



As a member of the Association of United Internet Consumers, you are eligible to receive the following benefits.

**Benefit Summary**  
(per covered person per policy year)

	<b>"Physician" Plan Benefits</b>	<b>"Value" Plan Benefits</b>	<b>"Gold" Plan Benefits</b>	<b>"Platinum" Plan Benefits</b>
<b>Doctor Office Visit: (Sickness or Injury)</b>	\$100	\$110	\$120	\$125
Maximum number of visits	10	10	10	10
<b>Wellness Visit:</b>	\$100	\$110	\$120	\$125
Maximum number of visits	2	2	2	2
<b>Hospital*:</b>				
Semi-private room and board per day:	\$250	\$500	\$1,000	\$1,500
Intensive Care Unit (ICU) per day (15 Day Max):	\$250	\$500	\$1,000	\$3,000
Combined Max. Number of Days:	31	31	31	31
<b>Surgery*:</b>				
Inpatient:	\$500	\$1,000	See surgical schedule	See surgical schedule
Outpatient:	\$200	\$500	See surgical schedule	See surgical schedule
Maximum Number of Surgeries:	1	1	1	2
Surgery Schedule Applies:	No	No	Yes	Yes
<b>Anesthesia*:</b>				
Maximum Benefit:				
Inpatient:	\$125	\$250	See surgical schedule	See surgical schedule
Outpatient:	\$50	\$125	See surgical schedule	See surgical schedule
Combined Maximum number of Treatments:	1	1	1	2
<b>Diagnostic Testing, X-Ray's &amp; Laboratory:</b>	\$30	\$50	\$100	\$200
Maximum number of visits:	5	5	5	5
<b>Emergency Room:</b>	\$100	\$150	\$300	\$300
Maximum number of visits:	1	1	1	1
<b>Accident Medical Expense:</b>	\$500	\$2,500	\$2,500	\$5,000
Deductible:	\$100	\$100	\$100	\$100
Maximum number of treatments:	1	1	1	1
Excess of Limited Medical Benefits:	Excess	Excess	Excess	Excess
<b>Accident Death &amp; Disbursement:</b>				
Primary Covered up to:	\$2,500	\$5,000	\$7,500	\$15,000
Covered Spouse up to:	\$1,250	\$2,500	\$3,750	\$7,500
Each Covered Dependent up to:	\$625	\$1,250	\$1,875	\$3,750
<b>Waiting Period (days) for:</b>				
Accident Coverage:	None	None	None	None
Sickness Coverage:	30	30	30	30
<b>Physician/Hospital Preferred Provider Option (PPO):</b>	Average discounts range from 5% to 40% on Physician/Hospital service	Average discounts range from 5% to 40% on Physician/Hospital service	Average discounts range from 5% to 40% on Physician/Hospital service	Average discounts range from 5% to 40% on Physician/Hospital service
<i>PPO Network not affiliated with United States Fire Insurance Company</i>				
<b>MONTHLY RETAIL RATES</b>				
Single/Individual	\$93.95	\$134.38	\$215.82	\$299.09
Single & Dependent(s)	\$150.80	\$218.34	\$354.25	\$493.14
Married, No Dependent(s)	\$171.33	\$248.66	\$404.24	\$563.25
Full Family	\$242.99	\$354.49	\$578.74	\$807.78

The Retail Cost consists of association benefits, including but not limited to lifestyle services and network discounts; insurance coverages; and marketing and administration of association membership.

**All Four Plans Include a Prescription Discount Card – Save Up to 50% on Your Prescriptions<sup>1</sup>.**

1. Prescription Discount Card is not affiliated with United States Fire Insurance Company.

THIS IS LIMITED MEDICAL INDEMNITY COVERAGE. IT IS NOT MAJOR MEDICAL COVERAGE and is not intended to replace other medical coverage. Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best (2010 Edition).

