

# IAC Personal Health Plans



*Affordable health insurance  
for individuals and families*

Underwritten by



Administered by



Insurers Administrative Corporation

MEMBER OF THE IHC GROUP

NYSE:IHC

# IAC Personal Health Plans

Empower yourself with the **IAC Personal Health Plans**. All plans include valuable resources to help you make informed health decisions and spend your healthcare dollars wisely.

## Plan features

**My Health Compass™** — The most comprehensive consumer health information tool available. MyHealthCompass™ allows you to make smart decisions by giving you the information and tools you need—hospital quality information, pricing, and outcomes—all presented in an easy-to-understand format you can apply to your healthcare choices.

**Optum® NurseLine** — Provides you with 24-hour telephone access to registered nurses to assist you with understanding alternatives for treating various health conditions.

**LabOne Select®** — Your health plan includes the LabOne Select discount program. Use LabOne for high-quality, low-cost outpatient laboratory services.

**Mail Order Prescription Program** — Reduce your out-of-pocket costs for maintenance drugs by ordering a three-month supply of medications for the price of a two-month supply.

**Organ Transplant Program** — Includes access to United Resource Network (URN) for up to a \$1 million organ transplant benefit. The URN Transplant Centers of Excellence network is the nation's leading transplant network, managing more than 12,000 potential transplant patients each year.

## Plan highlights

- HSA-qualified high deductible health plans with built-in discounts
- Choose from the nation's top regional and national Preferred Provider Organizations (PPO networks)
- Prescription drug coverage
- Preferred underwriting class with preferred rates
- Lower rates for non-tobacco users
- Family discount
- Choice of billing options

For complete details, consult the Certificate of Insurance underwritten by Fidelity Security Life Insurance Company.



# Deluxe Plan

Our most comprehensive plan.

## PLAN BENEFITS

	In-Network	Out-of-Network
<b>Calendar Year Deductible</b> For medical expenses. Per insured person	\$1,000, \$1,500, \$2,500, \$3,500, \$4,500, or \$5,500 Family: 2x individual	2x in-network
<b>Coinsurance</b>	80% after deductible	50% after deductible
<b>Maximum Out-of-Pocket</b> Does not include deductible	Individual: Choose \$2,000 or \$4,000 Family: 2x individual	2x in-network
<b>Physician Office Visit or Urgent Care Center</b>	\$35 copay per visit	50% after deductible
<b>Outpatient Diagnostic Lab</b> Save money by using your LabOne Select card at LabOne providers		
<b>Outpatient Diagnostic Imaging</b>		
<b>Outpatient Surgery</b>	80% after deductible	50% after deductible
<b>Inpatient Hospital Services</b> Includes physician, facility and surgery charges		
<b>Non-Surgical Back Treatment</b>		
<b>Mental and Nervous Inpatient Care</b>		
<b>Emergency Room</b>	\$100 copay, then 80% after deductible (copay waived if admitted)	\$100 copay, then 50% deductible (copay waived if admitted)
	In- or Out-of-Network	
<b>Lifetime Maximum Benefit While Insured</b>	\$5 million in and out-of-network combined	
<b>Calendar Year Maximum Benefit</b>	\$1 million in and out-of-network combined	
<b>Mammography</b>	100% coverage, no deductible or copay	
<b>Mental, Nervous or Chemical Dependency Outpatient Care</b>	50% after deductible	
<b>Ambulance</b>	80% after deductible	

### Prescription Drugs

Includes oral contraceptives and mail-order program for maintenance prescriptions

\$500 Rx Deductible\* applies when \$4,000 individual maximum out-of-pocket is chosen.

\$250 Rx deductible* then:			
Express Scripts providers			Must be obtained from CuraScript
Generic \$10 copay or 20%, whichever is greater	Formulary \$40 copay or 30%, whichever is greater	Non-Formulary \$60 copay or 30%, whichever is greater	Specialty (self-injectable medications and select inhalants) \$40 copay or 30%, whichever is greater

\*Rx Deductible is separate from the calendar year deductible for medical expenses.

# Advantage Plan

Up to 25% less premium than the Deluxe Plan.

PLAN BENEFITS	In-Network	Out-of-Network	
<b>Calendar Year Deductible</b> For medical expenses. Per insured person	\$1,000, \$2,000, \$3,000, \$4,000, \$5,000, \$10,000 Family: 2x individual	2x in-network	
<b>Coinsurance</b>	80% after deductible	50% after deductible	
<b>Maximum Out-of-Pockets</b> Does not include deductible	Medical Services & Supplies: \$3,000 Hospital Confinement & Surgery: \$6,000 Family: 2x individual	3x in-network	
<b>Physician Office Visit or Urgent Care Center</b>	\$35 copay per visit	50% after deductible	
<b>Outpatient Diagnostic Lab</b> Save money by using your LabOne Select card at LabOne providers			
<b>Outpatient Diagnostic Imaging</b>			
<b>Outpatient Surgery</b>	80% after deductible	50% after deductible	
<b>Inpatient Hospital Services</b> Includes physician, facility and surgery charges			
<b>Non-Surgical Back Treatment</b>			
<b>Mental and Nervous Inpatient Care</b>			
<b>Emergency Room</b>	\$100 copay, then 80% after deductible (copay waived if admitted)	\$100 copay, then 50% deductible (copay waived if admitted)	
	In or Out-of-Network		
<b>Lifetime Maximum Benefit While Insured</b>	\$5 million in and out-of-network combined		
<b>Calendar Year Maximum Benefit</b>	\$1 million in and out-of-network combined		
<b>Mammography</b>	100% coverage, no deductible or copay		
<b>Mental, Nervous or Chemical Dependency Outpatient Care</b>	50% after deductible		
<b>Ambulance</b>	80% after deductible		
<b>Prescription Drugs</b> Includes oral contraceptives and mail-order program for maintenance prescriptions	\$500 Rx deductible* then:		
	Express Scripts providers		Must be obtained from CuraScript
	Generic \$10 copay or 20%, whichever is greater	Formulary \$40 copay or 30%, whichever is greater	Specialty (self-injectable medications and select inhalants) \$40 copay or 30%, whichever is greater
		Non-Formulary \$60 copay or 30%, whichever is greater	

