

## Exclusions

The policy does not cover:

1. intentionally self-inflicted injuries, suicide or attempted suicide, whether sane or insane;
2. any loss caused or contributed to by war or act of war;
3. any loss which occurs while an insured person or dependent is in any of the armed of any country;
4. for or in connection with pregnancy or childbirth, except complications of pregnancy;
5. confinement in a Veterans Administration or any other National Government owned or operated hospital;
6. substance abuse;
7. routine nursery care of a newborn child, routine well-baby care;
8. any loss or confinement resulting from the commission of an assault, felony, or being engaged in an illegal activity; and
9. cosmetic surgery unless:
  - a. to correct a condition caused by Injury;
  - b. incidental to an infection or other diseases of the involved part; or
  - c. for reconstructive surgery because of congenital disease or anomaly in a functional defect.

## Termination

Insurance will cease on the first to occur of:

1. the date the policy is cancelled;
2. the premium due date that the required premium for your or your dependent's coverage is not paid, subject to the grace period;
3. the premium due date on or next following the date your dependent children are no longer eligible for coverage or attain age 19 (23 if full-time student);
4. the date you cease to be an active member or employee of a member of Pennsylvania Institute of CPAs; or
5. the date your spouse is legally separated or divorced from you;
6. the date Unimerica or the PICPA Insurance Trust cancel coverage for a class of person to which you or your dependents belong;
7. the date you are no longer covered by the policy.

## How to Apply

Return your completed application indicating the benefits of your choice and whether you would like the optional coverage for your spouse and/or any dependent children. No premium is required now. A certificate will be sent to you along with a premium notice. Your coverage will begin on the date your application is approved, provided your premium is paid within 10 days after you receive your certificate. You have 10 days to review the certificate. If you do not want to keep it, you can send it back.

For complete coverage terms consult your certificate (Form AHI-5001-CRT A (UIC) under Policy Number 1006).

## Hospital Income Insurance Program

### Administered By

**Bollinger**  
Insurance Solutions

400 Market Street, Suite 450  
Philadelphia, PA 19106

Phone: (215) 351-4700  
1-800-952-4050  
Fax: (215) 351-9012

[www.mather-co.com](http://www.mather-co.com)

## Insurance Protection for You and Your Family



 **UnitedHealthcare®**  
**Specialty Benefits™**

*Coverage described in this brochure underwritten by:*

**Unimerica Insurance Company**  
Association Administrative Address:  
P.O. Box 17828  
Portland, ME 04112-8828

**PICPA**  
*Experience the value!™*  
**Pennsylvania Institute of  
Certified Public Accountants**

Basic and Major Medical Insurance often do not pay for all of your hospitalization expenses. Deductibles may run from \$100 to \$1,000, or there may be a daily co-payment provision of \$25, \$50 or more. Other coverages may limit your daily payment allowance. For instance, a semi-private room charge may cost \$450 a day while your daily allowance is only \$350. Therefore, you must pay the balance of \$100 for every day that you are hospitalized.

Unimerica Insurance Company's Hospital Income Insurance Program helps you defray these costs by paying you a daily benefit amount, that you choose, for each day that you are hospitalized for a injury or sickness. You receive this tax free payment no matter what additional coverage you have. You may apply for daily Basic Hospital Income benefit amounts of \$50, \$100, \$150, \$200, \$250 or \$300. Daily benefits can be paid for up to a maximum of 500 days for one period of confinement.

### Who Is Eligible

Active PICPA members and employees of members under age 60 who reside in the United States may apply for Hospital Income Insurance. If you enroll in the program coverage is also available to you spouse and unmarried dependent children. Spouses must be under age 60 and dependent children must be between the ages of 14 days and 19 years (23 if full-time students). Dependents must also reside in the United States to be eligible.

No health questions or physical exams are required. Spouses are eligible for the Daily Basic Hospital Benefit equal to the member's or employee's amount. Dependent children are eligible for one-half the member's or employee's benefit amount.

### At Home Recovery Benefit

If you, your insured spouse or insured children are confined in a hospital for at least 7 continuous days, we will pay an At Home Recovery Benefit of \$500. This benefit will be in addition to any other benefit payments payable.

#### Semi-Annual Premiums for \$100 Daily Benefit

(Based on attained age at renewal)

AGE	INSURED	INSURED & SPOUSE	FAMILY	INSURED & CHILDREN
Under 30	\$ 54.25	\$123.00	\$176.75	\$108.00
30-39	64.00	162.50	216.25	117.75
40-49	97.75	225.00	278.75	151.50
50-59	148.00	308.00	361.75	201.75
60-64	192.50	387.00	440.75	246.25
65-69	266.00	531.50	585.25	319.75
70-74	358.50	716.50	770.25	412.25
Above 74	418.50	836.50	890.25	472.25

At age 65 the Maximum Daily Basic Hospital Income Benefit is \$100. Higher amounts will be reduced to this amount on renewal, with appropriate premium reduction as shown. An At Home Recovery Benefit of \$500 is included for each plan.