\*12/12 Pre-Existing Condition Limitations apply to Hospital Room & Board and General Nursing Services, ICU/CCU, Surgery and Anesthesia related to Surgery. Coverage is not provided to members age 65 or over, coverage will terminate at the end of the monthly billing cycle prior to turning age 65. Members can be enrolled only once. Duplicate or multiple memberships, including Limited Medical Indemnity Insurance benefits underwritten by United States Fire Insurance Company, is not allowed. 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 until six-months after their termination date. Terms and conditions may vary by state, please review the certificate or policy of coverage.

# Surgical and Anesthesia Schedule

There are benefits for more than 5,000 surgical procedures. If you cannot find a specific procedure on this list, please contact your plan administrator for the available benefit.

Procedure	Surgical	Anesthesia	Procedure	Surgical	Anesthesia	Procedure	Surgical	Anesthesia
<b>Abdomen</b>			<b>Procedure</b>			<b>Procedure</b>		
Appendectomy	2,500	625	Mastoidectomy—single	5,000	1,250	Repair Ventral	2,500	625
Removal of gallbladder	5,000	1,250	Sinusotomy, frontal, external simple	2,500	625	Repair Femoral	2,500	625
Total Gastrectomy	8,500	2,125	Submucous resection or nasal septum	2,500	625	Repair Epigastric	1,000	250
Gastrotomy	2,500	625	Andoidectomy (independent procedure)	1,000	250	<b>Ligaments and Tendons</b>		
Laparotomy, exploratory	2,500	625	Extensive mastoid surgery	5,000	1,250	Revise lower leg tendon	2,500	625
<b>Amputation</b>			Tracheotomy	1,000	250	Repair hand tendon	2,500	625
Amputation of upper arm	2,500	625	<b>Eye</b>			Repair hand/finger tendon	5,000	1,250
Amputation of finger/thumb	2,500	625	Repair detached retina	5,000	1,250	Transplant hand tendon	5,000	1,250
Amputation of leg at hip	5,000	1,250	Removal of eye	5,000	1,250	<b>Pilonidal Cyst or Sinus</b>		
Amputation of lower leg	5,000	1,250	<b>Fracture, Treatment of</b>			Removal of pilonidal lesion	1,000	250
Amputation of toe	2,500	625	Treatment of ankle fracture	1,000	250	Drainage of pilonidal cyst	1,000	250
<b>Breast</b>			Treat finger fracture, each	1,000	250	<b>Rectum</b>		
Removal of breast	2,500	625	Treatment of nose fracture	1,000	250	Fissure, cutting operation for	1,000	250
Removal of breast lesion	2,500	625	Treat fracture of radius&ulna	1,000	250	Incise external hemorrhoid	1,000	250
Breast reconstruction	5,000	1,250	Treatment of fibula fracture	2,500	625	Destruction of hemorrhoids	1,000	250
<b>Chest</b>			<b>Genito Urinary Tract</b>			Hemorrhoidectomy and Fistulotomy	2,500	625
Exploratory Thoractomy	5,000	1,250	Cervix amputation (cervicectomy)	1,000	250	<b>Skull</b>		
Bronchoscopy (esophagoscopy)	1,000	250	Circumcision newborn clamp	1,000	250	Osteoplastic craniotomy (other than operation for brain surgery)	8,500	2,125
Esophagectomy	8,500	2,125	Dilation & Curettage (non-puerperal)	1,000	250	Trephine	2,500	625
Lung, removal of or portion of	5,000	1,250	Partial hysterectomy	5,000	1,250	Hemispherectomy	8,500	2,125
Valvotomy or commissurotomy, closed	5,000	1,250	Total hysterectomy	5,000	1,250	<b>Spine or Spinal Cord</b>		
Aortic, Mitral, or Tricuspid			Vaginal hysterectomy	5,000	1,250	Laminectomy	1,000	250
Valvuloplasty, open with bypass	8,500	2,125	Kidney—Nephrectomy	5,000	1,250	Spinal cord tumor operation	5,000	1,250
Tetralogy of Fallot with bypass	8,500	2,125	Kidney transplant, unilateral or bilateral, recipient with nephrectomy	8,500	2,125	<b>Tumor</b>		
Double valve procedure replacement and or repair	8,500	2,125	Ureterotomy	2,500	625	Remove tumor of arm/elbow	5,000	1,250
<b>Dislocation, Reduction of</b>			Cystotomy	2,500	625	Remove tumor of neck/ chest	2,500	625
Treat ankle dislocation	1,000	250	Prostate, removal of (prostatectomy)	2,500	625	Varicose Veins		
Treat clavicle dislocation	1,000	250	Surgical exposure, prostate	5,000	1,250	Revision of leg vein	1,000	250
Treat elbow dislocation	1,000	250	Extensive prostate surgery	5,000	1,250	<b>Transplant or Partial Organ Transplant</b>		
Treat hip dislocation	1,000	250	Removal of edididymis	2,500	625	Lung Transplant	10,000	2,500
Reset dislocated jaw	2,500	625	Cyctocele, operation for posterior colporrhapy	2,500	625	Lung Transplant with bypass	10,000	2,500
Treat shoulder dislocation	1,000	250	<b>Goitre</b>			Heart and Lung transplant	10,000	2,500
Treat wrist dislocation	2,500	625	Adenoma or benign tumor of thyroid excision	2,500	625	Liver Transplant	10,000	2,500
<b>Arthroscopy</b>			Thyroidectomy	5,000	1,250	Liver—partial transplant	10,000	2,500
Ankle arthroscopy/surgery	2,500	625	<b>Hernia</b>			Pancreas—partial transplant	10,000	2,500
Elbow arthroscopy/surgery	2,500	625	Repair Inguinal—unilateral	1,000	250			
Hip arthroscopy/surgery	2,500	625	Repair Unbilical—under age 5	2,500	625			
Knee arthroscopy/surgery	5,000	1,250	Repair Unbilical—over age 5	2,500	625			
Shoulder arthroscopy/ surgery	5,000	1,250						
<b>Ear, Nose, Throat</b>								
Fenestration	5,000	1,250						