\*Rx Deductible is separate from the calendar year deductible for medical expenses.

# Value Plan

Up to 40% less premium than the Deluxe Plan.

PLAN BENEFITS*	In-Network	Out-of-Network	
<b>Calendar Year Deductible</b> For medical expenses. Per insured person	\$2,500, \$3,500, \$4,500, \$5,500, \$7,500 \$10,000 Family: 2x individual	2x in-network	
<b>Coinsurance</b>	80% after deductible	50% after deductible	
<b>Maximum Out-of-Pocket</b> Does not include deductible	\$6,000 individual Family: 2x individual	3x in-network	
<b>Physician Office Visit or Urgent Care Center</b>	\$35 copay per visit Limited to 2 visits per person, per calendar year in or out-of-network	50% after deductible	
<b>Outpatient Diagnostic Lab &amp; X-rays</b> Save money by using your LabOne Select card at LabOne providers	\$35 copay per visit Limited to 2 total visits (Lab or X-ray) per person, per calendar year in or out-of-network	50% after deductible	
<b>Outpatient Diagnostic Imaging (excluding X-ray)</b>	80% after deductible \$500 maximum benefit per calendar year in or out-of-network	50% after deductible	
<b>Outpatient Surgery</b>	80% after deductible	50% after deductible	
<b>Inpatient Hospital Services</b> Includes physician, facility and surgery charges		50% after deductible	
<b>Emergency Room</b>	\$100 copay, then 80% after deductible (copay waived if admitted)	\$100 copay, then 50% deductible (copay waived if admitted)	
<b>Non-Surgical Back Treatment</b>	80% after deductible \$250 maximum benefit per calendar year in or out-of-network	50% after deductible	
<b>Mental, Nervous or Chemical Dependency Outpatient Care</b>	50% after deductible Up to \$50 per visit, maximum of 10 visits or \$500 per calendar year in or out-of-network	50% after deductible	
<b>Mental and Nervous Inpatient Care</b>	80% after deductible Maximum of 5 inpatient days, up to \$1,000 per calendar year in or out-of-network	50% after deductible	
	<b>In or Out-of-Network</b>		
<b>Lifetime Maximum Benefit While Insured</b>	\$1 million in and out-of-network combined		
<b>Calendar Year Maximum Benefit</b>	\$500,000 in and out-of-network combined		
<b>Mammography</b>	100% coverage, no deductible or copay		
<b>Ambulance</b>	80% coinsurance applies; \$100 maximum benefit per occurrence		
<b>Prescription Drugs</b> Includes oral contraceptives and mail-order program for maintenance prescriptions	\$1,000 Rx deductible** then:		
	<i>Express Scripts providers</i>		<i>Must be obtained from CuraScript</i>
	<u>Generic</u> \$10 copay or 20%, whichever is greater	<u>Formulary</u> \$40 copay or 30%, whichever is greater	<u>Specialty (self-injectable medications and select inhalants)</u> \$40 copay or 30%, whichever is greater
	<u>Non-Formulary</u> \$60 copay or 30%, whichever is greater		

\*Some benefits provided under the Value Plan are limited.

\*\*Rx Deductible is separate from the calendar year deductible for medical expenses.

# Daily Plan

Your daily maximum out-of-pocket is capped at \$250 or \$500 for covered medical expenses on any given day.

## PLAN BENEFITS

	In-Network	Out-of-Network
<b>Daily Deductible</b> For medical expenses. Per insured person	Individual: \$250 or \$500 Family: 2x individual	Individual: \$500 or \$1,000 Family: 2x individual
<b>Coinsurance</b>	100% after daily deductible	100% after daily deductible
<b>Maximum Out-of-Pocket</b> Total amount of deductible per calendar year	Individual: \$4,000 Family: \$8,000	2x in-network
<b>Physician Office Visit or Urgent Care Center</b>	\$25 copay per visit	100% after daily deductible
	In or Out-of-Network	
<b>Lifetime Maximum Benefit While Insured</b>	\$5 million in and out-of-network combined	
<b>Calendar Year Maximum Benefit</b>	\$1 million in and out-of-network combined	
<b>Mammography</b>	100% coverage, no daily deductible or copay	
<b>Outpatient Diagnostic Lab</b> Save money by using your LabOne Select card at LabOne providers	100% coverage after daily deductible	
<b>Outpatient Diagnostic Imaging</b>		
<b>Outpatient Surgery</b>		
<b>Inpatient Hospital Services</b> Includes physician, facility and surgery charges		
<b>Mental, Nervous or Chemical Dependency Outpatient Care</b>		
<b>Mental and Nervous Inpatient Care</b>		
<b>Non-Surgical Back Treatment</b>		
<b>Emergency Room</b>		
<b>Ambulance</b>		

