



Accidents and illness can happen.
Help protect yourself and your family.

Real Value



Brought to you through a membership in the
Association of United Internet Consumers.



Association of United Internet Consumers

MEMBERSHIP HAS IT'S BENEFITS

Benefits are provided through a membership in the Association of United Internet Consumers (AUIC) and include Consumer Savings, Medical Savings, and Insurance benefits.

CONSUMER SAVINGS

HOTEL MEMBER DISCOUNTS*:

SAVE UP TO 20% ON HOTEL STAYS!

AUIC members save up to 20% off the standard rate at thousands of hotels nationwide. So no matter if you're looking for a five-star favorite in the middle of town or a quiet retreat in the middle of nowhere, you'll always tuck away great savings.

RECREATIONAL BENEFIT DISCOUNTS*:

SAVE UP TO 50% ON RECREATION!

With AUIC membership, you'll spend more time—and a lot less money—enjoying your favorite activities. Whether your idea of fun is being whisked away on a hot air balloon ride, catching a major league game, rolling into your local bowling center or screaming down the rollercoaster track, AUIC membership has your fun and your savings.

DINING MEMBER DISCOUNTS*:

SAVE UP TO 50% ON DINING!

With AUIC membership, you never have to look far for delicious deals on dining. Members save BIG money on fast food, fine & casual dining, take out, delivery and more at over 60,000 local and national-chain restaurants nationwide.

SHOPPING DISCOUNTS*:

Get up to 50% off from hundreds of the world's best brands! *SAVE UP TO 50% ON SHOPPING!*

Whether you're looking for back-to-school supplies, holiday gifts, a new outfit or something for the home, AUIC membership helps you ring up for less than you'd expect.

SERVICE DISCOUNTS*:

SAVE UP TO 50% ON SERVICES

How may AUIC be of service to you today? Whether your cell phone needs a little service or your carpet needs a little cleaning, AUIC membership has a lot of savings to offer.

CAR RENTAL DISCOUNTS*:

HERTZ: AUIC Members can save up to 10% off your car rental. NATIONAL: AUIC members save with National. ALAMO: Your association membership means great deals for all your travel plans. Leisure. Business. Daily. Weekly. Weekend. United States. Canada. Europe. Latin America.

MEDICAL SAVINGS

AUIC PRESCRIPTION SAVINGS CARD DISCOUNTS*:

SAVE UP TO 55% on GENERICS AND UP TO 15% ON NAME BRAND PRESCRIPTIONS

This discount prescription card may be used at over 61,000 pharmacies nationwide, including most major chains. Pharmacies nationwide have agreed to provide discounts on their medications to people who use this discount prescription card. National and local Pharmacies accept this card.

LAB SERVICE DISCOUNTS*:

Serious Medical Conditions such as Heart Disease, Prostate Cancer, Diabetes, Thyroid disease and more, can go undetected for up to two years—without noticeable symptoms. The earlier a problem is detected, the easier and more likely it is to be treatable. You now have direct access to major clinical labs across the USA** for those important blood tests – and at discounted prices. Take charge of your health and fitness today! All blood tests are offered at a savings of up to 80% off typical lab costs and through the same CLIA-certified accredited labs used by your physician.

With a membership in the AUIC, you are also eligible for the following Insurance Benefits...

www.auic.org

*Discounts are not provided or affiliated with any Insurance Company.