\*For surgical procedures not listed, the benefit amount will be determined based on a percentage of a fixed relative value scale. The percentage used will be the same percentage used in determining the benefit amount used for the listed procedures.

## Plan Limitations and Exclusions Applicable To All Benefits (may vary by state)

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 except as specifically provided; allergy testing;
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 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 or physiotherapy;
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. 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;
19. 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;
20. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; dentures, partial dentures, braces or fixed or removable bridges;
21. 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;
22. Treatment of Mental or Nervous Disorders, or alcohol or substance abuse, unless specifically provided for under this Certificate;
23. Prescription medicines;
24. Any Injury that is caused by flight or travel in, or upon:
  - . An aircraft or other, craft designed for navigation above or beyond the earth's atmosphere except as a fare paying passenger;
  - a. An ultra light, hang gliding, parachuting or bungi cord jumping;
  - b. A snowmobile;
  - c. Any two or three wheeled motor vehicle;
  - d. Any off road motorized vehicle not requiring licensing as a motor vehicle;
  - e. Any watercraft or other craft designed for water use above or beneath the water, except as a fare-paying passenger;
25. 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;
26. Services, treatment or loss:
  - . Rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
  - a. Payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
  - b. Which a Covered Person would not have to pay if he did not have insurance;
  - c. 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;
  - d. Covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
  - e. Injury or Sickness sustained while on active duty in the armed forces of any country. Upon receipt of proof of service, we will refund, any unearned premium paid on a pro rata basis;
27. 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;
28. 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:
  - . 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;
  - a. 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
  - b. 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.

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 the AUIC association. The Insurance Premium for the following memberships are; PHYSICIAN: Single = \$82.51, Single/Spouse = \$157.64, Single/Child(ren) = \$137.71, Family = \$227.21, VALUE: Single = \$121.77, Single/Spouse = \$232.72, Single/Child(ren) = \$203.28, Family = \$335.46, GOLD: Single = \$200.83, Single/Spouse = \$383.77, Single/Child(ren) = \$335.23, Family = \$553.18, PLATINUM: Single = \$281.68, Single/Spouse = \$538.14, Single/Child(ren) = \$470.08, Family = \$775.55.

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