## Prescription Drugs

Includes oral contraceptives and mail-order program for maintenance prescriptions

\$500 Rx deductible* then:			
Express Scripts providers			Must be obtained from CuraScript
Generic \$10 copay or 20%, whichever is greater	Formulary \$40 copay or 30%, whichever is greater	Non-Formulary \$60 copay or 30%, whichever is greater	Specialty (self-injectable medications and select inhalants) \$40 copay or 30%, whichever is greater

\*Rx Deductible is separate from the daily deductible for medical expenses.

# How the Daily Plan Works

The Daily Plan protects you and your pocketbook! Instead of a large, calendar-year deductible, the Daily Plan has a daily deductible maximum of \$250 for individual coverage and \$500 for family coverage. Your daily maximum out-of-pocket expenses will not exceed these limitations regardless of the eligible expenses.

Understanding your financial responsibilities on your health plan is easy with the Daily Plan! Any time you visit a doctor, you pay only \$25. For all other eligible medical services, you can choose to have that day's services capped at \$250 or \$500 for individual or \$500 or \$1,000 for family coverage.

On other PPO plans, you must meet your calendar-year deductible before the health plan covers your charges. On the Daily Plan, IAC pays 100% of any charges that exceed your daily deductible.

## Example

Jane is looking for an affordable health plan that covers her doctor's visits and protects her pocketbook from catastrophic events. Let's look at Jane's out-of-pocket costs for typical medical services she would use on her health plan.

	Cost of services	What Jane pays
Day 1 Doctor's visit	\$72	\$25 copay
Day 2 X-ray taken	\$68	\$68
2 weeks later... Blood work, ultrasound and CT Scan, all done on the same day	\$47 Dr. Labwork \$600 Ultrasound \$900 CT Scan TOTAL: \$1,547	\$250
One month later... Gallbladder removal at an outpatient facility	\$4,000	\$250
Later that year... Severe car accident resulting in a 4 day hospital stay	4 day visit, costing \$28,000	\$250 each day, for a total of \$1,000

Every dollar spent on covered medical services goes towards Jane's out-of-pocket maximum!\*

\*Doctor visit copays do not apply to your out-of-pocket maximum.

See Certificate of Coverage and Schedule of Benefits for additional details.

# High Deductible Health Plan

Combine this plan with a Health Savings Account (HSA) to maximize your healthcare dollars.

PLAN BENEFITS	In-Network	Out-of-Network
<b>Calendar Year Deductible**</b> For medical expenses.	Individual: \$2,000, \$2,700, \$3,000*, \$4,000*, \$5,250* Family: \$4,000, \$5,450, \$6,000*, \$8,000*, \$10,500*	2x in-network
<b>Coinsurance</b>	100% or 80%	70% or 50% after deductible
<b>Maximum Out-of-Pocket</b> Includes deductible	100% Coinsurance: Deductible only 80% Coinsurance: Individual: \$5,250 Family: \$10,500	Individual: \$10,500, except at the highest deductible, where it is \$13,000 Family: \$21,000, except at the highest deductible, where it is \$26,000

	In or Out-of-Network
<b>Lifetime Maximum Benefit While Insured</b>	\$5 million in and out-of-network combined
<b>Calendar Year Maximum Benefit</b>	\$1 million in and out-of-network combined
<b>Mammography</b>	100% coverage, no deductible or copay
<b>Physician Office Visit or Urgent Care Center</b>	Deductible and coinsurance apply
<b>Outpatient Diagnostic Lab</b> Save money by using your LabOne Select card at LabOne providers	
<b>Outpatient Diagnostic Imaging</b>	
<b>Outpatient Surgery</b>	
<b>Inpatient Hospital Services</b> Includes physician, facility and surgery charges	
<b>Mental, Nervous or Chemical Dependency Outpatient Care</b>	
<b>Mental and Nervous Inpatient Care</b>	
<b>Non-Surgical Back Treatment</b>	
<b>Emergency Room</b>	
<b>Ambulance</b>	

<b>Prescription Drugs</b> Includes oral contraceptives and mail-order program for maintenance prescriptions	<i>Express Scripts providers</i>	<i>Must be obtained from CuraScript</i>
	<u>All Covered Prescription Medications except Specialty</u> In-network deductible and coinsurance apply	<u>Specialty (self-injectable medications and select inhalants)</u> In-network deductible and coinsurance apply

\*Deductible choices not available on the 80% plans.

\*\*This plan is a qualified high deductible health plan intended for use with a Health Savings Account (HSA).

Your deductible may be adjusted annually to keep your plan in compliance with federal guidelines for HSA qualified health plans.

# How the High Deductible Health Plan Works

IAC's High Deductible Health Plan combines a federally-defined High Deductible Health Plan (HDHP) and a tax-favored health savings account (HSA).

Our HDHP offers lower premiums than our more traditional plans and also protects you by reducing your out-of-pocket costs when you stay in-network. The money you save in premiums can be put into your HSA and withdrawn to help pay your deductible or other qualified health care expenses.

