

# AVMA LIFE<sup>®</sup>

Veterinarian Inspired Coverage

## Group Hospital Indemnity 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.

# AVMA LIFE Trust

Group Hospital Indemnity Insurance

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Veterinarian Inspired Coverage

Underwritten by



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# PUTTING YOUR NEEDS FIRST

Since 1957, the AVMA LIFE Trust has provided members like you with access to coverage you can trust. That's because AVMA members are more than just program participants—they're in charge.

The AVMA Trust—encompassing both AVMA LIFE and AVMA PLIT—is governed by a Board of Trustees who are working veterinarians and AVMA members. These Trustees guide the mission and vision of the organization and work with the Trust's team of experienced insurance professionals to help ensure that members' needs always come first.

The AVMA LIFE Trust program is designed to help save members money on premiums. As a self-rated participating program, the charges to members are based solely on the claims experience of AVMA members and their families. No outside groups are included. When the funds paid into the program exceed what is required for its operation, these funds are used to lower costs or improve coverage for participants.

The AVMA LIFE 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) has received the highest ratings for financial strength currently awarded to any U.S. life insurer by all four major rating agencies, including Moody's Investor Service (Aaa), Standard & Poor's (AA+), Fitch Ratings (AAA), and A.M. Best (A++).\*

\*Individual Third Party Rating Reports (as of 11/17/2023)

NYL5034621.2

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

Hospital indemnity insurance supplements other medical care insurance you may carry. It is rare that medical care insurance 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?

AVMA members and Student AVMA (SAVMA) members\*\*, under age 65, who reside in the U.S., 50 United States, District of Columbia or Puerto Rico, may apply to insure themselves and their eligible dependents. Eligible dependents include the member's spouse/domestic partner under age 65 and dependent children under age 26. An individual may apply for coverage as an eligible member or eligible spouse/domestic partner but not both. Children can only be covered by one parent.

## 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 and for your eligible spouse/domestic partner. Children can be covered for up to \$200 daily benefit provided it does not exceed the amount you or your spouse/domestic partner are insured for.

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 coverage 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 this coverage can pay 150% of your daily benefit while confined to an intensive care unit.

## Pregnancy Benefits

This coverage 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 as any other sickness, however normal pregnancy is not covered until you have been insured under the policy for 12 continuous months following your effective date of coverage.

\*\*SAVMA members must be attending a full-schedule of classes in the U.S.

**NOTE: Normal pregnancy has a waiting period of 12 months before it will be covered.**

### 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

This coverage 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 coverage 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

## HOSPITAL INDEMNITY INSURANCE BENEFIT CHART

Coverage Features	Benefits
Base Daily Benefit	From \$100 to \$400 (in \$50 units) for eligible member and spouse/domestic partner; up to \$200 for dependent children
Benefit Period (BP)	Max 500 days; hospitalization outside U.S. covered up to 15 days while insured; Gastric Bypass limited to 30 days for each covered stay
Intensive Care	Additional 100% 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
Chemical Dependency for other than alcoholism	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 before age 65 (30 days for MN); 50% daily benefit if confinement begins within seven days of a covered hospital stay of at least five consecutive covered days for which benefits were payable
Home Convalescence Benefit	Max 30 days per year; 50% daily benefit if care is approved in writing by a doctor and begins immediately following a covered hospitalization which lasted at least 10 consecutive days
Pregnancy Benefits	As any other; up to 30 days after being insured for 12 continuous months
Ambulance Benefit	Max twice per calendar year; \$50 benefit
Pre-Existing Conditions Clause	12/12 (see page 4 for details); 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

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.

### 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

This coverage 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; cosmetic surgery and/or treatment.

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 group policy. These conditions will not be covered until this coverage has been in force for at least 12 months. All new covered conditions that occur after the effective date of this insurance 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. "Step-Down" units are used to provide an intermediate level of care for patients whose illness severity may not warrant ICU care, but who are not stable enough to be treated in the regular floor ward.

**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.

## 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 coverage – 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:

- 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 daily benefit in force for the member, if the application and the required additional payment are received by the AVMA LIFE Trust Office within

### 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 INSURANCE MONTHLY RATES (as of 8/1/23) 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

31 days. This 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.

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:

AVMA LIFE Trust Program Administrator  
1200 E. Glen Ave.,  
Peoria Heights, IL 61616

### **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**

- Premium charges are not paid on time;
- A member ceases to be an AVMA or Student Chapter member;
- The day before the day the covered person begins active duty in the armed forces;
- 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 program exceeds 10,000 insured members.

All dependent coverage terminates when insured member's insurance ends (1) for a spouse upon divorce or termination of domestic partnership; (2) for a dependent child when he or she marries or reaches age 26.

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

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

### **30-Day No Obligation "Free-Look"**

When you receive your certificate, you will have 30 days to review it. If you are not completely satisfied, you may return it, without claim, marked "cancel". Your coverage will be invalidated and you will receive a full refund of any premium paid - no questions asked.

This material briefly describes the provisions of Master Policy G-14884-0/GMR-FACE issued to the Trustees of the AVMA LIFE Trust. For complete details on your coverage please see your Certificate of Insurance.

Arkansas Insurance License Number 1322  
California Insurance License Number 0F76076

This material is not intended for use with residents of AZ and NM.

**AVMA LIFE<sup>®</sup>**  
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

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)