



//AUIC.org
CoreHealth
InsuranceSM



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

Core Health Insurance plans include both Hospital Fixed Indemnity and Group Accident Insurance policies which provide straightforward benefits and access to your doctor.

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OVER 20% OF AMERICAN ADULTS ARE STRUGGLING TO PAY THEIR MEDICAL BILLS, AND THREE IN FIVE BANKRUPTCIES WILL BE DUE TO MEDICAL BILLS.

Core Health Insurance plans include limited Hospital Fixed Indemnity & Group Accident Insurance policies. Hospital Fixed Indemnity Insurance pays a fixed dollar amount for named medical expenses. Group Accident Insurance provides additional insurance benefits in case of an Accident.

OUR BENEFITS:

- Single or Family Coverage
- Doctor Office Visits (Adult and Child)
- Wellness Doctor Office Visits
- Hospitalization Benefits
- Emergency Room Benefits
- Surgery Benefits

You will receive a durable ID Card

- Simple to use
- Just take your ID card to your doctor

Ready for you...

Core Health Insurance plans are Hospital Fixed Indemnity Insurance which pays a fixed dollar amount for named medical expenses.

Our Plans Can Fit Any Budget

Core Health Insurance offers an economical limited benefit solution for everyone.

Anyone Can Qualify For Our Plans*

Core Health Insurance is *guaranteed issue** for eligible members. There are no medical questions or physical exams to qualify.

Choose Any Doctor

Choose the doctor, clinic, or hospital of your preference. You are free to go to any provider.



How does it work?



ACCORDING TO THE CENTER FOR DISEASE CONTROL, 31 MILLION PEOPLE ARE UNINTENTIONALLY INJURED EVERY YEAR IN THE UNITED STATES.

Here are some examples of how Core Health Insurance can help you:

Example 1 - Overnight stay for a hernia surgery

HOSPITAL FEE:	\$5,784
SURGEON FEE:	\$1,586
ANESTHETIC FEE:	\$908
TOTAL HOSPITAL CHARGES	\$8,278

Core Health Benefit (ePremier Plan)

HOSPITAL BENEFIT	-\$2,000
SURGICAL BENEFIT	-\$2,000
ANESTHESIA BENEFIT	-\$500
TOTAL BENEFIT	\$4,500
TOTAL COST TO YOU	\$3,779

Example 2 - Emergency Room - Broken Leg

EMERGENCY ROOM CHARGE:	\$3,750
X-RAY CHARGE (x2):	\$1,100
RADIOLOGIST CHARGE:	\$405
TOTAL HOSPITAL CHARGES	\$5,255

Core Health Benefit (ePremier Plan)

ER BENEFIT:	-\$300
ACCIDENTAL INJURY BENEFIT: (After \$500 deductible)	-\$10,000
TOTAL BENEFIT	\$5,255
TOTAL COST TO YOU	\$500



In this example, your plan, along with your network discount, would cover **72% of your herniorrhaphy cost**



In this example, your plan, along with your network discount, would cover **100% of your charges** due to Emergency Room and Accidental Benefits

HOSPITAL FIXED INDEMNITY INSURANCE

Pays a limited fixed dollar amount for the following medical expenses resulting from Medically Necessary treatment of a covered Injury of Sickness:



Physician Office Visits

Benefit is payable for visits to a licensed physician's office.



Physician Office Wellness Visits

Benefit is payable for routine health examinations and immunizations for Covered Persons.



Diagnostic, X-Ray, Laboratory

Benefit is payable for x-rays, laboratory and other diagnostic tests ordered or performed by a physician.^{1 2}



Hospital Confinement Benefit

Benefit is payable for a maximum of 10 days per Policy Year, for Hospital Confinement.^{1 3}



Hospital Admission Benefit

This benefit is payable per Policy Year for Hospital Admission as the result of a covered Injury or Sickness.



ICU/CCU Benefit

Benefit is payable for a maximum of 15 days per Policy Year, for Hospital Confinement in an ICU or CCU.^{1 3}



Emergency Room Benefit

Benefit is payable for Hospital Emergency Room treatment for a Medical Emergency.¹



Surgery (Inpatient/Outpatient)

When surgery is performed, benefits are paid for operating and recovery room, surgical charges, medical services, and supplies.^{1 3}



Anesthesia Benefit

Administration in connection with a covered surgical procedure.^{1 3}

GROUP ACCIDENT INSURANCE



Accidental Death & Dismemberment (AD&D)

AD&D provides a lump benefit due to various types of bodily injuries or loss of life. Accidental Death Benefit pays up to \$7,500, Dismemberment is specific to the type of loss and is paid as a percentage of the Accidental Death Benefit.