To use IAC's High Deductible Health Plan with an HSA, you have two options:



## **Packaged Approach — Use our HSA custodian for easy set-up**

Our packaged program includes the setup of your HSA and health plan. Our HSA provides you with an HSA debit card and checks you can use to pay for your medical services, prescription drugs or other qualified health care expenses. This streamlined approach allows you to get your HSA up and running with very little effort on your part.



## **Health Plan Only — Use the HSA custodian of your choice**

If you already have a Health Savings Account in place or want to choose which bank to use as your account custodian, you can still use IAC's High Deductible Health Plan. For complete information about IAC's HSA plan options, see the IAC High Deductible Health Plan brochure.

## Example

Here is a typical example of premium and tax savings for the Jones family. They chose the High Deductible Plan at the \$5,150 level and deposited \$2,000 in their HSA during the first year.

	<b>IAC's HDHP \$5,150 deductible</b>	<b>IAC's Deluxe Plan \$3,000 deductible</b>
<b>Annual Premium Costs</b>	\$3,700	\$4,500
<b>Total Tax deductions</b> <small>Based on their annual HSA deposits</small>	\$2,000	\$0
<b>Tax Savings</b> <small>The Jones family is in the 28% tax bracket</small>	\$560	\$0
<b>Total cost of annual health premiums after tax savings</b>	\$3,140	\$4,500

The Jones family saved 30% in annual premium with their HSA plan! Since they did not spend all of their HSA funds in the first year, they have a head start on next year's deductible!

# Optional Benefits

The following benefits can be selected to customize your plan to meet your personal needs.

## Preventative Care

Includes routine physicals, annual GYN exams, well-child, routine PAPs, prostate cancer screening and flu shots. Covers 100% up to \$250 per insured per calendar year at in-network providers.

## Upgrade Your Prescription Drug Coverage

By selecting this option, your covered prescriptions are paid subject to in-network plan deductible and coinsurance. Features electronic submission of claims when an Express Scripts provider is used. This option is not available on the Daily Plan. The option to purchase three months supply for the cost of two is not available with this option.

*If High Deductible Health Plan is elected:*

*A discount only option is available.*

## Supplemental Accident Coverage

Plan pays 100% of each accident's covered charges up to the selected benefit amount per person, then the plan's deductible and coinsurance apply. Benefit applies to both in and out-of-network providers.

**Choose per accident: \$500 or \$1,000**

## Dependent Life Insurance

Available for spouse and/or children.

### Spouse:

\$2,000

### Children:

14 days to 6 months - \$100

6 months to less than 19 years - \$1,000

19 to less than 25 years, if full-time student - \$1,000

## Additional Life Insurance

Up to \$100,000 in life insurance is available to the primary insured. Life insurance is not available in FL, OH, OK and TX.

## Vision Benefit

With this program offered through EyeMed, you receive savings on eye care needs including frames, bifocals, non-disposable contact lenses and many other items and services at more than 800 LensCrafters stores nationwide and thousands of independent providers. Choose from two options:

**Option 1** - \$10 exam/\$25 lenses/\$100 frame allowance

**Option 2** - \$20 exam/\$20 lenses/\$100 frame allowance

Refer to the IAC Vision Plan Overviews for additional details. Check for state availability.

## 24-Hour Occupational Coverage

Qualified sole proprietors, partners or business owners who are not covered by Workers' Compensation are eligible for 24-hour Occupational Coverage under their Personal Health Plan. Benefits may be payable for covered charges incurred by these insured persons for work-related injuries or sickness.

## 18-month Rate Guarantee

Select this option to extend the plan's initial 12-month rate guarantee period for an additional six months.

# Additional Benefit Information

## LabOne Select Discount Program

LabOne Select provides you with reduced-cost outpatient laboratory testing when your specimens are sent to LabOne, a fully accredited and certified laboratory.

Because LabOne offers laboratory testing at significant savings over other labs, you are able to obtain greater discounts on your covered laboratory tests when using LabOne Select.

## How to Use LabOne Select

- 1 When your doctor orders laboratory work for you, present your LabOne Select card and/or Healthcare card with the LabOne Select logo. Instructions for your doctor's office are printed on the back of your card.
- 2 Your doctor collects your specimens and calls LabOne for pickup.
- 3 LabOne performs the tests and sends the results to your doctor (usually within 24 hours).

## My Health Compass™

With MyHealthCompass™, you have access to powerful hospital and physician information that includes:

**Quality Ratings.** Rankings according to complication and mortality rates, case volume and length of stay

**Pricing Reports.** Price comparisons by hospital, medical procedure, payor and location—local, state, and national

**Profiles.** Detailed information on hospitals and physicians, such as specialties, credentials, hospital affiliations and sanctions

**Healthcare Secrets.** Easy-to-understand information on medical conditions and insurance issues

## CuraScript - Your Specialty Rx Source

Coverage for specialty medications for long-term conditions covered under this health plan is made available exclusively through CuraScript Pharmacy ([www.curascript.com](http://www.curascript.com)). Specialty drugs include self-administered injectable medications and select inhalants. CuraScript maintains a high-touch approach to patient care, which translates to a superior level of care and follow-up.

