



Solid partners, flexible solutions®

Plans for your needs



Health Plans  
for Individuals  
and Families  
*presented by Time*

**Time**  
Insurance



# Fortis Health

Who you  
choose  
matters

Choosing the right insurance company is just as important as choosing the right health plan for you and your family. Look at a company's longevity, its stability and its focus to make the right choice.

## Longevity

The length of time a company has been in business tells you if it's had sufficient time to get the complexities of health insurance right. It takes more than just a few years, decades even, to learn the business. Fortis Insurance Company is part of a long and stable company tradition – with **more than 110 years' experience**.

## Stability

A company's financial strength and stability are good indicators of the company's claims paying ability, which is particularly important when you actually use what you're buying. A.M. Best ranks us A- (excellent) based on claims-paying ability<sup>1</sup>.

## Focus

Business focus is important too. When health insurance is the only business a company does, it has to do it right to be successful and stay in business. With **health insurance as our sole focus**, Fortis Health is a leader in the Individual Medical market. Fortis Health was the first company to introduce Medical Savings Accounts and was at the forefront of Health Savings Account (HSA) legislation.

<sup>1</sup>Source: A.M. Best Ratings & Analysis as of February 2003.

# Comprehensive coverage

Service	Inclusions
<b>Office Services</b>	<ul style="list-style-type: none"> <li>• Medical history, exams, diagnosis and in-office surgeries*</li> </ul>
<b>Wellness</b>	<ul style="list-style-type: none"> <li>• Exams, immunizations, lab tests, Pap smears, mammograms and PSAs up to \$500 in paid benefits (benefit varies by plan)</li> </ul>
<b>Lab and X-ray</b>	<ul style="list-style-type: none"> <li>• Screening for covered illness or injury</li> </ul>
<b>Emergency Room</b>	<ul style="list-style-type: none"> <li>• \$75 access fee (waived if you are admitted to the hospital), then deductible and coinsurance</li> <li>• Covered emergency services are always paid at network coinsurance levels</li> </ul>
<b>Ground/Air Ambulance</b>	<ul style="list-style-type: none"> <li>• Emergency transportation to the nearest hospital equipped to provide appropriate care</li> </ul>
<b>Physician</b>	<ul style="list-style-type: none"> <li>• Diagnosis and treatment for covered illness or injury, including surgery and anesthesia</li> </ul>
<b>Hospital</b>	<ul style="list-style-type: none"> <li>• The hospital semiprivate room rate and covered ancillary charges</li> <li>• Intensive Care Unit services have no special limit</li> </ul>
<b>Organ Transplants</b>	<ul style="list-style-type: none"> <li>• Up to the lifetime maximum benefit at a designated provider or a \$100,000 lifetime maximum per transplant at a non-designated provider</li> <li>• Kidney, cornea and skin transplants are covered the same as any other covered illness</li> </ul>
<b>Complications of pregnancy</b>	<ul style="list-style-type: none"> <li>• You get benefits for complications of pregnancy as defined in the contract. Covered complications of pregnancy include treatment of ectopic pregnancy, treatment of gestational diabetes mellitus, and medically necessary Caesarean section.</li> </ul>
<b>Rehabilitation</b>	<ul style="list-style-type: none"> <li>• Inpatient: covered the same as any other covered illness with a 180-day calendar year maximum</li> <li>• Outpatient: occupational, physical and speech therapies, and cardiac rehabilitation with a \$3,000 combined calendar year maximum</li> </ul>
<b>Supplies and Equipment</b>	<ul style="list-style-type: none"> <li>• Whole blood, prosthetic devices, crutches, basic hospital bed, non-motorized wheelchair, braces, oxygen and apnea monitor</li> </ul>
<b>Outpatient Treatment of Back/Spine/Neck</b>	<ul style="list-style-type: none"> <li>• Covered the same as any other covered illness with a \$750 calendar year maximum (non-surgical)</li> </ul>
<b>Home Health Care</b>	<ul style="list-style-type: none"> <li>• Covered the same as any other covered illness with a 160-hour calendar year maximum</li> </ul>
<b>Hospice Care</b>	<ul style="list-style-type: none"> <li>• Inpatient or home care covered the same as any other covered illness with no limit</li> </ul>
<b>Skilled Nursing Facility</b>	<ul style="list-style-type: none"> <li>• Covered the same as any other covered illness with a 30-day calendar year maximum</li> </ul>
<b>Dental Injury</b>	<ul style="list-style-type: none"> <li>• Treatment for injury to sound teeth if the treatment begins within 90 days of the injury and is completed within 180 days of the injury</li> </ul>
<b>TMJ/CMJ</b>	<ul style="list-style-type: none"> <li>• Covered the same as any other covered illness with a \$1,000 lifetime maximum</li> </ul>
<b>Sterilization</b>	<ul style="list-style-type: none"> <li>• \$500 benefit after you have been insured by the plan for one year</li> </ul>
<b>Mental Illness/Nervous Disorder/Substance Abuse</b>	<ul style="list-style-type: none"> <li>• 50% coinsurance after deductible</li> <li>• \$2,500 calendar year maximum (up to \$500 of this benefit is available for outpatient treatment)</li> <li>• Family and marriage counseling are included</li> </ul>
<p><i>Value Plan does not include benefits for these services.</i></p>	

