



# Help reduce costly major medical out-of-pocket expense...

- ★ Supplemental cash benefits for Accident and Sickness
- ★ First-dollar Fixed Indemnity benefits
- ★ Benefits are paid regardless of other insurance
- ★ Simple to use and Smart to have





**Why?** Health insurance premiums have continued to increase year after year. To help offset these increases, many elect for a higher deductible on their health insurance plan.

**What?** The **Deductible Supplement Plan\*** is available to help individuals manage their **increased out-of-pocket** exposure.

**How?** Sometimes having two plans is better than one. This sample case study shows just how simple this pairing is:

\$1,000 deductible
Major Medical Plan*
<b>\$446.<sup>00</sup></b> Monthly premium

Mark has major medical\* insurance with a \$1,000 deductible and a \$25 Doctor Office co-pay - he pays \$446/mo. Mark never reaches his annual deductible. Mark calls his insurance agent looking to save on his monthly premium.

\$5,000 Deductible	\$6,000 Deductible Supplement
Major Medical Plan**	
<b>\$212<sup>00</sup></b> Monthly premium	

Mark increases his deductible to \$5,000, costing \$212/mo, and buys a Deductible Supplement 6,000 plan, for \$75/mo. Mark will now **save \$159/mo** (\$1,908 a year) and NOW has first-dollar benefits for: Hospital/ICU stays, Emergency Room Visits, Ambulance, and Surgery.

} **Deductible Supplement**  
**\$75.<sup>00</sup>**  
Monthly premium

\*Humana, quote completed on 11-2013, 40 year old male, Zip Code 60567: \$1,000 deductible, 20% coinsurance, \$25 office visit copay, prescription coverage  
 \*\*BCBS-IL, quote completed on 11-2013, 40 year old male, Zip Code 60567: \$5,000 deductible, 20% coinsurance, \$30 office visit copay, prescription coverage

## Deductible Supplement Plan Benefits:

	\$1,500 Plan	\$2,500 Plan	\$6,000 Plan	\$10,000 Plan
Initial Hospital or ICU confinement	\$750 Day 1	\$1,000 Day 1	\$2,000 Day 1	\$2,000 Day 1
Additional Hospital or ICU Benefits	\$250/day days 2-5	\$500/day days 2-5	\$1,000/day days 2-5	\$2,000/day days 2-5
Maximum Hospital or ICU days per policy year	5 days	5 days	5 days	5 days
Emergency Room Visits	\$300 per day 1 day per policy year	\$300 per day 1 day per policy year	\$300 per day 1 day per policy year	\$300 per day 1 day per policy year
Ambulance	\$250 1 day per policy year	\$250 1 day per policy year	\$250 1 day per policy year	\$250 1 day per policy year

There is a 30 day waiting period for sickness. A 12-month Pre-Existing Condition Limitations applies to Hospital Confinement, ICU/CCU, Surgery and Anesthesia Benefits. Maternity is not covered.

## Monthly Rates:

	\$1,500 Plan	\$2,500 Plan	\$6,000 Plan	\$10,000 Plan
Individual	\$34.69	\$45.57	\$75.00	\$103.14
Individual + Dependent(s)	\$61.45	\$81.84	\$137.01	\$189.78
Married, No Dependent(s)	\$67.82	\$90.47	\$151.78	\$210.41
Family	\$92.02	\$123.29	\$207.89	\$288.80

### Deductible Supplement Insurance

\*Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best (2014 Edition). This is a brief description of coverage provided under group policy number AHC-27330, and is subject to the terms, conditions, limitations and exclusions of the policy. Please see the policy and certificate for details. Coverage may vary or may not be available in all states. Fixed Indemnity Insurance is NOT Major Medical or Health Insurance and is NOT intended as substitute for, or replacement of, Major Medical or Health Insurance. Fixed Indemnity is NOT PPACA compliant and is not creditable coverage. Must be 18 to enroll. Coverage is not provided to members age 65 or over, coverage will terminate at the end of the month in which the member attains age 65. Members can be enrolled only once. Duplicate or multiple memberships including Fixed Indemnity Insurance underwritten by USFIC, is not allowed. Plan changes to coverage underwritten by USFIC 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 underwritten by USFIC is cancelled, persons may not re-enroll in coverage with USFIC until 6 months after their termination date. This fixed indemnity coverage is meant to be used as a supplement to existing health coverage which meets the federal requirement of minimum essential coverage.

The Insurance Premium is the premium rate charged for the insurance coverage underwritten by USFIC and offered through your membership in this association. The Insurance Premium for the following memberships are: \$1500 Plan: Single = \$20.48, Single/Spouse = \$42.67, Single/Child(ren) = \$38.40, Family = \$58.89, \$2500 Plan: Single = \$27.77, Single/Spouse = \$57.85, Single/Child(ren) = \$52.06, Family = \$79.83, \$6000 Plan: Single = \$47.78, Single/Spouse = \$98.92, Single/Child(ren) = \$89.03, Family = \$136.51, \$10000 Plan: Single = \$66.33, Single/Spouse = \$138.20, Single/Child(ren) = \$124.38, Family = \$190.71.

Underwritten by:  
United States Fire Insurance Company



Administration by:



Developed by:



# 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;
- (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.

This brochure is a summary of the insurance plan as specified in the certificate. This brochure is subject to the terms and conditions of the certificate, which contains all benefits, limitations, and exclusions as Underwritten by United States Fire Insurance Company. In the event of a discrepancy, the certificate will prevail.

## CLAIMS

Plan holders are responsible for self-submission of claims.

**Please mail claims to:**

[InsuranceTPA.com](http://InsuranceTPA.com)

P.O. Box 15953

Lubbock, TX 79490-5953