Excess Accident Medical Expense Benefit

Benefit is payable for Covered Expenses that results directly from a Covered Accident and independent of disease of bodily infirmity.

¹ - There is a 30 day Eligibility Waiting Period for Sickness

² - Benefit Payable for one service per day.

³ - A 12-month Pre-Existing Condition clause applies



NUMBER OF VISITS PER YEAR (TO PHYSICIAN OFFICES, HOSPITAL OUTPATIENT AND EMERGENCY DEPARTMENTS) FOR INJURIES: 80.1 MILLION.

HOSPITAL FIXED INDEMNITY INSURANCE*

eBasic

eAdvantage

Plus

Premier

Physician Office Visits - This benefit is payable for visits to a Physician's office, which are Medically Necessary due to a covered Injury or Sickness. Benefits are limited to a single Physician visit per day per Covered Person. There is a 30 day Waiting Period for Sickness.

Physician Office Visit - Indemnity Benefit:	\$65	\$70	\$75	\$80
Maximum number of days per Covered Person, per Policy Year:	10	10	10	10

Physician Office Wellness Visits - This benefit is payable for routine health examinations and immunizations for Covered Persons.

Physician Office Visit - Indemnity Benefit per day:	\$65	\$70	\$75	\$80
Maximum number of days per Covered Person, per Policy Year:	2	2	2	2

Outpatient Diagnostic, X-Ray, Radiology, Laboratory - This benefit is payable when as the result of a covered Injury or Sickness, x-rays, laboratory tests are ordered or performed by a Physician. Benefit payable on a per day basis. There is a 30 day Waiting Period for Sickness.

Diagnostic Lab - Indemnity Benefit per day:	\$30	\$50	\$75	\$100
Maximum Number of days per Covered Person, per Policy Year:	3	3	3	3
Diagnostic X-ray - Indemnity Benefit per day	\$30	\$50	\$75	\$100
Maximum Number of days per Covered Person, per Policy Year	2	2	2	2

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	\$1,000	\$1,500
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. This benefit will be paid in lieu of the Hospital Confinement benefit.

Maximum per day per Covered Person, per Policy Year:	\$250	\$500	\$1,000	\$3,000
Maximum number of covered days per Covered Person, per Policy Year:	15	15	15	15

* NOTE: SEE TERMS AND CONDITIONS FOR DEFINITIONS AND EXCLUSIONS. SOME PRODUCTS OR FEATURES MAY NOT BE AVAILABLE IN ALL STATES. TERMS AND CONDITIONS MAY VARY BY STATE. THIS IS NOT MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

HOSPITAL FIXED INDEMNITY INSURANCE*	eBasic	eAdvantage	Plus	Premier
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Emergency Room Benefit - This benefit is payable when, as the result of a covered Injury or Sickness, a Covered Person requires Hospital Emergency Room treatment for a Medical Emergency. There is a 30 day Waiting Period for Sickness.

Benefit amount per day:	\$100	\$150	\$300	\$300
Maximum Emergency Room days per Policy Period:	1	1	1	1

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 Physician'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 benefit amount per day:	\$500	\$1,000	\$1,250	\$1,500
Maximum Inpatient Surgery days per Policy Year:	1	1	1	2
Outpatient Surgery benefit amount per day:	\$200	\$500	\$625	\$750
Maximum Outpatient Surgery days 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 Anesthesia benefit amount per day:	\$125	\$250	\$313	\$375
Maximum Inpatient Anesthesia days per Policy Year:	1	1	1	2
Outpatient Anesthesia benefit amount per day:	\$50	\$125	\$156	\$188
Maximum Outpatient Anesthesia per Policy Year:	1	1	1	2

GROUP ACCIDENT INSURANCE	eBasic	eAdvantage	Plus	Premier
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Accidental Death and Dismemberment Benefit - Benefits will be payable for all losses up to the Principal Sum for each Covered Person. If more than one loss is sustained in the same covered 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 Principal Sum. **

Accidental Death Principal Sum:

Insured Person:	\$2,500	\$5,000	\$7,500	\$15,000
Covered Spouse:	\$1,250	\$2,500	\$3,750	\$7,500
Covered Child(ren):	\$625	\$1,250	\$1,875	\$3,750

Excess Accident Medical Expense Benefit (per covered Accident) - This benefit is payable for a Covered Expense that result directly from a Covered Accident and independent of disease or bodily infirmity. Benefits are only payable for Usual and Customary Charges incurred after the Deductible is met; for those Medically Necessary Eligible Expenses incurred by or on behalf of the Covered Person; and for Eligible Expenses incurred within 30 days after the date of the Covered Accident.