Services provided by CuraScript include:

- Express shipping to homes or physician offices
- Detailed instruction materials for self-administration
- Access to an on-call pharmacist 24/7
- Disease-specific online communities offering support and education
- Insurance counseling and assistance
- Coordination of patient care with the physician's office

CuraScript provides every patient starting on a therapy with a welcome packet. The packet provides patients with CuraScript service along with the appropriate contact numbers to access the clinical staff and patient care coordinators.

Once a referral is sent to CuraScript, you will be contacted by an admissions coordinator who will explain CuraScript's services, research reimbursement and coordinate the shipment of your first order. Each month thereafter, you will be contacted by a patient care coordinator who coordinates additional shipments and monitor your progress with the therapy.

CuraScript provides a team of specialists available through a toll-free customer service center, including access to an on-call pharmacist 24 hours a day, 7 days a week.

Visit [specialtyrx.iacusa.com](http://specialtyrx.iacusa.com) to view the list of specialty medications.

## Limited Medical Benefits

### Emergency Care at Out-of-network Hospitals

If you are taken to an out-of-network hospital for a medical emergency, we will pay for covered services at network benefit levels. However, you must arrange for transfer to a network hospital within 48 hours or as soon as this transfer can take place without detriment to your health. Otherwise, covered services will be paid at out-of-network benefit levels.

### Hospital Room and Board

Your Personal Health Plan covers hospital room and board charges according to the plan you selected, on the basis of the average semi-private room rate. If the hospital does not have semi-private rooms, the plan will pay the base amount of 90% of that hospital's lowest-priced private room.

### Intensive Care

Intensive care room and board provided through network hospitals will be paid at the most common rate for intensive care units. If provided through out-of-network facilities, they will be paid at up to 3 times the most common semi-private room rate. Observation room and intermediate care unit services will be paid at a rate of up to 2 times the most common semi-private room rate.

### Non-Surgical Back Treatment (Chiropractic Care)

Covered expenses for non-surgical back treatment are payable up to \$500 per person, per calendar year, on an outpatient basis. Applicable deductible and coinsurance apply.

### Home Health Care

After applicable deductible has been satisfied, covered medical expenses will be paid at the coinsurance level you have selected, up to 21 visits per calendar year, per insured person.

### Mammography and Breast Screening

Subject to schedule and/or state mandates. See certificate of coverage for details. Covered at 100% in and out-of-network for all plans.

### Mental & Nervous Conditions, Substance Abuse & Chemical Dependency Treatment

The maximum benefit for mental & nervous and chemical dependency treatment is \$10,000 combined per person, while insured.

Covered charges **do not** accumulate towards the plan's maximum out-of-pocket amounts.

### Outpatient Mental & Nervous & Chemical Dependency

Applicable deductible & coinsurance apply. Up to \$25 per visit, maximum of 50 visits or \$1,250 per calendar year, unless otherwise indicated.

### Inpatient Mental & Nervous

Applicable copay, deductible & coinsurance apply. Maximum of 10 inpatient days, up to \$2,500 per calendar year, unless otherwise indicated.

### Inpatient Chemical Dependency

Benefits are not provided for inpatient chemical dependency treatment,

unless otherwise mandated by state law

### Complications of Pregnancy

Complications of pregnancy are covered the same as any other illness. Normal pregnancy is not a covered benefit. See Major Medical Exclusions and Limitations and Pre-certification Requirements for details.

### Skilled Nursing Facility Care

After your applicable copay and/or deductible has been satisfied, covered medical expenses will be paid at the coinsurance level you have selected, up to \$100 daily benefit, limited to 50 days per calendar year, per insured person.

### Hospice Care

The plan will pay covered medical expenses for hospice care for up to 6 months. Pre-certification is required. The plan will also cover bereavement support services for the insured person's family during the 3-month period after death, up to \$250.

### Organ Transplant Benefit

The plan includes access to the **United Resource Networks (URN)** for organ transplants. In addition to contracting with providers and *Centers of Excellence*, this specialized network offers expertise, patient advocacy and case management services. URN helps to ensure that you receive the highest levels of care for these complex services. When you use one of the URN *Centers of Excellence*, an allowance of up to \$5,000 is available for necessary travel and room and board expenses for a companion, or two companions, if the insured is a minor.

When you use URN providers for transplant services, covered medical expenses will be paid up to a maximum benefit of \$1,000,000 or \$500,000 while insured. If services are received from a provider in your selected PPO network, the maximum benefit allowed is \$250,000. If these services are received from out-of-network providers, then the maximum benefit allowed is \$175,000 while insured. See the certificate of coverage for details.

## Covered Charges

Covered charges include provider network contracted charges or necessary, reasonable and customary charges for out-of-network providers for expenses that are necessary for the treatment of injury or sickness that is not excluded from your coverage.

"Necessary, reasonable and customary" means the usual charge made for necessary medical services and supplies generally furnished for sickness or injuries of comparable severity and nature in the geographic area in which the services or supplies are furnished.

In determining what should be considered necessary, reasonable and customary for services and supplies, we use and subscribe to a standard industry reference source that collects data and makes it available to member companies. The database used reflects the amounts charged by providers for healthcare services based on the smallest geographic zip code areas generating a statistically credible charge distribution. This data is updated and published twice per year. The data is reflective of reported provider charges from the lowest to the highest for each service or supply.