MEMBERSHIP HAS IT'S BENEFITS

Plan Benefits

LIMITED MEDICAL INDEMNITY BENEFITS*	PHYSICIAN	VALUE	GOLD	PLATINUM
Doctor Office Visits This benefit is payable for visits to a doctor's office, which are medically necessary due to a covered injury or sickness. Benefits are limited to a single doctor visit per day per covered person. There is a 30 day waiting period for sickness.				
Doctor Office Visit - Indemnity Benefit:	\$65	\$70	\$75	\$80
Maximum number of visits per Covered Person, per Policy Year:	10	10	10	10
Doctor Office Wellness Visits This benefit is payable for routine health examinations and immunizations for covered persons.				
Doctor Office Visit - Indemnity Benefit:	\$65	\$70	\$75	\$80
Maximum number of visits per Covered Person, per Policy Year:	2	2	2	2
Diagnostic, X-ray, Laboratory This benefit is payable when as the result of a covered injury or sickness, x-rays, laboratory and other diagnostic tests are ordered or performed by a doctor. Benefit payable for one service per day. There is a 30 day waiting period for sickness.				
Benefit amount per visit:	\$30	\$50	\$75	\$100
Maximum number of visits per Covered Person per Policy Year:	5	5	5	5
Hospital Confinement Benefit This benefit is payable for a maximum of 31 days per policy year, for hospital confinement (semi-private room) as the result of a Covered Injury or Sickness. There is a 30 day waiting period for sickness. A 12-month pre-existing condition clause applies.				
Maximum per day per Covered Person per Policy Year:	\$250	\$500	\$1000	\$1500
Maximum number of Covered days per Covered Person per Policy Year:	31	31	31	31
ICU/CCU Benefit This benefit is payable for a maximum of 15 days per policy year, for hospital confinement in an ICU or CCU as the result of a Covered Injury or Sickness. There is a 30 day waiting period for sickness. A 12-month pre-existing condition clause applies.				
Maximum per day per Covered Person per Policy Year:	\$250	\$500	\$1000	\$3000
Maximum number of Covered days per Covered Person per Policy Year:	15	15	15	15
Emergency Room Benefit This benefit is payable when, as the result of a covered Injury or Sickness, a Covered Person receives Medically Necessary treatment by a Doctor in a Hospital Emergency Room. There is a 30 day waiting period for sickness.				
Benefit Amount:	\$100	\$150	\$300	\$300
Maximum number of visits per Covered Person per Policy Year:	1	1	1	1

NOTE: SEE TERMS AND CONDITIONS FOR DEFINITIONS AND EXCLUSIONS. TERMS AND CONDITIONS MAY VARY BY STATE. THIS IS NOT MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

LIMITED MEDICAL INDEMNITY BENEFITS*	PHYSICIAN	VALUE	GOLD	PLATINUM
Surgery (Inpatient/Outpatient) When surgery for a Covered Person is performed in an Outpatient Surgery Facility or while Confined to a Hospital, coverage is provided for the use of the operating and recovery room, including the Doctor's charges for performing surgery. Benefits are also provided for medical services and supplies used in the performance of the surgery. We will pay the charges for Covered Expenses, not to exceed the Maximum Benefit amount and the Maximum Surgeries shown in the Schedule for this benefit. There is a 30 day waiting period for sickness. A 12-month pre-existing condition clause applies.				
Inpatient Surgery:	\$500	\$1000	See Schedule	See Schedule
Outpatient Surgery:	\$200	\$500	See Schedule	See Schedule
Maximum number of Covered Surgeries per Covered Person per Policy Year:	1	1	1	2

Anesthesia Benefit (Inpatient/Outpatient) This benefit is payable for Covered Expenses when administered by a Doctor in connection with a covered surgical procedure resulting from a Covered Accident or Sickness. There is a 30 day waiting period for sickness. A 12-month pre-existing condition clause applies.				
Inpatient Surgery:	\$125	\$250	See Schedule	See Schedule
Outpatient Surgery:	\$50	\$125	See Schedule	See Schedule
Maximum number of Covered Surgeries per Covered Person per Policy Year:	1	1	1	2

Accidental Death and Dismemberment Benefit Benefits will be paid only one time under this benefit for each Covered Person. If the Covered Person sustains more than one loss as the result of separate accidents, only one benefit amount, the first one for which a claim has been submitted, will be paid. If more than one loss is sustained in the same accidental injury, only one benefit amount will be paid, the largest of which the Covered Person is entitled. Dismemberment is specific to the type of loss and is payable as a percentage of the benefit amount. *If you live in the state of Oregon: Benefits will be paid only one time regardless if loss is the result of the same or separate accidental injury.				
Accidental Death Benefits:				
Primary Covered Person:	\$2500	\$5000	\$7500	\$15000
Covered Spouse:	\$1250	\$2500	\$3750	\$7500
Each Covered Dependent:	\$625	\$1250	\$1875	\$3750