Benefit Amount, after \$100 Deductible:	\$1,000	\$2,500	\$2,500	\$5,000
Maximum number of occurrences per Policy Year:	1	1	1	1

*Underwritten by the United States Fire Insurance Company. Rated "A" (Excellent) by AM Best (2016 Edition). May not be available in all states. Terms and conditions may vary by state, see your fulfillment material to review. A thirty - (30) day Waiting period for Sickness applies to all insurance benefits. The 12-month Pre-existing Condition Limitation applies only to Hospital Room and Board, ICU/CCU, Surgery and Anesthesia Benefits. Maternity is not covered. See terms and conditions for definitions and exclusions. Must be 18 to enroll. Coverage is not provided for members age 65 and over, coverage will terminate at the end of the month insured turns age 65. Members can be enrolled only once. Duplicate or multiple memberships, that include duplicate enrollment in the Hospital Fixed Indemnity or Group Accident Insurance policies that are underwritten by United States Fire Insurance Company, is not allowed. Plan upgrades 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 canceled, persons may not re-enroll in coverage with United States Fire Insurance Company until six-months after their termination date. You may down grade your plan at any time.

MONTHLY RETAIL RATES	eBasic	eAdvantage	Plus	Premier
Individual	\$76.32	\$110.58	\$182.38	\$255.80
Married, No Dependent(s)	\$146.06	\$211.33	\$348.50	\$488.70
Individual & Dependent(s)	\$127.62	\$184.61	\$304.44	\$426.89
Family	\$210.32	\$304.65	\$502.36	\$704.29

The Retail Rates above include your insurance premium and a 3% credit card processing fee. Insurance Premium is the premium rate charged for the insurance policies underwritten by United States Fire Insurance Company and offered through your membership in this association. The Retail Rates per policy for the following memberships are; Hospital Fixed Indemnity Insurance (FIP): eBASIC: Single=\$64.67, Single/Spouse=\$121.72, Single/Dependent(s)=\$105.79, Family=\$176.70, eADVANTAGE: Single=\$91.36, Single/Spouse=\$171.13, Single/Dependents(s)=\$148.51, Family=\$249.08, PLUS: Single=\$163.05, Single/Spouse=\$308.01, Single/Dependent(s)=\$268.10, Family=\$446.34, PREMIERE: Single=\$233.21, Single/Spouse=\$441.20, Single/Dependent(s)=\$384.33, Family=\$638.41; Group Accident Insurance (GA): eBASIC: Single=\$11.65, Single/Spouse=\$24.35, Single/Dependent(s)=\$21.83, Family=\$33.62, eADVANTAGE: Single=\$19.22, Single/Spouse=\$40.19, Single/Dependant(s)=\$36.10, Family=\$55.57, PLUS: Single=\$19.33, Single/Spouse=\$40.49, Single/Dependent(s)=\$36.34, Family=\$56.02, PREMIERE: Single=\$22.59, Single/Spouse=\$47.50, Single/Dependant(s)=\$42.56, Family=\$65.88.

**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.



NUMBER OF VISITS PER YEAR (TO PHYSICIAN OFFICES, HOSPITAL OUTPATIENT AND EMERGENCY DEPARTMENTS) FOR INJURIES: **80.1 MILLION.**

HOSPITAL FIXED INDEMNITY INSURANCE*

eValue

eComplete

ePremier

eMaximum

Physician Office Visits - This benefit is payable for visits to a Physician's office, which are Medically Necessary due to a covered Injury or Sickness. Benefits are limited to a single Physician visit per day per Covered Person. There is a 30 day Waiting Period for Sickness.

Physician Office Visit - Indemnity Benefit:	\$50	\$80	\$80	\$80
Maximum number of days per Covered Person, per Policy Year:	1	2	2	2

Physician Office Wellness Visits - This benefit is payable for routine health examinations and immunizations for Covered Persons.

Physician Office Visit - Indemnity Benefit per day:	\$50	\$80	\$80	\$80
Maximum number of days per Covered Person, per Policy Year:	1	1	1	1

Outpatient Diagnostic, X-Ray, Radiology, Laboratory - This benefit is payable when as the result of a covered Injury or Sickness, x-rays, laboratory tests are ordered or performed by a Physician. Benefit payable on a per day basis. There is a 30 day Waiting Period for Sickness.

Outpatient Diagnostic Lab - Indemnity Benefit per day:	\$100	\$100	\$100	\$100
Maximum Number of days per Covered Person, per Policy Year:	1	1	1	1
Diagnostic X-ray - Indemnity Benefit per day	\$100	\$100	\$100	\$100
Maximum Number of days per Covered Person, per Policy Year	1	1	1	1

Hospital Admission Benefit - This benefit is payable per Policy Year for Hospital Admission 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:	\$500	\$1,000	\$2,000	n/a
Maximum number of covered days per Covered Person, per Policy Year:	1	1	1	n/a

Hospital Confinement Benefit - This benefit is payable for a maximum of 10 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:	\$2,000	\$2,000	\$2,000	\$3,000
Maximum number of covered days per Covered Person, per Policy Year:	5	10	10	10

ICU/CCU Benefit - This benefit is payable for a maximum of 5 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. This benefit will be paid in lieu of the Hospital Confinement benefit.

