



# Limited Medical Benefit Program Enrollment Guide



Underwritten by: **National Union Fire  
Insurance Company of Pittsburgh, Pa**



**Guarantee Issue • No pre-existing Limitations • Covers Maternity  
No Deductibles • No Co-pays • First Dollar Coverage**

**For more information about your plan,  
Call the Enrollment Center @ 1-888-811-1913**

Limited Benefit Health Insurance is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance of major medical coverage. Benefits may vary from state to state. This document provides only brief descriptions of the coverages available. The policies contain reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in each policy. If there are any conflicts between this document and each Policy, the Policy (series N20000 through N20010) shall govern. Not all coverages are available in every state. Limited Benefit Health Insurance is underwritten by National Fire Insurance Company of Pittsburgh, Pa. with its principal place of business in New York, NY. HSC3B 0704.069 06/07

	Penmac 500	Penmac 1000
<b>Outpatient Benefits</b>		
Physician's Office Visit (Limited to 5 visits per person – 10 per family per year)	\$75/visit	\$100/visit
Health Screening (3 visits per person per year)	\$50/visit	\$100/visit
Routine Well-Child (Limited to 6 within 1st 12 months of child's life)	\$50/visit	\$100/visit
Emergency Room	\$200/visit – 2/year	\$500/visit – 2/year
Diagnostic, X-ray & Lab test (Limited to 3 test per year - 6 per family)	\$50/test	\$100/test
<b>Hospital &amp; Surgical Benefits</b>		
Hospital Admission	\$500	\$1,000
Hospital Confinement (30 days per occurrence)	\$500/day	\$1,000/day
Intensive Care (First 15 days; addition to Hospital Confinement)	\$500/day	\$1,000/day
Surgical Schedule % (of amount listed in schedule)	-	300%
Anesthesia – (Percentage of surgical scheduled amount)	-	25%
Inpatient Mental Nervous and Substance Abuse	\$500/day	\$1,000/day
<b>Accident and Added Benefits</b>		
Accidental Death Benefit	\$20,000	\$40,000
Patient Advocacy & 24 Hour Nurse Hotline	Included	Included
<b>Critical Illness Benefits</b>		
Critical Illness - 1st diagnosis	-	\$2,500
Critical Illness - Waiting Period	-	30 Days
Invasive Cancer Benefit, Heart Attack Benefit, Stroke Benefit, Renal Failure Benefit, Coronary Bypass Surgery, ADL Benefit	-	100%
InSitu Cancer Benefit %	-	25%
<b>Dismemberment Benefits</b>		
Loss of Both Hands or Both Feet, Loss of Sight in Both Eyes, Loss of One Hand AND One Foot, Loss of One Hand AND Sight in One Eye, Loss of Speech AND Hearing in Both Ears, Loss of Hearing in One Ear, Loss of Thumb AND Index Finger	\$10,000	\$20,000
Loss of One or More Finger or Toes	\$2,500	\$2,500
Dislocation Benefits (All) and Fractures	\$1,000	\$1,500
Fractures – Other	\$1,000	\$1,500
<b>Value Added Benefits (included in plans)*</b>		
\$10 Generic Co-pay Rx	Included	Included
EyeMed Vision Program (\$20 Co-pay for annual eye exam)	Included	Included
\$2,500 Accident Medical Coverage–No annual limit**	\$2,500	\$2,500
\$5,000 Additional Accidental Death**	\$5,000	\$5,000
	Weekly	Weekly
Individual	\$ 22.38	\$ 34.85
Individual + Spouse	\$ 39.92	\$ 66.69
Individual + Child(ren)	\$ 39.46	\$ 66.92
Family	\$ 54.23	\$ 94.85

\* Unless otherwise specified, these items are not insurance. The Value Added Benefit Programs except for vision is neither underwritten nor insured by National Union Fire Insurance Company of Pittsburgh, Pa. National Union Fire Insurance Company of Pittsburgh, Pa. assumes no responsibility or liability for any of the listed services, the providers of the services, the quality of the services, the delivery of the services or the outcomes of the services. Questions or concerns about the services should be addressed directly to the providers.