Excess Accident Medical Expense Benefit (per accident) This benefit is payable for a Covered Person that sustains an accidental injury that requires medically necessary care by a Doctor. Coverage is provided for treatment, services and supplies for such injury not to exceed the benefit maximum. Treatment must be received within 30 days of the injury.				
Benefit Amount, after \$100 deductible:	\$500	\$2500	\$2500	\$5000
Maximum number of occurrences per Covered Person per Policy Year:	1	1	1	1

*Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best (2011 Edition). Benefits not available to residents of AK, CT, GA, KS, MA, MD, ME, MI, MT, NC, ND, NH, NJ, NY, OR, RI, VT and WA. Members can be enrolled only once. Duplicate or multiple memberships, including Limited Medical Indemnity Insurance underwritten by United States Fire Insurance Company benefits, is not allowed. A 12-month Pre-Existing Condition Limitations applies to Hospital Confinement Benefit, ICU/CCU Benefit, Surgery and Anesthesia related to Surgery, Maternity is not covered, and there is a 30 day waiting period for sickness. Coverage is not provided for members age 65 or over, coverage will terminate at the end of the month insured turns age 65. Changes to coverage underwritten by United States Fire Insurance Company can only be made if the change is the result of a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. If coverage is cancelled, persons may not re-enroll in coverage with United States Fire Insurance Company until six-months after their termination date.

Monthly Retail Rates	PHYSICIAN	VALUE	GOLD	PLATINUM
Individual	\$93.95	\$134.38	\$215.82	\$299.09
Individual + Dependent(s)	\$150.80	\$218.34	\$354.25	\$493.13
Married, No Dependent(s)	\$171.33	\$248.66	\$404.24	\$563.25
Family	\$242.99	\$354.49	\$578.74	\$807.78

The Insurance Premium is the premium rate charged for the insurance coverage underwritten by United States Fire Insurance Company and offered through your membership in this association. The Insurance Premium for the following memberships are; PHYSICIAN: Single = \$53.63, Single/Spouse = \$102.47, Single/Child(ren) = \$89.51, Family = \$147.69, VALUE: Single = \$79.15, Single/Spouse = \$151.26, Single/Child(ren) = \$132.13, Family = \$218.05, GOLD: Single = \$130.54, Single/Spouse = \$249.45, Single/Child(ren) = \$217.90, Family = \$359.57, PLATINUM: Single = \$183.09, Single/Spouse = \$349.79, Single/Child(ren) = \$305.55, Family = \$504.11.

*There is a one-time enrollment fee of \$50 that will be applied to your first month's payment. Total membership cost consists of association information and awareness benefits, consumer savings and service programs, insurance coverage's, marketing and administration costs. A full listing of AUIC member benefits can be viewed by visiting www.AUIC.org.





Surgical and Anesthesia Schedule

IF A CPT CODE CAN NOT BE LOCATED ON THIS LIST, YOU NEED TO CONTACT THE ADMINISTRATOR TO DETERMINE THE APPROPRIATE DOLLAR REIMBURSEMENT.

