



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

### HOSPITAL FIXED INDEMNITY INSURANCE\*

**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:	\$80
Maximum number of days per Covered Person, per Plan Year:	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:	\$80
Maximum number of days per Covered Person, per Plan Year:	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
Maximum Number of days per Covered Person, per Plan Year:	1
Diagnostic X-ray - Indemnity Benefit per day	\$100
Maximum Number of days per Covered Person, per Plan Year	1

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

**ICU/CCU Benefit** - This benefit is payable for a maximum of 5 days per Policy Period, 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 Period:	\$3,000
Maximum number of covered days per Covered Person, per Policy Period:	5

\* 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\*

**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
Maximum Emergency Room days per Policy Period:	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
Maximum Inpatient Surgery days per Policy Period:	1
Outpatient Surgery benefit amount per day:	\$1,500
Maximum Outpatient Surgery days per Policy Period:	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
Maximum Inpatient Anesthesia days per Policy Period:	1
Outpatient Anesthesia benefit amount per day:	\$375
Maximum Outpatient Anesthesia per Policy Period:	1

## GROUP ACCIDENT INSURANCE

**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
Spouse	\$7,500
Child(ren)	\$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:	\$10,000
Maximum number of occurrences per Policy Year:	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.

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 myofascial 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 the CoreHealth plan that includes Hospital Fixed Indemnity and Group Accident Insurance policies. 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.