registered nurses and have organized facilities (or diagnosis and surgery). But none of these qualify as a Hospital:

- An institution owned or run by national or state government (other than a facility of the United States Uniformed Services);
- An institution, or part of it, used mainly as a facility for rest, nursing, convalescent, the aged, or for remedial education or training.

**Skilled Nursing Facility** is an institution for skilled nursing care of sick and injured persons. It must meet these standards:

- It must be supervised 24 hours a day by a physician, registered nurse, or licensed practical nurse
- It must have a physician's services available at all times
- It must have enough nurses to give continuous patient care
- It must keep a daily medical record for each patient.

**Intensive Care Unit (ICU)** means a cardiac unit or other unit or section of a hospital, which is reserved for critically ill patients, and which has: (a) specialized professional nursing care; and (b) special equipment and supplies on a standby basis. ICU does not include the following special units or such other specialized units: (a) Step down ICU/CC Units; (b) telemetry units; or (c) semi-private rooms with separate charges for telemetry.

**Ambulatory Surgical Center** means a licensed institution whose primary purpose is the performance of surgery, if such institution has: (a) permanent facilities and all equipment necessary for surgery; (b) a staff of one or more doctors; (c) a medical staff for patient care, if such staff includes registered professional nurses; and (d) a contract with a hospital for immediate acceptance of patients who require post-operative confinement. (Ambulatory Surgical Center does not include a private office or clinic of one or more doctors.)

**Residential Treatment Facility** means a treatment center, which provides coordinated inpatient and outpatient treatment of chemical dependency by trained medical personnel and counselors pursuant to a written treatment plan approved and monitored by a physician. The facility must also be affiliated with a hospital under a contractual agreement with an established system for patient referral, accredited as such a facility by the Joint Commission on Accreditation of Hospitals and licensed, certified, or approved as a chemical dependency treatment program or center by any federal, state, or municipal agency having legal authority to so license, certify, or approve.

- The initial contribution is paid to the AVMA LIFE Trust Office within 31 days of that date.
- You and any dependents to be insured are not hospitalized on the date your coverage would become effective. In the event a person is hospitalized on that date, coverage will become effective upon discharge from the hospital.

**Additional dependents may be automatically covered**

Generally a member must apply to add coverage for new dependents.

- When a member marries, his/her spouse/domestic partner and any additional eligible dependents acquired as a result of the marriage, or providing a declaration of partnership, will be guaranteed coverage under the Plan in force for the member, if the application and the required additional payment are received by the AVMA LIFE Trust Office within 31 days. This guaranteed coverage will be effective on the date the application and payment reach the Trust Office provided the dependent is not hospitalized on that day.
- If the member is insured for dependent children hospital indemnity coverage, additional eligible children are covered automatically for the same coverages and no notice or additional payment is required.

**COVERAGE DETAILS**

**When your coverage becomes effective**

- Acceptance is guaranteed (subject to the Pre-existing Conditions Limitations). You can't be turned down for this plan if you are an eligible AVMA member as described in "Who Is Eligible for AVMA LIFE Trust Hospital Indemnity Coverage?"
- Your coverage will take effect on the first day of the month following or coinciding with the date your application is received by the AVMA LIFE Trust Office provided:

**Current Hospital Indemnity Monthly Rates\***

Charges are based on member and spouse's/domestic partner's age at issue and increase on the November 1 that the insured enters a new age bracket. Members may request varying amounts of daily benefits for their dependents, but not more than member's amount.

**CURRENT HOSPITAL INDEMNITY PLAN MONTHLY RATES (as of 2/1/17)  
EACH \$50 OF DAILY BENEFIT \$100 MIN./\$400 MAX.**

| Member's Age | Member  | Spouse/Domestic Partner | Children |
|--------------|---------|-------------------------|----------|
| Under 35     | \$4.00  | \$4.00                  | \$4.75   |
| 35 – 39      | \$4.50  | \$4.50                  | \$4.75   |
| 40 – 44      | \$4.75  | \$4.75                  | \$4.75   |
| 45 – 49      | \$5.50  | \$5.50                  | \$4.75   |
| 50 – 54      | \$6.00  | \$6.00                  | \$4.75   |
| 55 – 59      | \$7.25  | \$7.25                  | \$4.75   |
| 60 – 64      | \$8.50  | \$8.50                  | \$4.75   |
| 65 – 69**    | \$12.00 | \$12.00                 | \$4.75   |
| 70 – 74**    | \$16.50 | \$16.50                 | \$4.75   |
| 75 – 79**    | \$22.50 | \$22.50                 | \$4.75   |
| 80 + Over**  | \$36.25 | \$36.25                 | \$4.75   |

\*New York Life has the right to change rates on a class-wide basis.

\*\*Available at renewal only.

Automatic coverage also will be extended to a first child for the same hospital indemnity coverage in force for the member (up to \$100 daily maximum). If both parents are insured as members, this child is eligible as a dependent of one parent only. The Trust Office must be given written notification of which parent will carry child coverage. Coverage will continue until the first regular billing date after the child is born, or for at least 31 days, if this is longer. If the member wishes to continue the coverage he must notify the Trust Office in writing and remit the added payment within 31 days after the automatic coverage would normally terminate. The additional payment is due from the first of the month coincident with or following the child's date of birth.

### **Filing a claim is simple**

- Visit [www.AVMALife.org](http://www.AVMALife.org) to download the claim form.
- Complete the Insured's Statement portion of the claim form and have your healthcare provider complete the Attending Physician portion.

- Mail claim form to:

New York Life Insurance Company  
P.O. Box 8310  
Sleepy Hollow, NY 10591

### **About continuation of insurance**

New York Life cannot terminate coverage or change benefits or premiums on an individual basis; it may do so only on a class-wide basis. An example of "class" can be a group of insureds with the same age or gender.

### **All coverage terminates when**

- A member fails to pay insurance charges on time;
- A member ceases to be an AVMA or Student Chapter member;
- The Master Policy terminates.

New York Life has agreed not to exercise its right to terminate the Master policy as long as: (1) AVMA continues to sponsor only the New York Life Program and (2) participation in the plan exceeds 10,000 insured members.

All dependent coverage terminates (1) for a spouse upon divorce or termination of domestic partnership; (2) for a dependent child when he or she becomes self-supporting or reaches age 26; (3) upon termination of a member coverage, unless the termination is due to the member's death. In this case, coverage may be continued for dependents while they remain eligible unless the spouse remarries.

### **You will receive a separate Certificate**

Each insured member will receive a Certificate of Insurance evidencing coverage which is provided under Group Policy G-14884/Face Policy Form GMR.

NOTES:

This material briefly describes the provisions of Master Policy G-14884-6/GMR-FACE issued to the Trustees of the AVMA LIFE Trust on policy form GMR. For complete details on your coverage please see your Certificate of Insurance.

Arkansas Insurance Producer License Number 1322

California Insurance Producer License Number 0F76076

This marketing material is not intended for use in NM.

## AVMA | LIFE

Veterinarian Inspired Coverage

**Broker/Administrator:**

AVMA LIFE Trust Program Administrator  
Pearl Insurance  
1200 E. Glen Ave.  
Peoria Heights, IL 61616-5348

**Underwritten by:**

New York Life Insurance Co.  
51 Madison Avenue  
New York, NY 10010

**Claims Administered by:**

New York Life Insurance Co.  
P.O. Box 8310  
Sleepy Hollow, NY 10591

A Membership Service of the American Veterinary Medical Association  
AVMA LIFE Trust Program Administrator  
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[www.AVMALife.org](http://www.AVMALife.org)

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