The data is also adjusted periodically to reflect negotiated fee schedules with providers who are not included in the database. We then use a specific representative percentile of that range of charges to determine the necessary, reasonable and customary charge for all people who are insured under this policy.

**Eligibility**

If you are under age 65, you and your eligible dependents may be eligible to purchase an IAC Personal Health Plan. You can apply by completing an application for participation and by qualifying for coverage according to the plan’s medical underwriting guidelines. Eligible dependents include:

- Your legally recognized spouse (under age 65)
- Your unmarried child(ren) under age 19
- Your unmarried child(ren) ages 19 to 25\*

\*Unmarried children ages 19 to 25 will be considered eligible dependents if they are dependent upon you for maintenance and support and are enrolled on a full-time basis in an accredited school or college. We define “full-time basis” in this instance as being enrolled in and attending the accredited school or college in each and every semester (or quarter) for a minimum of 12 credit hours.

**Rate Guarantee**

Your initial monthly premiums are based on several factors including, but not limited to, your age, your spouse’s age (if applicable), the number of children you have covered under the plan, and your home address.

We guarantee that your rates will not change for the initial 12 months (18-months, if the optional 18-month initial rate guarantee is elected) of coverage from your effective date unless one or more of the following events occur during that time:

- You move to a new residence
- Provider access fees change
- Administrative fees change
- The number of dependents covered under the plan changes

**Accidental Death & Dismemberment**

Your IAC Personal Health Plan life insurance benefit includes accidental death and dismemberment coverage. Upon receipt of notice and due proof that an insured person sustained any of the losses listed in the table below, the plan will pay the sums indicated. These losses must be the direct result of accidental bodily injury that occurred not more than 90 days prior to the date that the loss was sustained.

**Table of Losses**

<u>In the event of the loss of:</u>	<u>The plan will pay:</u>
Life	The Principle Sum
Both hands or both feet	The Principle Sum
Sight of both eyes	The Principle Sum
One hand & one foot	The Principle Sum
One hand & sight of one eye	The Principle Sum
One foot & sight of one eye	The Principle Sum
One hand	1/2 Principle Sum
One foot	1/2 Principle Sum
Sight of one eye	1/2 Principle Sum

With respect to hands or feet, “loss” means severance at or above the joint. Eye “loss” means entire, irrevocable loss of sight.

**Effective Date of Coverage**

You may request that your coverage under your IAC Personal Health Plan become effective on either the 1st or the 15th of the month. We must receive your application before the effective date you have requested. If your application is approved, your coverage will become effective on the monthly premium due date that coincides with or on the next following date on which the application is approved. Your applicable premium must be paid before your policy goes into effect. If the company is unable to approve your application within 60 days of the application date, the requested effective date will not be honored and a new, currently dated application may be required.

Any dependent(s) whom you want to include under the plan must not be hospitalized and must be able to perform the same activities that they were able to perform at the time that you submitted your application. If these requirements are not met, your application will be disapproved and a new application will be required if you wish to be considered for coverage at a future date.

**Child(ren) Only Coverage**

Child(ren) only coverage is available for applicants 2 months through 17 years of age. When covered children attain age 18, they can be issued coverage under their own individual plan and charged an appropriate adult rate if they reside in a state where the coverage is available. Premium is based on the rates applicable to the state in which the child resides. Children of foreign nationals with legal residency in the United States are not eligible for coverage.

Applications for child(ren) only coverage will be declined if either parent or legal guardian of the child(ren) to be included under the coverage is currently an expectant parent or has undergone infertility testing within one (1) year of the date of application for the child(ren) only coverage.

**Accidental Death & Dismemberment Exclusions**

Benefits are not payable under the Accidental Death and Dismemberment coverage for any loss caused by, contributed to, or resulting directly from:

- any act of war, whether declared or undeclared, riot or insurrection, or resulting from service in the military, naval or air forces of any country or in any auxiliary or civilian noncombatant unit auxiliary to or serving with such forces
- travel or flight in, or descent from, any aircraft except as a fare-paying passenger on a licensed commercial aircraft operating on a regular schedule between established airports
- suicide, attempt at suicide or by intentionally self-inflicted injuries while sane or insane
- sickness, disease, or mental infirmity, or medical or surgical treatment or diagnosis thereof, or bacterial or other infection (except infection which occurs through and as a result of a visible wound caused by accidental bodily injury)
- participating in or commission of, or attempting to commit an assault or felony, or a loss to which a contributing cause was the insured person’s being engaged in an illegal occupation
- bodily injury sustained as a consequence of intoxication or influence of any narcotic unless administered on the advice of a legally qualified physician
- the voluntary ingestion of poison, inhaling of gas, or asphyxiation
- the ingestion of any drug, sedative or narcotic, unless prescribed by a physician.

## Guarantee of Renewability

This health plan renews annually on a common renewal date after the initial 12-month rate guarantee. With a common renewal date, all health plans renew on the same date. Common renewal dates allow for more stability in premium rates and more accurate rate pooling.

Coverage under your IAC Personal Health Plan will be renewed each month unless we notify you that we will not renew your coverage for any of the following reasons:

- Your premium is not paid according to the terms of coverage
- You or your insured dependent(s) have committed an act of fraud or made an intentional misrepresentation of material fact under the terms of the policy
- You or your insured dependent(s) enter into full-time military service
- You no longer reside, live or work in the service area for which we are authorized to do business
- We decline to renew all health insurance in the individual market (subject to our giving you at least 180 days advance written notice).