Maximum per day per Covered Person, per Policy Year:	\$3,000	\$3,000	\$3,000	\$3,000
Maximum number of covered days per Covered Person, per Policy Year:	5	5	5	5

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HOSPITAL FIXED INDEMNITY INSURANCE*	eValue	eComplete	ePremier	eMaximum
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Emergency Room Benefit - This benefit is payable when, as the result of a covered Sickness, a Covered Person requires Hospital Emergency Room treatment for a Medical Emergency. There is a 30 day Waiting Period for Sickness.

Benefit amount per day:	\$300	\$300	\$300	\$300
Maximum Emergency Room days per Policy Year:	1	1	1	1

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 Physician'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 benefit amount per day:	\$2,000	\$2,000	\$2,000	\$2,000
Maximum Inpatient Surgery days per Policy Year:	1	1	1	1
Outpatient Surgery benefit amount per day:	\$1,500	\$1,500	\$1,500	\$1,500
Maximum Outpatient Surgery days per Policy Year:	1	1	1	1

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 Anesthesia benefit amount per day:	\$500	\$500	\$500	\$500
Maximum Inpatient Anesthesia days per Policy Year:	1	1	1	1
Outpatient Anesthesia benefit amount per day:	\$375	\$375	\$375	\$375
Maximum Outpatient Anesthesia per Policy Year:	1	1	1	1

GROUP ACCIDENT INSURANCE	eValue	eComplete	ePremier	eMaximum
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Accidental Death and Dismemberment Benefit - If more than one loss is sustained in the same covered 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 Principal Sum. **

Accidental Death Principal Sum:

Insured Person:	\$15,000	\$15,000	\$15,000	\$15,000
Spouse	\$7,500	\$7,500	\$7,500	\$7,500
Child(ren)	\$3,750	\$3,750	\$3,750	\$3,750

Excess Accident Medical Expense Benefit (per covered Accident) - This benefit is payable for a Covered Expense that result directly from a Covered Accident and independent of disease or bodily infirmity. Benefits are only payable for Usual and Customary Charges incurred after the Deductible is met; for those Medically Necessary Eligible Expenses incurred by or on behalf of the Covered Person; and for Eligible Expenses incurred within 30 days after the date of the Covered Accident.

Benefit Amount, after \$500 Deductible:	\$5,000	\$10,000	\$10,000	\$10,000
Maximum number of occurrences per Policy Year:	1	1	1	1

*Underwritten by the United States Fire Insurance Company. Rated "A" (Excellent) by AM Best (2016 Edition). May not be available in all states. Terms and conditions may vary by state, see your fulfillment material to review. A thirty - (30) day Waiting period for Sickness applies to all insurance benefits. The 12-month Pre-existing Condition Limitation applies only to Hospital Room and Board, ICU/CCU, Surgery and Anesthesia Benefits. Maternity is not covered. See terms and conditions for definitions and exclusions. Must be 18 to enroll. Coverage is not provided for members age 65 and over, coverage will terminate at the end of the month insured turns age 65. Members can be enrolled only once. Duplicate or multiple memberships, including Hospital Fixed Indemnity Insurance underwritten by United States Fire Insurance Company, is not allowed. Plan upgrades 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 canceled, persons may not re-enroll in coverage with United States Fire Insurance Company until six-months after their termination date. You may down grade your plan at any time.

MONTHLY RETAIL RATES	eValue	eComplete	ePremier	eMaximum
Individual	\$190.62	\$232.09	\$244.45	\$256.33
Married, No Dependent(s)	\$393.36	\$479.10	\$504.84	\$529.58
Individual & Dependent(s)	\$361.71	\$440.37	\$463.54	\$485.81
Family	\$551.92	\$672.04	\$707.58	\$741.71