\* In-office surgeries are not eligible for Doctor Office Copay (DOC) benefits.

Dependents are covered through age 18, or age 23 if a full-time student.

**Listed benefits are per covered person and are subject to 1) a determination of medical necessity 2) reasonable and customary charges or negotiated rates and 3) deductible and coinsurance, unless otherwise noted.**

Any medical procedure may be subject to clinical audit for determination of medical necessity. For catastrophic or chronic illnesses or injuries, we provide you with the option of working with our RN Case Manager who will assist you in obtaining appropriate, cost-effective care.

This brochure contains a general summary of benefits, exclusions and limitations. Please refer to the certificate of coverage for the actual terms and conditions. In the event there are discrepancies with the information given here, the terms and conditions of the coverage documents will govern.

# Make it your own

Customize your plan – with included benefits that go beyond your every day needs

- Prescription drug benefits with no annual limit
- No policy limits on Intensive Care Unit (ICU)
- Worldwide coverage, 24 hours-a-day
- Wellness benefits
- Lifetime maximum benefit – options up to \$8 million
- Copay option available for doctor office visits – you choose from \$20, \$25, \$30 or \$40 options
- Single deductible for accidents involving multiple family members
- Your choice of doctors and hospitals from extensive networks
- No referrals necessary to see a specialist

## Optional Benefits

### Accident Medical Expense (AME)

With AME, we pay first when you have an injury – before you pay any copay, access fee, deductible or even coinsurance.

Choose from three benefit levels: \$300, \$500 or \$1,000. For each accident occurrence, benefits are available for accident-related charges incurred within 90 days of the accident.

### Health Savings Accounts (HSAs)

HSAs give you every advantage in saving for future health care expenses. You get tax-deductible contributions, tax-deferred interest and tax-free withdrawals.\* Check with your agent for more information.

\* Fortis Health and its affiliates are not engaged in rendering tax advice. Contact a qualified tax professional for tax advice. Federal and state tax regulations are subject to change.

## Fortis Health Dental and Vision Card

**You won't pay full price** on dental services or eyewear. Just present your card to a dental or eyewear provider in the nationwide network and receive:

- **Discounts of up to 50% on dental services**, including cleanings, x-rays, fillings, crowns and orthodontia.
- **Discounts of up to 60% on eyewear**, including eyeglasses, contact lenses and sunglasses.



The discounts extend to all family members in your household. If just one person in your family needs vision correction, **you could save enough on eyeglasses or contacts to cover the cost of the card for a year!** And you can use the card as much as you want – there are no limits. Look at the chart below for sample savings.