### Intensive Care Unit Hospital Income Benefit

If you, your insured spouse, or your insured children are hospitalized in an Intensive Care Unit, including a Coronary Care Unit, prior to age 65, the Daily Basic Hospital Income Benefit can be doubled for up to 7 days.

### Surviving Spouse and Dependent Children Continuation

In the event of your death, your insured spouse automatically becomes the insured, thus continuing hospital income coverage for your family. Should both you and your spouse die while covered under the plan, your insured dependent children will be covered without premium charges until they reach age 19 (or 23, if a full-time student). At that time, they can elect to continue coverage with payment of premium.

### Pre-Existing Conditions and Limitations

The company will not pay benefits for any medical condition or illness for which medical treatment was rendered or recommended in the past twelve (12) months prior to the effective date until 12 consecutive months have passed while the certificate is in force with regard to the insured person.

### Benefit For Skilled Nursing Facility Confinement

We will pay 50% of the Daily Basic Hospital Income Benefit for each day the Insured or insured Spouse is confined within a Skilled Nursing Facility as a result of Total Disability. Such confinement must commence within 14 days of a Hospital Confinement for which benefits were payable. Total Disability must be continuous from the dates of discharge from the hospital to the date of admission to the Skilled Nursing Facility. The period of payment for any one Injury or Sickness shall not exceed: 1) 26 weeks, or 2) the period of payments for the last Hospital Confinement for the same Injury or Sickness, whichever is less. This benefit is not available to Dependent Children.

#### Additional Semi-Annual Premiums

(Based on attained age at renewal)

	AGE	INSURED	INSURED & SPOUSE	FAMILY	INSURED & CHILDREN
\$50 Daily Benefit	Under 30	\$ 31.15	\$ 69.25	\$ 99.90	\$ 61.80
	30 - 39	38.25	93.50	124.15	68.90
	40 - 49	58.90	132.25	162.90	89.55
	50 - 59	86.75	179.25	209.90	117.40
	60 - 64	116.00	232.75	263.40	146.65
	65 - 69	166.50	332.50	363.15	197.15
\$150 Daily Benefit	70 - 74	229.50	458.50	489.15	260.15
	Above 74	270.50	540.50	571.15	301.15
	Under 30	\$ 77.40	\$176.75	\$253.65	154.30
	30 - 39	89.75	231.50	308.40	166.65
	40 - 49	136.65	317.75	394.65	213.55
	50 - 59	209.25	436.75	513.65	286.15
\$200 Daily Benefit	60 - 64	269.00	541.25	618.15	345.90
	65 - 69	266.00	531.50	585.25	319.75
	70 - 74	358.50	716.50	770.25	412.25
	Above 74	418.50	836.50	890.25	472.25
	Under 30	\$100.50	230.50	330.50	200.50
	30 - 39	115.50	300.50	400.50	215.50
\$250 Daily Benefit	40 - 49	175.50	410.50	510.50	275.50
	50 - 59	270.50	565.50	665.50	370.50
	60 - 64	345.50	695.50	795.50	445.50
	65 - 69	266.00	531.50	585.25	319.75
	70 - 74	358.50	716.50	770.25	412.25
	Above 74	418.50	836.50	890.25	472.25
\$250 Daily Benefit	Under 30	\$123.65	\$284.25	\$407.40	\$246.80
	30 - 39	141.25	369.50	492.65	264.40
	40 - 49	214.40	503.25	626.40	337.55
	50 - 59	331.75	694.25	817.40	454.90
	60 - 64	422.00	849.75	972.90	545.15
	65 - 69	266.00	531.50	585.25	319.75
\$300 Daily Benefit	70 - 74	358.50	716.50	770.25	412.25
	Above 74	418.50	836.50	890.25	472.25
	Under 30	\$146.75	338.00	484.25	293.00
	30 - 39	167.00	438.50	584.75	313.25
	40 - 49	253.25	596.00	742.25	399.50
	50 - 59	393.00	823.00	969.25	539.25
\$300 Daily Benefit	60 - 64	498.50	1004.00	1150.25	644.75
	65 - 69	266.00	531.50	585.25	319.75
	70 - 74	358.50	716.50	770.25	412.25
	Above 74	418.50	836.50	890.25	472.25

At age 65 the Maximum Daily Basic Hospital Income Benefit is \$100. Higher amounts will be reduced to this amount on renewal, with appropriate premium reduction as shown. An At Home Recovery Benefit of \$500 is included for each plan.