The Retail Rates above include your insurance premium and a 3% credit card processing fee. Insurance Premium is the premium rate charged for the insurance policies underwritten by United States Fire Insurance Company and offered through your membership in this association. The Retail Rates per policy for the following memberships are; Hospital Fixed Indemnity Insurance (FIP): eVALUE: Single=\$150.30, Single/Spouse=\$313.13, Single/Dependent(s)=\$281.82, Family=\$432.12, eCOMPLETE: Single=\$183.97, Single/Spouse=\$383.27, Single/Dependents(s)=\$344.94, Family=\$528.91, ePREMIER: Single=\$196.33, Single/Spouse=\$409.01, Single/Dependent(s)=\$368.11, Family=\$564.44, eMAXIMUM: Single=\$208.20, Single/Spouse=\$433.75, Single/Dependent(s)=\$390.38, Family=\$598.57.; Group Accident Insurance (GA): eVALUE: Single=\$40.32, Single/Spouse=\$80.23, Single/Dependent(s)=\$79.89, Family=\$119.80, eCOMPLETE: Single=\$48.12, Single/Spouse=\$95.83, Single/Dependant(s)=\$95.43, Family=\$143.14, ePREMIER: Single=\$48.12, Single/Spouse=\$95.83, Single/Dependent(s)=\$95.43, Family=\$143.14, eMAXIMUM: Single=\$48.12, Single/Spouse=\$95.83, Single/Dependant(s)=\$95.43, Family=\$143.14

**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.

What are the Facts?

Here are some of the most frequently asked questions about the Core Health Hospital Fixed Indemnity Insurance

Q. Do I need to complete a health questionnaire to qualify for coverage?

No, you do not. Core Health Hospital Fixed Indemnity and Group Accident Insurance are not health insurance. Coverage is Guaranteed Issue for members of the AUIIC.

Q. How is this plan different from an Affordable Care Act (ACA) plan?

Core Health Hospital Fixed Indemnity and Group Accident Insurance is designed to be a supplement to health insurance. Hospital Fixed Indemnity Insurance pays a fixed dollar amount to the patient or the provider, if benefits are assigned, for named medical expenses. Group Accident Insurance provides additional insurance benefits in case of an Accident. Policies are not major medical insurance and do not meet the standards set for minimum essential coverage by the ACA. Without minimum essential coverage, you may be subject to a tax penalty.

Q. What is Guaranteed Issue (a/k/a Guaranteed Acceptance)?

Guaranteed issue is a term used in insurance to describe a situation where a policy is offered to any eligible applicant without regard to health status.

Q. What is the difference between Major Medical and Hospital Fixed Indemnity Insurance?

Major Medical provides comprehensive and catastrophic coverage with unlimited lifetime limits of coverage. Because the cost of medical services continues to rise, many major medical insurance companies have increased the out-of-pocket costs for consumers, making the everyday cost of healthcare to be at times unaffordable.

Hospital Fixed Indemnity and Group Accident Insurance provides coverage for everyday illness/sickness and accidents at affordable rates by offering specific benefits with capped limits of coverage. These plans are useful in many situations:

Save money by supplementing current Major Medical - If you already have a Major Medical plan you can save money by increasing your current plan's deductible (out-of-pocket). Then take advantage of the Core Health Insurance's value for your everyday healthcare needs.

Q. What does "Pre-Existing Condition" Mean?

This means a medical condition, Injury or Sickness, not excluded by name or specific description, for which medical advice, consultation, care, diagnosis, or treatment as recommended by, or received from, a doctor with 12 months (Look Back Period) immediately prior to the Effective Date of coverage for a Covered Person. A consultation means evaluation, diagnosis, or medical advice given without the necessity of a personal examination or visit. Hospital, ICU/CCU, Surgery and Anesthesia benefits are not provided for Pre-Existing Conditions in the first 12 months of coverage. (This limitation only applies to the Hospital Fixed Indemnity Policy Benefits.)

Q. What is a "Look Back Period"?

This is the amount of time that is designated by where treatment, care or consultations have been mandated by your state, of which you reside in, and is the minimum number of months prior to effective date that medical records will be requested from a doctor and or facility.

Q. How do I file a claim if I have paid the claim myself?

If you have paid your medical bill in full, you can file a claim yourself to receive reimbursement. Simply log onto www.InsuranceTPA.com to obtain a claim form and instructions on how to file a claim independently.

Q. Can I use any doctor, clinic, or hospital?

Yes. Covered members and dependents can use any licensed medical provider. However, you may receive significant savings by seeking care from a provider that is a member of the MultiPlan Network.

Q. Is there a waiting period?

Yes. This plan has a 30 day Waiting Period for any Illness or Sickness claims.