CTP Codes	Procedure	Surgical	Anesthesia
ABDOMEN			
44950	Appendectomy	\$1,250	\$313
47600	Removal of gallbladder	\$2,500	\$625
43620	Total Gastrectomy	\$4,250	\$1,063
43500	Gastrotomy	\$1,250	\$313
20102	Laparotomy, exploratory	\$1,250	\$313
AMPUTATION			
24920	Amputation of upper arm	\$1,250	\$313
26951	Amputation of finger/thumb	\$1,250	\$313
27295	Amputation of leg at hip	\$2,500	\$625
27880	Amputation of lower leg	\$2,500	\$625
28820	Amputation of toe	\$1,250	\$313
BREAST			
19182	Removal of breast	\$1,250	\$313
19120	Removal of breast lesion	\$1,250	\$313
19350	Breast reconstruction	\$2,500	\$625
CHEST			
32100	Exploratory Thoracotomy	\$2,500	\$625
31641	Bronchoscopy (esophagoscopy)	\$500	\$125
43124	Esophagectomy	\$4,250	\$1,063
32520	Lung, removal of or portion of (Lobectomy)	\$2,500	\$625
33471	Valvotomy or commissurotomy, closed	\$2,500	\$625
33403	Aortic, Mitral, or Tricuspid Valvuloplasty, open with bypass	\$4,250	\$1,063
33697	Tetralogy of Fallot with Bypass	\$4,250	\$1,063
33400	Double valve procedure replacement and or repair	\$4,250	\$1,063
DISLOCATION, REDUCTION OF			
27840	Treat ankle dislocation	\$500	\$125
23520	Treat clavicle dislocation	\$500	\$125
24640	Treat elbow dislocation	\$500	\$125
27256	Treat hip dislocation	\$500	\$125
21485	Reset dislocated jaw	\$1,250	\$313
23655	Treat shoulder dislocation	\$500	\$125
25660	Treat wrist dislocation	\$1,250	\$313
27557	Treat knee dislocation	\$2,500	\$625
ARTHROTOMY			
29895	Ankle arthroscopy/surgery	\$1,250	\$313
29838	Elbow arthroscopy/surgery	\$1,250	\$313
29863	Hip arthroscopy/surgery	\$1,250	\$313
29883	Knee arthroscopy/surgery	\$2,500	\$625
29807	Shoulder arthroscopy/surgery	\$2,500	\$625
EAR, NOSE, THROAT			
69840	Fenestration	\$2,500	\$625
69502	Mastoidectomy-single	\$2,500	\$625
69511	Extensive mastoid surgery	\$2,500	\$625
42835	Adnoidectomy (independent procedure)	\$500	\$125
31070	Sinusotomy, frontal, external simple (Trepphine)	\$1,250	\$313
58560	Submucous resection of nasal septum (septectomy)	\$1,250	\$313
31585	Laryngectomy, without neck dissection	\$1,250	\$313

CTP Codes	Procedure	Surgical	Anesthesia
42825	Tonsillectomy, with or without adenoidectomy-under age 18	\$500	\$125
42826	Tonsillectomy, with or without adenoidectomy-18 and over	\$500	\$125
31500	Tracheotomy (independent procedure)	\$500	\$125
EYE			
66982	Cataract, operation for intracapsular, extracapsular unilateral	\$2,500	\$625
67107	Repair detached retina	\$2,500	\$625
65110	Removal of eye	\$2,500	\$625
FRACTURE, TREATMENT OF			
28430	Treatment of ankle fracture	\$500	\$125
26720	Treat finger fracture, each	\$500	\$125
21315	Treatment of nose fracture	\$500	\$125
25560	Treat fracture radius & ulna	\$500	\$125
27781	Treatment of fibula fracture	\$1,250	\$313
GENITO_URINARY TRACT			
57530	Cervix amputation (cervicectomy)	\$500	\$125
54150	Circumcision Newborn Clamp	\$500	\$125
58120	Dilation & Curettage (non-Puerperal)	\$500	\$125
58180	Partial hysterectomy	\$2,500	\$625
58150	Total hysterectomy	\$2,500	\$625
58260	Vaginal hysterectomy	\$2,500	\$625
50065	Kidney -Nephropexy	\$2,500	\$625
50360	Kidney transplant, unilateral or bilateral, recipient with nephrectomy	\$4,250	\$1,063
50978	Ureterotomy	\$1,250	\$313
51065	Cystotomy	\$1,250	\$313
52601	Prostate, removal of (Prostatectomy)	\$1,250	\$313
55860	Surgical exposure, prostate	\$2,500	\$625
55810	Extensive prostate surgery	\$2,500	\$625
54860	Removal of epididymis	\$1,250	\$313
57260	Cyctocele, operation for anterior colporrhaphy	\$1,250	\$313
57250	Rectocele operation for posterior colporrhaphy	\$500	\$125
45560	Rectocele and cystocele A&P colporrhaphy	\$1,250	\$313
GOITRE			
60210	Adenoma or benign tumor of thyroid excecion	\$1,250	\$313
60240	Thyroidectomy	\$2,500	\$625
HERNIA			
49500	Repair Inguinal- unilateral	\$500	\$125
49582	Repair Umbilical-under age 5	\$1,250	\$313
49587	Repair Umbilical-over age 5	\$1,250	\$313
49560	Repair Ventral (incisional)	\$1,250	\$313
49555	Repair Femoral	\$1,250	\$313
49570	Repair Epigastric	\$500	\$125
LIGAMENTS AND TENDONS			
27686	Revise lower leg tendons	\$1,250	\$313
26410	Repair hand tendon	\$1,250	\$313
26350	Repair finger/hand tendon	\$2,500	\$625
26480	Transplant hand tendon	\$2,500	\$625

