

2021 Premiums

▶ Hospital Indemnity Insurance Plan is supplemental medical insurance designed to pay daily cash benefits to help alleviate the out-of-pocket expenses of hospital visits and some outpatient services

Member & Family Coverage	<ul style="list-style-type: none"> Competitive ADA member rates for you and your family Get up to \$1,000 cash for each day you're hospitalized to use however you wish Acceptance in the Hospital Indemnity Insurance Plan is guaranteed³ Optional Extended Care Rider pays benefits for up to 200 days of Home Healthcare, Skilled Nursing Facility and Nursing Home⁴ Eligible to apply for coverage up to age 65 Coverage available for your spouse and eligible children⁵
-------------------------------------	--

Benefit Category	Hospital Indemnity Benefit
Hospital Daily Benefit	\$100 – \$1,000 (\$50 increments)
Hospital Benefit Limit on Days	180 consecutive days
Mental/Nervous Disorders	100% of daily benefit; max of 100 consecutive days
Intensive Care Unit	200% of the daily benefit
Emergency Room, Qualifying Outpatient, Pregnancy and Cancer Visits	100% of the daily benefit
Benefit Reduction Age/Entry Age	Daily benefit reduces to \$200 at age 70; max entry age 65

▶ Optional Extended Care Rider Available⁴

This optional rider, available for member and spouse only, provides up to \$50,000 to help cover home care and skilled nursing. (Medical underwriting required.)

Age	Benefit Categories	Benefit Amount	Elimination Period	Maximum # of Consecutive Days
< Age 70	Home Healthcare	\$100 per day	None	200
	Skilled Nursing Facility	\$250 per day	None	200
	Nursing Home	\$250 per day	None	200
Age 70+	Home Healthcare	\$100 per day	None	200
	Skilled Nursing Facility	\$250 per day	20 days	200
	Nursing Home	\$250 per day	90 days	200

¹Premiums increase annually based on age, are effective as of 10/1/20 with a monthly billing frequency and include a 45% Premium Credit discount that shares favorable financial results with Plan participants. The Premium Credit discount is not guaranteed, but reevaluated periodically.

²Your Attained Age for insurance purposes will be the same as your actual age beginning on the first day of the month following your birthday.

³Hospital Indemnity Insurance Plan claims are not payable for any confinement or treatment resulting from a condition for which the insured received any medical treatment, care, advice, or medication within 12 consecutive months before the effective date of this insurance and applicable to any insurance increases. The pre-existing conditions limitation will apply for a maximum of 24 consecutive months after coverage is in force.

⁴Benefits for confinement in a Skilled Nursing Facility or Nursing Home will be payable only if such post-hospital confinement begins within seven days after at least three consecutive days of confinement in a hospital.

⁵The dependent child daily benefit amount is the same as member. Dependent children are not eligible for the Extended Care Rider. Members who are under age 65 with unmarried children under age 21 (27 if they are full-time students) can apply for dependent children coverage. The monthly cost for each dependent child is \$1.74 per \$100 of benefit.

⁶Beginning at age 65, benefit amounts can no longer be increased, but coverage is renewable up to age 90.

⁷At age 70, Hospital Indemnity Insurance Plan coverage is \$200 per day for all participants.

Effective June 1, 2019, certain insurance company members of the Protective Life group assumed administrative responsibilities for the ADA Members Insurance Plans issued by Great-West Financial[®].

This material is not a contract. Benefits are provided through a group policy (No. 1117GH-HIP) filed in the State of Illinois in accordance with and governed by Illinois law, issued to the American Dental Association by Great-West Financial[®]. The ADA is entitled to receive royalties from the group policies issued to the ADA by Great-West Financial. Coverage is available to eligible ADA members in all fifty states and US territories under the aforementioned group policy. Each Plan participant will receive a Certificate of Insurance explaining the terms and conditions of the policy. Great-West Financial[®] is a marketing name of Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY, and their subsidiaries and affiliates. GWL&A is not licensed in New York, but eligible members residing in New York may apply for coverage under the aforementioned group policy. ©2020 Great-West Life & Annuity Insurance Company. All Rights Reserved. RO1372062-1020

ADA[®] is a registered trademark of the American Dental Association and Great-West Financial[®] is a registered trademark of GWL&A.

Hospital Indemnity Insurance Plan Monthly Premiums ¹		
Attained Age ²	Per \$100 Hospital Coverage Daily Benefit	Optional Extended Care Rider (additional cost)
20	\$1.96	\$1.11
21	\$2.00	\$1.14
22	\$2.05	\$1.17
23	\$2.10	\$1.21
24	\$2.15	\$1.24
25	\$2.20	\$1.28
26	\$2.25	\$1.32
27	\$2.30	\$1.36
28	\$2.36	\$1.40
29	\$2.41	\$1.44
30	\$2.47	\$1.49
31	\$2.53	\$1.53
32	\$2.59	\$1.58
33	\$2.65	\$1.63
34	\$2.71	\$1.67
35	\$2.78	\$1.73
36	\$2.86	\$1.80
37	\$2.94	\$1.88
38	\$3.03	\$1.96
39	\$3.11	\$2.04
40	\$3.20	\$2.13
41	\$3.29	\$2.22
42	\$3.39	\$2.32
43	\$3.52	\$2.44
44	\$3.65	\$2.56
45	\$3.78	\$2.69
46	\$3.92	\$2.83
47	\$4.07	\$2.97
48	\$4.23	\$3.17
49	\$4.39	\$3.37
50	\$4.57	\$3.60
51	\$4.74	\$3.83
52	\$4.93	\$4.08
53	\$5.15	\$4.51
54	\$5.37	\$4.99
55	\$5.61	\$5.51
56	\$5.85	\$6.09
57	\$6.11	\$6.73
58	\$6.39	\$7.33
59	\$6.68	\$7.98
60	\$6.98	\$8.69
61	\$7.30	\$9.47
62	\$7.63	\$10.32
63	\$7.95	\$11.76
64	\$8.29	\$13.41
65 ⁶	\$8.64	\$15.29
66	\$9.01	\$17.43
67	\$9.40	\$19.87
68	\$9.68	\$20.92
69	\$9.98	\$22.03
70 ⁷	\$10.28	\$23.21
71	\$10.60	\$24.44
72	\$10.92	\$25.74
73	\$11.27	\$27.34
74	\$11.62	\$29.05
75	\$11.99	\$30.86
76	\$12.37	\$32.78
77	\$12.77	\$34.83
78	\$13.15	\$39.50
79	\$13.55	\$44.80
80	\$13.96	\$50.81
81	\$14.38	\$57.63
82	\$14.82	\$65.37
83	\$15.25	\$76.24
84	\$15.69	\$88.93
85	\$16.14	\$103.73
86	\$16.61	\$120.99
87	\$17.09	\$141.13
88	\$17.59	\$164.61
89	\$18.10	\$192.00