UNITED STATES FIRE INSURANCE COMPANY LIMITATIONS AND EXCLUSIONS APPLICABLE TO BOTH THE HOPITAL FIXED INDEMNITY AND GROUP ACCIDENT POLICIES UNLESS OTHERWISE NOTED

The Policy does not cover any loss resulting from any of the following:

- (1) Suicide, attempted suicide or intentional self-inflicted Injury while sane or insane;
- (2) War or any act of war, declared or undeclared;
- (3) While the Covered Person is on Active Duty Service in any Armed Forces, National Guard, military, naval or air service or organized reserve corps;
- (4) Active participation in a riot or insurrection;
- (5) Treatment from fighting, brawling, assault or battery;
- (6) Treatment for Mental Illness or Nervous Disorders, except as specifically provided in the Policy;
- (7) Treatment for Substance Abuse, except as specifically provided in the Policy (Applies to the Hospital Fixed Indemnity Policy benefits only)
- (8) Injury or Sickness caused by the Covered Person's use of alcohol, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician;
- (9) Violation or attempt to violate any duly-enacted law or regulation, or commission or attempt to commit an assault or felony, or that occurs while engaged in an illegal occupation;
- (10) Services or treatment rendered by a Physician, Nurse or any other person who is employed or retained by the Policy holder; or an Immediate Family Member of the Covered Person;
- (11) Treatment in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
- (12) Travel or activity outside the United States, except for a Medical Emergency (Medical Emergency Coverage is only applicable to the Hospital Fixed Indemnity Policy benefits.);
- (13) Participation in any motorized race or speed contest;
- (14) Aggravation or re-injury of a prior Injury that the Covered Person suffered prior to his or her coverage Effective Date, unless We receive a written medical release from the Covered Person's Physician;
- (15) Pre-Existing Conditions for a period of the first 12 months after the Covered Person's Effective Date of coverage (applies to Hospital, Surgery and related Anesthesia benefits offered under the Hospital Fixed Indemnity Policy only);
- (16) Pregnancy, except Complications of Pregnancy or childbirth unless conception occurred while coverage was in force under the Policy (Complications of Pregnancy and childbirth coverage only applicable to the Hospital Fixed Indemnity Policy benefits);
- (17) Elective Abortion, including complications. "Elective Abortion" means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed;
- (18) Experimental or Investigational drugs, services, supplies or procedure that is Experimental or Investigational at the time the procedure is done. For the purposes of this exclusion, "Experimental or Investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The procedure will also be considered Experimental or Investigational if the Covered Person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered Experimental or Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption (applicable to the Hospital Fixed Indemnity Policy benefits only);

UNITED STATES FIRE INSURANCE COMPANY LIMITATIONS AND EXCLUSIONS APPLICABLE TO ALL INSURANCE BENEFITS - CONTINUED

- (19) Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications (Applies to the Hospital Fixed Indemnity Policy benefits only);
- (20) Treatment or services provided by a private duty nurse, unless provided for in the Policy (Applies to the Hospital Fixed Indemnity Policy benefits only);
- (21) Treatment of a detached retina unless caused by an Injury suffered from a Covered Accident;
- (22) Damage to or loss of dentures or bridges or damage to existing orthodontic equipment, except as specifically provided in the Policy;
- (23) Treatment of temporomandibular joint (TMJ) disorders including the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy; or craniomandibular joint dysfunction and associated myofacial pain, except as specifically provided in the Policy;
- (24) Treatment for blood or blood plasma;
- (25) Routine vision care;
- (26) Any Accident where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license;
- (27) Travel in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limiting to: two- or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snow mobile; or riding in a rodeo according to the Policy provisions; or any off-road motorized vehicle not requiring licensing as a motor vehicle;
- (28) Travel or flight in or on any vehicle for aerial navigation, including boarding or alighting from:
 - i. While riding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or
 - ii. While being used for any test or experimental purpose; or
 - iii. While piloting, operating, learning to operate or serving as a member of the crew thereof; or
 - iv. While traveling in any such aircraft or device which is owned or leased by or on behalf of the Policyholder of any subsidiary or affiliate of the Policyholder, or by the Covered Person or any member of His household.
 - v. A space craft or any craft designed for navigation above or beyond the earth's atmosphere; or
 - vi. An ultra light, hang-gliding, parachuting or bungee-cord jumping;Except as a fare paying passenger on a regularly scheduled commercial airline or as a passenger in a non-scheduled, private aircraft used for business or pleasure purposes;
- (29) Rest cures or custodial care;
- (30) Prescription Drugs unless specifically provided for under the Policy;
- (31) Elective or cosmetic surgery, except for reconstructive surgery on a diseased or injured part of the body.

Important Information

This brochure provides a very brief description of the important features of Hospital Fixed Indemnity Insurance. This brochure is not a certificate of coverage and only the actual certificate provisions will control. The certificate itself sets forth in detail the rights and obligations of both the certificate holder and the insurance company. It is, therefore, important that you READ THE CERTIFICATE CAREFULLY.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR THE MINIMUM ESSENTIAL COVERAGE REQUIRED BY THE AFFORDABLE CARE ACT (ACA) LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.



