

“Customers who understand these plans, *love* them!”

AUIC Core Health Value Plan Benefits

Benefits are provided per Covered Person per Policy Year

Value Plan Pays

WAITING PERIOD:

Means the consecutive number of days from your effective date before benefits are payable for Covered Expenses. Applies to all benefits.

For Accidental Injury:
For Sickness:

0 days
30 days

Hospital Room & Board and General Nursing Services (in lieu of ICU/CCU)**

You will have coverage up to the amount shown in the benefit schedule for standard, board, miscellaneous medical Hospital charges, and general nursing services for each day You are Confined to a Hospital due to a covered Injury or Sickness. This benefit is paid in lieu of a benefit payable for Intensive Care/Cardiac Care Confinement.

Daily Maximum
Maximum number of days per Policy Year

\$500
31 days

Intensive and Cardiac Care Unit (ICU/CCU) (in lieu of Hospital Room & Board)**

You will have coverage up to the amount shown in the benefit schedule for each day You are Confined to a Hospital in an Intensive Care or Cardiac Care Unit due to a covered Injury or Sickness. This benefit is paid in lieu of a benefit payable for a standard Hospital room. Once the ICU/CCU benefit is exhausted, any additional ICU/CCU days will be eligible under the Hospital Room + Board and General Nursing Services Benefit

Daily Maximum
Maximum number of days per Policy Year

\$500
15 days

Diagnostic Tests, X-Rays, and Laboratory

You will have coverage up to the amount shown in the benefit schedule for x-rays, laboratory and other diagnostic tests, ordered or performed by a Doctor that are Medically Necessary due to a covered Injury or Sickness.

Maximum Benefit:
Maximum Sitzings/Draws:

\$50
5

Surgery**

You will have coverage up to the amount shown in the benefit schedule for surgery performed while Confined to a Hospital or in an Outpatient Surgery Facility resulting from a covered Injury or Sickness.

Inpatient Maximum Benefit:
Outpatient Maximum Benefit:
Maximum Benefit for ALL Inpatient & Outpatient Surgeries:

\$1,000
\$500
1

Anesthesia**

When a covered surgical procedure is performed, You will have coverage up to the amount shown in the benefit schedule for anesthesia and its administration during the surgery.

Inpatient Maximum Benefit:
Outpatient Maximum Benefit:
Maximum Benefit for ALL Inpatient & Outpatient Surgeries:

\$250
\$125
1

Doctor's Office Visits:

Injury or Sickness: You will have coverage up to the amount shown in the benefit schedule for a Medically Necessary Doctor Visit due to a covered Injury or Sickness, visits will also be for newborn well-care and routine health examinations and immunizations.

Daily Maximum:
Maximum Visits:

\$70
10

Wellness: You will have coverage up to the amount shown in the benefit schedule for a routine health examination.

Daily Maximum:
Maximum Visits:

\$70
2

Emergency Room

You will have coverage up to the amount shown in the benefit schedule for Medical treatment received by a Doctor in a Hospital Emergency Room for a Medical Emergency due to a covered Injury or Sickness.

Maximum Benefit:
Maximum Visits:

\$150
1

Accidental Injury

You will have coverage up to the amount shown in the benefit schedule for a Covered accidental Injury that requires Medically Necessary care. Initial treatment for the Injury must be received within 30-days of the date of the Injury.

Maximum Benefit Amount per Injury:
Maximum Number of Injuries:
Deductible per Accident:

\$2,500
1
\$100

Accidental Death and Dismemberment

You or Your beneficiary will be paid, up to the amount shown in the benefit schedule for a Covered Injury that results in death or dismemberment. Dismemberment is paid as a percentage of the amount shown in the benefit schedule, please see dismemberment table for specific benefits and limits.

Accidental Death Principal Sum for Primary Insured
Accidental Death Principal Sum for covered Spouse
Accidental Death Principal Sum for covered Child
See the Accidental Death and Dismemberment benefit in your certificate for the Dismemberment benefit

\$5,000
\$2,500
\$1,250

For more information about your Core Health Insurance plan, visit or call: www.insurancetpa.com 1-800-279-2290

**A 12-month Pre-existing Condition Limitation only applies to Hospital Room & Board and General Nursing Services, Intensive and Cardiac Care Unit, Surgery and Anesthesia related to Surgery. Maternity is not covered. 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. The above Limited Medical Indemnity benefits are Underwritten by the United States Fire Insurance Company, rated "A" (Excellent) by AM Best 2011.

See terms and conditions for definitions and exclusions. Terms and conditions may vary by state. THIS IS LIMITED MEDICAL INDEMNITY COVERAGE, IT IS NOT MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. Members can be enrolled only once. Duplicate or multiple memberships including United States Fire Insurance Company benefits, is not allowed.

Changes to coverage underwritten by United States Fire Insurance Company can only be made only 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 United States Fire Insurance Company is cancelled, persons may not re-enroll in coverage with United States Fire Insurance Company until 6 months after their termination date.

Benefits not available to the residents of AK, CT, KS, ME, MD, MA, MT, NH, NJ NY, NC, OR, RI, VT, WA

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 the 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