Procedure	National Average*	You pay as little as
Oral exam	\$43.00	\$20.00
Adult cleaning	\$77.00	\$35.00
Complete x-rays	\$108.00	\$40.00
Bitewing x-rays	\$39.00	\$18.00
<b>Total</b>	<b>\$267.00</b>	<b>\$113.00</b>
<b>Total Savings: \$154.00</b> for one routine visit		
<b>The card can pay for itself in just one routine visit!</b>		

See the *Plan Summary* included with your proposal for more information on benefits and provider networks in your area. *This is a discount program, not an insurance product.*

\* National averages based on "National Dentistry Advisory Service Pricing Program 2000." The figures are for example only. Actual savings vary by provider, location and actual service.

**Optional coverages are available for an additional cost. Not all options are available with all plans in all states. Check with your agent for availability.**

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# Learn more about your coverage

## Health Plans for Individuals and Families do not provide benefits for:

- Charges incurred due to a pre-existing condition.
- Illness or injury caused by war, commission of crime, attempted suicide, influence of illegal substance.
- Routine hearing care, routine vision care, vision therapy, surgery to correct vision, routine foot care, or foot orthotics.
- Cosmetic services.
- Charges by a health care practitioner or medical provider who is an immediate family member. Immediate family members are you, your spouse, your children, brothers, sisters, parents, their spouses and anyone with whom legal guardianship has been established.
- Custodial care.
- Charges reimbursable by Medicare, Workers' Compensation or automobile carriers.
- Growth hormone stimulation treatment.
- Dental care not related to a dental injury.
- Any treatment for correction of malocclusion, protrusion, hypoplasia or hyperplasia of the jaws.
- Charges for educational testing or training, vocational or work hardening programs, transitional living, or services provided through a school system.
- Diagnosis and treatment of infertility.
- Maternity and routine nursery charges unless you choose the maternity option.
- Pregnancy, maternity and other expenses related to surrogate pregnancy.
- Genetic testing, counseling and services.
- Charges for sex transformation, or treatment of sexual dysfunction or inadequacy or to restore or enhance sexual performance or desire.
- Over-the-counter products.
- Contraceptive drugs or devices.
- Treatment of "quality of life" or "lifestyle" concerns, including but not limited to smoking cessation; obesity; hair loss; sexual function, dysfunction, inadequacy or desire; or cognitive enhancement.
- Treatment used to improve memory or to slow the normal process of aging.
- Telemedicine (including but not limited to treatment rendered through the use of interactive audio, video or other electronic media).

## Preauthorization

When you need inpatient treatment or certain outpatient procedures, you must obtain preauthorization to avoid a penalty of 25% of the charge, up to \$1,000. There is no coverage for transplants which are not authorized.

## Conversion Privilege

A spouse or dependent who is no longer eligible for coverage under this plan may obtain a similar plan without evidence of insurability.

## Waiting Periods on Certain Conditions

Benefits for certain conditions are payable after the waiting period listed here: tonsils/adenoids, 3 months; sterilization, 12 months; hernia (except strangulated or incarcerated), 6 months; bunionectomy, 6 months; varicose veins, 6 months; hemorrhoids, 6 months. The waiting period is waived when this plan is replacing other similar in-force coverage.

## Pre-existing Conditions

A pre-existing condition is an illness or injury and any related complications for which, during the 12-month period immediately prior to your effective date, you received medical treatment, diagnosis, consultation or prescription drugs; or which produced symptoms or was capable of being diagnosed. Health Plans for Individuals and Families do not pay benefits for charges incurred due to a pre-existing condition, as defined in the contract, until you have been continuously insured under such a plan for 12 months. After this 12-month period, benefits will be paid for a pre-existing condition, unless the condition has been specifically excluded from coverage.



**FORTIS**

Solid partners, flexible solutions®

## **A Powerful Force Working For You**

Fortis Health helps people meet their insurance needs by offering an array of individual, small group and specialty health insurance products.

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**Fortis Health**

Health Plans for Individuals and Families (Forms 225, 236 and 237) are underwritten and issued by Fortis Insurance Company.