THE BEST THING ABOUT US? OUR PEOPLE. FOCUSED ON EDUCATION, RETENTION, AND EFFICIENCY, INSURANCETPA PROVIDES GREAT SERVICE.

ABOUT US

We are proud to say Core Health Insurance is underwritten by United States Fire Insurance Company. Crum & Forster companies are rated **A (Excellent)** for financial strength and operating performance by A.M. Best.

Core Health Insurance is administered by InsuranceTPA, a licensed third party administrator serving all 50 states. Focused on education, retention, and efficiency. InsuranceTPA provides unparalleled billing and claims service, and will always be ready to help yourself and your family. 100% of our insurance administration, technology, and customer service is provided here, in the USA.



CRUM & FORSTER

A FAIRFAX COMPANY



insuranceTPA.comSM
ADMINISTRATORS

Protect your family and increase your peace-of-mind
by enrolling in coverage, in just **5 minutes!**



1 Shop

Within minutes you can sign up online or over the phone.

2 Choose

It's simple: select from one of our four set plan options.

3 Enroll in Minutes

Guaranteed Acceptance. Online with next day coverage.

Marketed by: _____

Broker: _____

Website: _____

Phone: _____

Email: _____

Being an AUIC Member has its benefits

Benefits are provided through a membership in the Association of United Internet Consultants (AUIC) and include Consumer Savings, Medical Savings, and Insurance benefits. The following Non-Insurance Benefits are available through your membership.



EXCLUSIVE ACCESS TO GROUP INSURANCE PRODUCTS*

- AUIC Core Health Insurance
- AUIC Smart Short Term Medical Insurance



AUIC PRESCRIPTION SAVINGS CARD DISCOUNTS*

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



AUIC TELEHEALTH*

AUIC TeleHealth provides access to a doctor via phone or video conference when your family doctor is unavailable. This national network is available 24/7, including holidays, to provide quality, affordable care.



HEALTHCARE NAVIGATOR*

Advisors assist you with physician, prescription cost and healthcare facility searches, as well as health cost estimates, alternative medicine options and Affordable Care Act (ACA) answers.



SURGERY SAVER*

An expert Advisor shops up to five surgical facilities to verify the best available price, quality and availability for nonemergency procedures, as well as physician privilege verification.



BILL NEGOTIATOR*

A dedicated Patient Advocate works directly with a member's healthcare providers to help reduce their out-of-pocket portion of their medical bills.



CHAPLAINCY SERVICES*

On-call Chaplains are available to spend time with members on the phone, listening and providing support. Sustaining, guiding and healing, Chaplains help you find answers and direction.



CAR RENTAL DISCOUNTS*

HERTZ: AUIC members can save up to 10% off a car rental. NATIONAL: AUIC members can save with National. ALAMO: Your membership means great deals for all your travel plans to the United States, Canada, Europe, Latin America.



BUSINESS RESOURCES*

AUIC Members get access to web and business resources including website marketing and consulting, business structuring, legal resources, and more.

*Membership cost consists of association information and awareness benefits, consumer savings and service programs, access to insurance coverage's, marketing and administration costs. Some Membership benefits, dues, and enrollment fees may vary based on certain membership levels. A full listing of AUIC member benefits and levels can be viewed by visiting www.AUIC.org.

**OPTIONAL
UPGRADE**

START SAVING TODAY WITH GREAT DISCOUNTS FROM THE OPTIONAL COREHEALTH DISCOUNT MEDICAL PROGRAM



The Core Health Discount Medical Program provides members with access to additional savings through a national network of physicians and hospitals. Should you want to save more money on out-of-pocket costs, deep discounts are available through our National MultiPlan discount network. As one of the country's largest independent PPO networks, MultiPlan has more than 900,000 health care providers in 50 states. Our providers have agreed to negotiated discounts, which are reflected on your final bill for both covered and non-covered expenses through your insurance plan.

SEE THE DIFFERENCE

Participants can see up to **50% savings*** vs not having insurance.

With DMP MultiPlan Benefit		Without DMP MultiPlan Benefit (Insurance Only)	
Hospital Bill	\$5,000	Hospital Bill	\$5,000
Insurance Benefit	-\$2,000	Insurance Benefit	-\$2,000
DMP Benefit	-1,500	DMP Benefit	\$0 (No DMP)
Total Benefit	\$3,500	Total Benefit	\$2,000

*Network result discounts may vary. Network savings on example were assuming based on average price and average discount.

CHECK OUT OUR MEMBERSHIP BENEFITS



Alternative Medicine

More and more people today are exploring complementary and alternative medicine (CAM) services to maintain health and wellness. This program helps members save 20% on CAM services, including acupuncture, chiropractic care, massage therapy, nutritional counseling, meditation/relaxation, and naturopathy.