\*\*Accident Medical Coverage is underwritten by Zurich.

## BENEFIT DESCRIPTIONS

**Physician's Office Visits Benefit**—pays a Per Visit benefit if an Insured Person visits a Physician's office for treatment of Sickness or Injury.

**Health Screening Benefit**—pays a Per Test Amount when an Insured Person undergoes specified routine examinations or other preventive testing.

**Routine Well-Child Benefit**—pays a Per Physician's Visit amount when an Insured Dependent Child visits a Physician and undergoes physical examination and/or appropriate immunizations during the first 12 months following birth.

**Emergency Room Accident Treatment Benefits**—pays a Per Accident Benefit shown when an Insured Person suffers an injury that, within 72 hours of the accident that caused the injury, requires him or her to receive Emergency Treatment in the Emergency room of a Hospital.

**Emergency Room Sickness Treatment Benefit**—pays a Per Visit Benefit when an Insured Person visits the emergency room of a Hospital for Emergency Treatment of Sickness.

**Outpatient Diagnostic X-Ray and Laboratory Benefit**—pays an Outpatient Diagnostic X-Ray and Laboratory Benefit when an Insured Person visits a Physician's office or other outpatient setting except an emergency room, and undergoes diagnostic x-ray and laboratory tests for treatment of Sickness or Injury.

## HOSPITAL BENEFITS

**Hospital Admission Benefit**—pays a lump sum Hospital Admission Benefit if an Insured Person is admitted as an inpatient to a Hospital for treatment of Sickness or Injury.

**Hospital Confinement Benefit**—pays a Daily Hospital Confinement Benefit for each day that an Insured Person is charged for a room as an Inpatient when that Insured Person becomes confined as an Inpatient to a Hospital for treatment of Sickness or Injury.

**Intensive Care Unit Benefit**—if benefits have become payable for an Insured Person under the Hospital Confinement Benefit, and such Insured Person becomes confined in an Intensive Care Unit, pays an additional Daily Intensive Care Unit Benefit for each day an Insured Person is confined in and charged for an Intensive Care Unit.

## SURGICAL/ANESTHESIA BENEFITS

**Surgery (Inpatient or Outpatient)** - Pays a "scheduled" surgical benefit when an insured person

undergoes a surgical procedure for treatment of sickness or Injury.

**Anesthesia**—pays for the administration of anesthesia for which a charge is incurred during a covered surgical procedure.

**Ambulatory Surgical Center Benefit**—pays a lump sum benefit if an Insured Person visits an Ambulatory Surgical Center for treatment of Sickness or Injury.

**Accidental Death Benefit**—pays a lump sum benefit if an Insured Person suffers an injury that results in death.

**Critical Illness Benefit**—pays a lump sum benefit upon diagnosis of a specified Critical Illness after a 30 day waiting period.

**Physician and Hospital Discounts**—we offer the Discount Provider Network from Beech Street to complement the benefits provided by Strata Plans. Discounted rates are available at premier physicians, hospitals, and medical centers around the country.

## VALUE ADDED BENEFITS

The added coverages and services are neither underwritten nor provided by National Union Fire Insurance Company of Pittsburgh, Pa., and NUFIC assumes no responsibility or liability for any of the listed services, the providers of the services, the quality of the services, the delivery of the services, or the outcomes of the services. Questions or concerns about the services should be addressed directly to the providers.

**PRESCRIPTIONS** - Prescription Drug Benefit, \$1- Co-pay for Generic drugs. \$250 individual monthly - \$500 family monthly max. Discounts on all brand name drugs. Over 58,000 pharmacies nationwide. [www.rxedo.com](http://www.rxedo.com)

**INSURED VISION BENEFIT** - Access to thousands of providers nationwide, including the leading optical retailers LensCrafters®, Target Optical®, and most Pearle Vision® and Sears Optical® locations. Coverage for regular vision exams - \$20 Co-pay. Discounts for standard eyeglass lenses, frames and contact lenses. (You can also order replacement contacts online and have the contacts mailed to you at home.)