CTP Codes	Procedure	Surgical	Anesthesia
OBSTETRICAL			
59410	Removal of placenta and/or immediate or early repair of perineum and/or cervix	\$2,500	\$625
59514	Cesarean Section, complete procedure including delivery	\$2,500	\$625
59525	Cesarean Section and Hysterectomy, total or subtotal	\$1,250	\$313
59136	Ectopic (tubal, extra-uterine) pregnancy	\$2,500	\$625
59812	Miscarriage, including dilation and curettage	\$500	\$125
PILONIDAL CYST OR SINUS			
11770	Removal of pilonidal lesion	\$500	\$125
10080	Drainage of pilonidal cyst	\$500	\$125
RECTUM			
46942	Fissure (Fissurectomy) cutting operation for (Independent Procedure)	\$500	\$125
46083	Incise external hemorrhoid	\$500	\$125
46936	Destruction of hemorrhoids	\$500	\$125
46262	Hemorrhoidectomy and Fistulotomy or Fistulectomy	\$1,250	\$313
46220	Papillectomy, single tag (independent procedure)	\$500	\$125
SKULL			
61322	Osteoplastic craniotomy (other than operation for brain tumor)	\$4,250	\$1,063
61250	Trephine	\$1,250	\$313
61543	Hemispherectomy	\$4,250	\$1,063

CTP Codes	Procedure	Surgical	Anesthesia
SPINE OR SPINAL CORD			
63295	Laminectomy	\$500	\$125
63278	Spinal cord tumor operation	\$2,500	\$625
TUMOR			
24077	Remove tumor of arm/elbow	\$2,500	\$625
21557	Remove tumor, neck/chest	\$1,250	\$313
VARICOSE VEINS			
37780	Revision of leg vein	\$500	\$125
TRANSPLANT & PARTIAL ORGAN REMOVAL			
32851	Lung Transplant	\$5,000	\$1,250
32852	Lung Transplant with bypass	\$5,000	\$1,250
33935	Heart and Lung Transplant	\$5,000	\$1,250
47136	Liver Transplant	\$5,000	\$1,250
47120	Liver - partial removal	\$5,000	\$1,250
48140	Pancreas - partial removal	\$5,000	\$1,250

United States Fire Insurance Company Plan Limitations and Exclusions Applicable To All Benefits

Benefits will not be paid for charges or loss caused by, or resulting from, any of the following:

- (1) Suicide or any intentionally self-inflicted Injury;
- (2) Any drug, narcotic, gas or fumes, or chemical substance voluntarily taken, administered, absorbed or inhaled unless prescribed by, and taken according to the directions of, a Doctor (accidental ingestion of a poisonous substance is not excluded.);
- (3) Commission, or attempt to commit, a felony;
- (4) Participation in a riot or insurrection;
- (5) Driving under the influence of a controlled substance, unless administered on the advice of a Doctor;
- (6) Driving while Intoxicated. "Intoxicated" will have the meaning determined by the laws in the jurisdiction of the geographical area where the loss occurs.
- (7) Declared or undeclared war or act of war;
- (8) Nuclear reaction or the release of nuclear energy. However, this exclusion will not apply if the loss is sustained within 180-days of the initial incident and:
 - (1) The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
 - (2) The Covered Person was within a 25-mile radius of the site of the release either:
 - (a) At the time of the release; or
 - (b) Within 24-hours of the start of the release; or
 - (c) Occurs while he is in the issue state of this Certificate;
- (9) Routine health checkups or immunizations for Covered Person aged 6 and older; expenses for allergies, allergy serum or allergy testing, unless specifically provided for in this Certificate;
- (10) Surgery to correct vision or hearing; eyeglasses, contact lenses and hearing aids, braces, appliances, or examinations or prescriptions therefore;
- (11) Dental care, x-rays, or treatment other than Injury to sound, natural teeth and gums resulting from an accidental Injury and rendered within 6-months of the Injury;
- (12) Spinal manipulations and manual manipulative treatment or therapy;
- (13) Weight loss or modification and complications arising therefrom, including surgery and any other form of treatment for the purpose of weight loss or modification;
- (14) Rest cures or custodial care, or treatment of sleep disorders;
- (15) Treatment, services or supplies received outside of the U.S. except for acute Sickness or Injury sustained during the first 30-days of travel outside the U.S.;
- (16) Normal pregnancy or childbirth, except for Complications of Pregnancy;
- (17) Any drug, treatment, or procedure that either promotes or prevents conception or childbirth regardless of what the drug, treatment, or procedure was originally prescribed or intended for;
- (18) Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
- (19) Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
- (20) Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:
 - (a) On an injured part of the body following trauma, infection or other disease of the involved part;
 - (b) Of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - (c) On a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
- (21) The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; dentures, partial dentures, braces or fixed or removable bridges;
- (22) Treatment or removal of warts, moles, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
- (23) Personal items such as television, telephone, lotions, shampoos, extra beds, meals for guests, take home items, or other items for comfort and convenience;
- (24) Treatment of Mental or Nervous Disorders, or alcohol or substance abuse, unless specifically provided for under this Certificate;
- (25) Prescription medicines, unless specifically provided for under this Certificate;
- (26) Any Injury that is caused by flight or travel in, or upon:

- (a) An aircraft or other, craft designed for navigation above or beyond the earth's atmosphere except as a fare-paying passenger;
 - (b) An ultra light, hang-gliding, parachuting or bungi-cord jumping;
 - (c) A snowmobile;
 - (d) Any two or three wheeled motor vehicle;
 - (e) Any off-road motorized vehicle not requiring licensing as a motor vehicle;
 - (f) Any watercraft or other craft designed for water use above or beneath the water, except as a fare-paying passenger;
- (27) Any accidental Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program);
- (28) Services, treatment or loss:
- (a) Rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
 - (b) Payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
 - (c) Which a Covered Person would not have to pay if he did not have insurance;
 - (d) Provided by a Doctor, Nurse or any other person who is employed or retained by a Covered Person or who is a member of a Covered Person's Immediate Family;
 - (e) Covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
 - (f) Injury or Sickness sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training. Upon receipt of proof of service, we will refund, any unearned premium paid on a pro rata basis;
- (29) Hemorrhoids, tonsils, adenoids, middle ear disorders, any disease or disorder of the reproductive organs unless the loss is incurred at least 6-months after the Covered Person becomes insured under this Certificate;
- (30) Elective treatment or surgery and treatment, procedures, products or services that are experimental or investigative. "Experimental or Investigative" means a drug, device or medical treatment or procedure that:
- (a) Cannot lawfully be marketed without approval of the United States Food and Drug Administration and approval for marketing has not been given at the time of being furnished;
 - (b) Has Reliable Evidence indicating it is the subject of ongoing clinical trials or is under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or its efficacy as compared with the standard means of treatments or diagnosis; or
 - (c) Has Reliable Evidence indicating that the consensus of opinion among experts is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, efficacy, or its efficacy as compared with the standard means of treatment or diagnosis.
- "Reliable Evidence" means (i) published reports and articles in authoritative medical and scientific literature; (ii) the written protocol(s) of the treating facility or the protocols of another facility studying substantially the same drug, device, medical treatment or procedure; or (iii) the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.

Terms and conditions may vary by state.

CLAIMS

Your medical provider may bill for the eligible insured benefits outlined in your membership plan or you can submit the claim yourself.

To verify benefits and/or eligibility or to check the status of a submitted claim, please call 1-800-279-2290 or log onto www.insuranceTPA.com. Please mail claims to:

Please mail claims to:
InsuranceTPA.com
P.O. Box 15953
Lubbock, TX 79490-5953

Emdeon Payor ID: 39182