

FHA Plan Outline

Coverage	Description	500	750	1000
PPO Network www.multiplan.com	Member and covered dependents will receive contracted savings from the normal fees charged by network physicians, hospitals and outpatient X-rays and laboratory providers.	INCLUDED	INCLUDED	INCLUDED
Outpatient Physician Office Visit Indemnity Benefit	Maximum 6 visits per calendar year per covered insured	\$60	\$70	\$70
Daily In-Hospital Benefit	Benefit amount per 24 hours of hospital confinement maximum 30 day per confinement	\$500	\$750	\$1,000
Outpatient Diagnostic X-Ray & Lab	Per testing day for test preformed 3 day maximum test days per calendar year per insured	\$50	\$75	\$75
In-Hospital & Surgical Addition Benefit	Additional benefit amount per confinement per insured. Maximum <u>1</u> confinement per calendar year per insured	\$1,000	\$1,000	\$1,000
* Additional In Hospital Accident Benefit	This benefit amount is paid when covered person is initially confined in a hospital 24 hours or more for covered accident	\$500	\$500	\$500
* Accident Hospital Income Benefit	If the insured requires hospital confinement for treatment of covered accident, this benefits will pay the selected daily amount up to 365 days, per covered accident	\$100/day	\$100/day	\$100/day
Surgical & Anesthesia Benefit	Benefit amount based on surgery schedule; Up to \$2,500 per surgery. Anesthesia: Additional 20% of surgery benefit paid	Up to \$2,500 20%	Up to \$2,500 20%	Up to \$2,500 20%
* Ambulance Benefit	If an insured suffers injuries in a covered accident and requires special treatment within 100 miles from the site of the accident or residence	\$150 Ground / \$600 Air	\$150 Ground / \$600 Air	\$150 Ground / \$600 Air
* Emergency Room	If the insured receives treatment for a covered accident within 72 hours of the accident. Benefit paid one time per covered accident	\$100 Member & SP \$70 Children	\$100 Member & SP \$70 Children	\$100 Member & SP \$70 Children
* Additional Specific Injury Accident	Benefit amount is paid for Dislocations, damaged tendons and ligaments, burns, ruptured disc, eye injury, fractures etc..	\$30-\$2,000 <i>Scheduled per injury</i>	\$30-\$2,000 <i>Scheduled per injury</i>	\$30-\$2,000 <i>Scheduled per injury</i>
Critical Illness & Subsequent Critical Illness Benefit	Benefit per initial diagnosis of covered critical illness, also same amount on a subsequent and separate covered illness	N/A	\$5,000 <i>Lump sum amount</i>	\$10,000 <i>Lump sum amount</i>
* Physical Therapy Benefit	If a physician advises an insured to receive treatment from a physical therapist for a covered accident, the select benefit amount is paid for one treatment per day for up to 6 treatments per accident.	\$50	\$50	\$50
Wellness Indemnity Benefit	Benefit per visit for physical exam or certain diagnostic test Maximum 1 visit per calendar year per insured Well Child visits 4 per year: 0-12 months & 2 per year 12-24 months	\$50	\$100	\$100
* Additional Wellness Benefit	After 12 months of coverage the annual benefit amount paid for the insured or any one covered family member for routine exams or preventive testing	\$60	\$60	\$60
Term Life Insurance	Included	\$5,000 individual Spouse @ \$2,500 Ch. \$2,500	\$25,000 individual Spouse @ \$10,000 Ch. \$2,500	\$50,000 individual Spouse \$10,000 Ch. \$2,500
Prescription Drug Benefit www.idealscripts.com	\$2,500 Individual Maximum Per Calendar Year \$5,000 Family Maximum Per Calendar Year	\$10 generics/ \$10 Oral Contraceptives/ \$50 Name Brands per schedule	\$10 generics/ \$10 Oral Contraceptives/ \$50 Name Brands per schedule	\$10 generics/ \$10 Oral Contraceptives/ \$50 Name Brands per schedule
Rates include ALL insurance products combined to provide the above outlined schedule of benefits as well as certain non-insurance discounted services and fees.				
* Benefits paid from the Accident Select I Plan included in the Limited Medical Plan- ARE OFF THE JOB ONLY				
* Accident Select Benefits are payable for a COVERED ACCIDENT ONLY these benefits will <u>NOT</u> be payable for sickness.				
All benefits <u>NOT</u> marked * <u>ARE</u> payable for sickness and accident.				
Limited Medical Plans not available in the following states: NY, ME, OR, WA.				