**ACCIDENT MEDICAL INSURANCE, ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE** - Up to a specific Accident Medical insurance amount and up to a specific AD&D insurance for all covered individuals, with a **\$100 deductible per occurrence**. Not available in all states. *This item is underwritten by Zurich National Life Insurance Co.*

## FREQUENTLY ASKED QUESTIONS

### ***Q: Are pre-existing conditions covered by the Limited Benefit Health Insurance?***

A: Yes, pre-existing conditions are covered; however, there is a 12-month pre-existing condition limitation on the critical illness benefit only.

### ***Q: Regarding the Insurance benefits, is there a copayment amount? Is there a deductible?***

A: There are NO copayments or deductibles associated with the Limited Benefit Health Insurance.

### ***Q: How do I pay for doctor visits or file a claim?***

A: At the time of a visit, present your ID card to the provider. The back of your ID card has all the information your provider needs to verify benefits and file claims. Your provider may require the full amount due at the time of service if you are filing your own claim. There are no claim forms necessary. You or your provider should simply send an itemized statement, detailing your medical visit, to the claims address printed on the back of your ID card.

### ***Q: Is maternity covered by the Limited Benefit Health Insurance?***

A: Yes, maternity is covered as any other condition.

### ***Q: How do I enroll for coverage?***

A: Enrolling in the Limited Benefit Health Insurance is SIMPLE. Just review the information in this Enrollment Guide, choose the level of coverage for you and your family and then **complete the enrollment form or call our toll-free enrollment line at 1-888-811-1913 to speak to one of our Customer Service Representatives.**

## EXCLUSIONS & LIMITATIONS

No coverage shall be provided and no benefits will be paid for any loss resulting in whole or in part from, or contributed to by, or as a natural and probable consequence of any of the following excluded risks.

1. suicide or any attempt at suicide or intentionally self-inflicted Injury or any attempt at intentionally self-inflicted Injury or any act of auto-eroticism.
2. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured Person is:
  - a. riding as a passenger in any aircraft not intended or licensed for the transportation of passengers;
  - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft; or
  - c. riding as a passenger in an aircraft owned, leased or operated by the Insured Person's employer.
3. declared or undeclared war, or any act of declared or undeclared war.
4. full-time active duty in the armed forces, National Guard or organized reserve corps of any country or international authority. (Unearned premium for any period for which the Insured Person is not covered due to his or her active duty status will be refunded.) (Loss caused while on short-term National Guard or reserve duty for regularly scheduled training purposes is not excluded.).
5. the Insured Person's being under the influence of narcotics or intoxicants unless administered on the advice of a Physician.
6. the Insured Person's commission of or attempt to commit a felony.
7. services and supplies which are not prescribed by a Physician as necessary to treat an Injury or Sickness; are received without charge or legal obligation to pay; would not normally be paid in the absence of insurance; are received outside of the United States; or are received while incarcerated by legal authorities of any state or country for any reason.
8. dental treatment unless due to an Injury.
9. cosmetic care, except for reconstructive plastic surgery required as a result of Injury; to restore a normal bodily function; to improve functional impairment by anatomic alteration made as necessary as a result of a congenital birth defect; or for breast reconstruction following mastectomy.
10. any Injury or Sickness covered under any state or federal Worker's Compensation, Employer's Liability law or similar law.
11. services and supplies which are not due to an Injury or Sickness except as specifically provided.
12. participating in any sport or sporting activity for wage, compensation, or profit, including officiating or coaching; or racing any type vehicle in an organized event except participating in a Covered Activity.
13. driving any taxi for wage, compensation, or profit.
14. mountaineering using ropes and/or other equipment; parachuting; or hang gliding.
15. custodial care or rest.
16. age of Issue - member cannot exceed 64 years of age. Policy terminates at age of 65.