## Pre-existing Conditions and Admitted Health History

Health conditions that are fully disclosed in writing on an IAC Personal Health Plan application are covered from the effective date of coverage under the policy unless the condition is specifically excluded by endorsement or health condition rider attached to the certificate of coverage.

## Pre-existing Condition Limitation

Your IAC Personal Health Plan includes limitations on coverage for pre-existing conditions. No benefits will be payable for any charges in connection with a bodily injury or sickness for which you or your covered dependent:

- received medical treatment, including the taking of medication prescribed by your doctor;
- received medical advice or consulted with a doctor; or
- experienced distinct symptoms which would have caused an ordinarily prudent person to seek medical diagnosis or treatment during the 12 months immediately preceding the effective date of coverage under your IAC Personal Health Plan.

This pre-existing condition limitation will not apply to charges incurred in connection with that bodily injury or sickness after the first of the following events occur:

- you have been continuously covered under your IAC Personal Health Plan for 12 months and you have not received any medical care or treatment for that pre-existing bodily injury or sickness during those 12 months; or
- you have been continuously covered under your IAC Personal Health Plan for 24 months.

## Reduced Benefits Due to Medicare Eligibility

If you or your insured dependent incur covered expenses for services or supplies for which benefits are payable under both Medicare and your IAC Personal Health Plan, Medicare will always be your primary coverage and this plan will pay as a secondary plan. That means that your IAC Personal Health Plan will pay the balance of covered expenses that remain after Medicare benefits are paid.

The maximum amount payable under your IAC Personal Health Plan will be the lesser of either the amount that we would have paid in the absence of Medicare's payment or the amount of those covered expenses, minus Medicare's payment. We must receive verification of Medicare's payment or refusal of payment for those expenses incurred under Medicare Part A or Part B before we will consider paying benefits.

## Termination Provisions

### We can refuse to renew coverage for a certificate holder:

- when a premium is not paid in accordance with the terms of the group policy, or we have not received timely premium payments;
- when a certificate holder or his or her insured dependent has committed an act of fraud or made an intentional misrepresentation of material fact under the terms of the group policy;
- when a certificate holder or his or her insured dependent enters full-time service in the military, naval or air forces, or any branch thereof;
- in the case of coverage through a network plan, the certificate holder no longer resides, lives, or works in the service area for which we are authorized to do business;
- subject to our giving each certificate holder at least 90 days advance written notice, if we are refusing to renew the group policy; or
- subject to our giving each certificate holder at least 180 days advance written notice, if we are refusing to renew all health insurance in the individual market in any given state.

## Pre-certification Requirements

Pre-certification is a screening process that uses established medical criteria to determine whether the proposed length of a hospital stay, a proposed treatment plan, or proposed services and supplies are medically necessary and appropriate. Pre-certification is not a guarantee of payment. We will determine eligibility, covered expenses and benefits to be paid in accordance with the master policy.

Pre-certification may also include proposing alternative treatment plans, concurrent length of stay reviews and discharge planning.

Your plan requires that the following services and supplies be pre-certified:

- all proposed inpatient hospital confinements
- all proposed stays in an extended care or skilled care nursing facility
- all proposed home health services
- all proposed hospice services
- complications of pregnancy (must be pre-certified within 7 days of diagnosis)
- prescription drug orders for growth hormones, immuno-suppressants, AZT or HIV antiretroviral medication, "off label" use, orphan drugs, investigative new drugs, Group C cancer drugs, and specialty medications
- in addition, all outpatient tests and services should be pre-certified

In non-emergency situations you must contact the pre-certification service at least 7 days before incurring expenses for any of the above occurrences. Simply call the pre-certification service listed on your health plan identification card. They will contact your doctor for any necessary additional information.

In an emergency, you should go directly to the hospital to receive immediate care. If you are then admitted as an inpatient in the hospital, you must contact the pre-certification service within 48 hours of admission, or as soon as reasonably possible. Your doctor must verify that an emergency existed.

If you do not pre-certify an inpatient hospital stay as outlined above or complications of pregnancy, you will be responsible for an additional \$500 deductible per occurrence. If you do not pre-certify any of the medications listed above, then NO benefits are payable toward their cost. If you follow pre-certification requirements, these additional deductible amounts will be waived.

## Major Medical Exclusions & Limitations

Expenses for any of the following are excluded from coverage under your IAC Personal Health Plan:

- expenses incurred in connection with a pre-existing condition if any confinement, treatment, service, supply or prescription which is (a) not the result of bodily injury or sickness, (b) not recommended by a physician; or (c) not medically necessary
- normal pregnancy or voluntary abortion, except that complications of pregnancy will be treated the same as any other illness
- experimental or investigational medical treatment
- bodily injury or sickness arising from an occupation, except for owners, proprietors or partners who are not covered under Workers' Compensation or occupational disease law and who have selected the 24-hour occupational coverage option
- confinement, treatment, services or supplies provided by a government owned or operated facility, unless the covered person is legally required to pay for those services
- bodily injury or sickness resulting from war or any act of war, declared or undeclared, or while on active duty with any military, naval or air force of any country or international organization
- newborn nursery care
- dental care, except for treatment of injury to sound, natural teeth within 90 days of the date of an injury
- treatment or surgery for prognathism, retrognathism, micrognathism, or to reposition the maxilla, mandible, or both, unless due to an injury incurred while covered under the policy
- treatment for temporomandibular joint dysfunction (TMJ)
- cosmetic surgery
- routine eye exams, glasses, visual therapy, or contact lenses
- radial keratotomy and keratectomy
- hearing aids or fitting thereof
- contraceptive devices
- charges incurred as the result of participating in a riot or insurrection or commission of a felony or while imprisoned
- acupuncture, except when used in lieu of anesthetic
- routine physical exams, except as provided under the Wellness benefit
- routine removal of corns, calluses or toenails
- charges for treatment for obesity or weight reduction
- charges for provider services if that provider is: (a) a close relative; (b) lives in the same household; or (c) is your employer (except for charges rendered during a hospital stay)
- charges incurred due to an attempted suicide or intentionally self-inflicted injury or sickness while sane or insane
- treatment for mental, nervous or chemical dependency disorders, except as provided for in the certificate of coverage
- Charges related to: (a) procedures to restore or enhance fertility; (b) reversal of sterilization; (c) penile implants; or (d) fertility and sterility studies
- impregnation techniques, including but not limited to artificial insemination, in vitro fertilization, intra-fallopian transfers or genetic counseling
- sexual reassignments or sexual dysfunctions or inadequacies
- hospital and physician charges for weekend admissions occurring between noon on Friday and noon the following Sunday for non-emergency procedures, unless medically necessary or surgery is scheduled for the following day
- congenital conditions, except with respect to children covered from birth under the certificate
- custodial care
- services or supplies for which no charge is made or the Insured Person is not required to pay
- charges for services received or supplies purchased outside of the United States unless incurred while traveling and approved for use in the United States
- any service or supply related to the implant of an artificial organ
- education or training materials
- equipment, other than durable medical equipment, including but not limited to: modifications to motor vehicles or homes such as wheelchair ramps or lifts, water therapy devices, exercise equipment, etc.
- any service or supply to eliminate or reduce dependency or an addiction to tobacco, including but not limited to; nicotine withdrawal programs, nicotine products such as transdermal patches and gums, hypnotism or goal-oriented behavioral therapy
- any surgical removal of an organ or tissue unless medically necessary
- private duty nursing
- charges related to human organ or tissue transplants except as provided in the certificate of coverage
- personal convenience services or supplies
- non-prescription medication
- charges for voice training for a lisp

For complete details, consult the Certificate of Insurance underwritten by Fidelity Security Life Insurance Company.

# IAC Personal Health Plans



Insurers Administrative Corporation  
MEMBER OF THE IHC GROUP  
NYSE: IHC

**Insurers Administrative Corporation**, (IAC), located in Phoenix, Arizona, is a licensed and bonded third-party administrator established in 1978.

IAC is a member of the Independence Holding Company (IHC) group. IHC is a publicly-traded health and life insurance holding company with more than \$1 billion in assets (NYSE: IHC). Over the past 26 years, IHC has built a solid reputation for financial stability and has grown to become a respected industry leader. IHC member companies write business through distribution channels in nearly every state.

IAC's strong foundation has allowed for tremendous growth since our beginning in 1978. We are a leading administrator and marketer of fully-insured, partially self-funded, and international lines of business.



**Fidelity Security Life Insurance Company**, Kansas City, Missouri, is the insurer for medical benefits described in this overview. Fidelity Security Life Insurance Company has been rated A- (Excellent), based on an analysis of financial position and operating performance, by A.M. Best Company, an independent analyst of the insurance industry. While the A- (Excellent) rating reflects the company's outstanding financial performance and capitalization, it is not a warranty of the company's present or future financial position. A.M. Best reports that companies rated A- (Excellent) "have strong ability to meet their obligations to policyholders over a long period of time."

**The National Consumers Awareness Association** makes the IAC Personal Health Plans available in the states of Arkansas, Indiana, Michigan and Missouri.

The National Consumers Awareness Association is a non-profit association that offers members access to numerous health, purchasing/general consumer, travel and business-related benefits. All membership dues are used solely for the administration of member benefits. Administrative offices for the National Consumers Awareness Association are located in St. Louis, Missouri.

## **Important Information**

The information included in this brochure is an outline of features, plan provisions, benefits and other information about the IAC Personal Health Plans. Plans offered may be subject to change. It is not intended to serve as legal interpretation of the benefits, which are provided under the Master Policies issued to the Multiple Unit Security Trust II (M-5028) and to the National Consumers Awareness Association (M-5031). The exact provisions governing the insurance contract are contained in the Master Policy underwritten by Fidelity Security Life Insurance Company, Kansas City, Missouri. Some provisions, benefits, exclusions or limitations may vary depending on your state of residence. Certain terms and conditions apply. Any provision of this Policy that is in conflict with any applicable federal or state law is hereby amended to meet the minimum requirements of such law. For complete details about the IAC Personal Health Plans, please refer to the Certificate of Coverage (C-5028 or C-5031, C-9004). Vision benefits described herein are governed by policy form M-9004, also underwritten by Fidelity Security Life Insurance Company. Services provided through MyHealthCompass, and Optum<sup>®</sup> are not insurance benefits and are not underwritten by Fidelity Security Life Insurance Company.