Product/Service	Avg Price	You Pay	Savings	% Saved
Massage Therapy	\$60.00	\$48.00	\$12.00	20%
Acupuncture	\$85.00	\$68.00	\$17.00	20%
Yoga Session	\$62.50	\$50.00	\$12.50	20%
Personal Training Session	\$70.00	\$56.00	\$14.00	20%

Note: These are examples only. Savings will vary by procedure, provider and geographical area.



Chiropractic Care

Millions of Americans rely on chiropractic care to reduce pain and stress, and to function more productively. Members can save 20% to 40% on chiropractic fees at participating chiropractors across the country. The benefit includes a free initial consultation, discounts on examinations and x-rays, as well as 40% savings on diagnostic services, and 20% savings on all other services and follow up treatments.

Product/Service	Avg Price	You Pay	Savings	% Saved
Consultation	\$60.00	\$0.00	\$60.00	100%
Initial Exam	\$115.00	\$35.00	\$80.00	70%
X-Ray (Full Spine)	\$200.00	\$150.00	\$50.00	25%
Electrical Stimulation	\$27.00	\$21.60	\$5.40	20%

Note: Cannot be used in conjunction with any other discount program. These are examples only. Savings will vary by procedure, provider and geographical area.



Diabetic Supplies

Your membership includes access to one of the nation's #1 direct-to-home providers of diabetes testing supplies and includes a FREE glucose meter. This membership offers home delivery with free shipping, and knowledgeable and courteous customer service representatives.



Direct Labs®

Serious medical conditions can go undetected for years without noticeable symptoms. The earlier a problem is detected, the easier and more likely it is to be treatable. DirectLabs® is the leader in direct access laboratory testing and provides access to major clinical labs nationwide. Confidential results are available online in as little as 24 hours for most tests. (Not available in MD, NJ, NY, and RI)



Legal Connect

When legal concerns arise, they consume a great deal of time and attention. LegalConnect provides the legal information and support that you need to maintain focus and stay in control. LegalConnect employs a staff of expert, licensed attorneys exclusively dedicated to telephonic consultation.



Imaging

Save On Medical offers savings on imaging needs such as MRIs, CT Scans, and X-Rays, allowing members to see their actual out of pocket responsibility before their appointment. A Care Representative assists members in finding the lowest price on their procedure at ACR accredited facilities. (There are no facilities available in the states of: AK, HI, IA, ME, MT, ND, OR, SD, VT, WV, WY)



Home Medical Supplies

The medical supplies and equipment benefit offers a 10% discount on a broad selection of products available to you including incontinence supplies (adult & youth), walking aids (canes, walkers, rollators), bathroom safety supplies, exam gloves, scales (kitchen & bath), hot and cold therapy products and bed bug protection products. (This list is subject to change at any time).

LEARN MORE ABOUT CORE HEALTH DMP



Coverdell & Company, Inc. was founded in 1963. With more than 50 years of retail marketing experience and 20 years of administering membership programs, Coverdell services more than six million individuals across the country today.

Committed to providing quality products with outstanding service and significant savings to our members, we are a licensed discount medical plan organization (DMPO).



Founded in 1980, MultiPlan is the industry's most comprehensive provider of healthcare cost management solutions. They have almost 900,000 healthcare providers under contract, an estimated 68 million consumers accessing their network products, and 40 million claims reduced through their network and non-network solutions each year.

In addition to offering regional PPO networks in Wisconsin and the southwest, they have the know-how and creativity to offer more choices and more value for today's healthcare payers and providers.



Core Health is administered by InsuranceTPA.com, a licensed third party administrator serving all 50 states.

Focused on education, retention, and efficiency, we provide unparalleled billing and customer service. Our mission is to make plans simple for our members to understand, purchase, and manage.

Disclosure: **THESE PLANS ARE NOT INSURANCE.** These are not qualified health plans under the Affordable Care Act (ACA). Some services may be covered by a qualified health plan under the Affordable Care Act (ACA). For MA residents: This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. Discounts on hospital services are not available in Maryland; physician and hospital services are not available in Massachusetts. The plan provides discounts at certain health care providers for medical services. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount medical plan organization. The range of discounts will vary depending on the provider type and services provided. To view a list of participating providers please go to www.findbestbenefits.com and select Provider Search. The licensed discount medical plan organization is Coverdell & Company, Inc., at 8770 W. Bryn Mawr, Suite 1000, Chicago, IL 60631, 1-800-308-0374.

CoreHealth DMP is not administered by Coverdell.

**** You have the right to cancel this plan within 30 days of the effective date for a full refund of fees paid.** Such refunds are issued within 30 days of cancellation.