

# AMERICAN MEDICAL ACCESS

## ASSOCIATION HOSPITAL/MEDICAL INDEMNITY PLAN

**Available to Members of:**



*Accident and Health Indemnity Benefits Fully Insured by:*



**Rated "A+" (Superior)  
Companion Life Insurance Company**

*Benefits and Claims Administered by:*



**SILVER PLAN**

*This brochure is intended to summarize the benefits of the proposed insurance plan. As a summary, it does not include every benefit or benefit limitation, or exclusion of the actual contract. The Master Group Contract determines the complete terms of group insurance coverage with regard to the accident and health benefits of this plan.*

*The provisions in this summary apply to residents of most states. However, state laws do vary and the laws of your state may affect the benefit plan. Typically, these differences in laws do not reduce the insured benefits.*

# AMERICAN MEDICAL ACCESS ASSOCIATION HOSPITAL/MEDICAL INDEMNITY PLAN

## OVERVIEW OF THE PLANS

<b>BENEFITS</b>	<i>PLAN PAYS:</i>	<i>PLAN PAYS:</i>	<i>PLAN PAYS:</i>
	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
<b>Doctor Visits</b>	\$50 per visit Limit 5 visits per year	\$50 per visit Limit 5 visits per year	\$75 per visit Limit 7 visits per year
<b>Lab &amp; X-Ray Benefit</b>	Not included	\$100 per day Limit 3 days per year	\$100 per day Limit 5 days per year
<b>Accident Benefit</b>	100% Limit \$500 per accident	100% Limit \$1,000 per accident	100% Limit \$1,000 per accident
<b>Daily In-Hospital Benefit</b>	\$250 per day 30 day maximum	\$500 per day 30 day maximum	\$1,000 per day 30 day maximum
<b>Deductible</b>	No deductible	No deductible	No deductible
<b>Surgical Benefit</b>	Per Schedule of Surgical Indemnity Benefits \$1,200 maximum	Per Schedule of Surgical Indemnity Benefits \$1,800 maximum	Per Schedule of Surgical Indemnity Benefits \$2,400 maximum
<b>Anesthesia Benefit</b>	20% of Surgical Benefit Amount	20% of Surgical Benefit Amount	20% of Surgical Benefit Amount
<b>Prescription Drugs Benefit</b>	Not included	\$20 per prescription Limit 10 prescriptions per year	\$20 per prescription Limit 15 prescriptions per year

*This summary is intended to highlight the main features of the proposed group insurance plan. By the very nature of a summary, it does not include all of the specific benefits or limitations in the contract. The Master Group Policy and your specific state laws will govern in all cases.*

*Association group health insurance plan available to members of USA Savers Association where approved and through licensed insurance agents only. Available through age 69 to members, their spouses and children to age 24; except full-time students and disabled children as defined herein. Plans, benefits, rates and availability vary by state. See certificate for details on benefits, exclusions and limitations.*

<b>MONTHLY PREMIUMS</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
<b>Member</b>	<b>\$ 70.20</b>	<b>\$ 120.10</b>	<b>\$ 166.80</b>
<b>Member + 1</b>	<b>\$ 120.78</b>	<b>\$ 213.97</b>	<b>\$ 300.93</b>
<b>Member + 2 or more</b>	<b>\$ 169.66</b>	<b>\$ 304.79</b>	<b>\$ 430.95</b>

**Premiums effective as of October 1, 2006**

**NOTE:** The USA Savers Association access / membership benefit fee of \$12 for the Silver Plan is included in the above premiums. The discount medical benefits are complimentary with the association membership.

**\*All billing for this program is handled on a direct debit or credit card basis\***

*For Direct Debit or Credit Card Payment: A 3% monthly processing fee will be added to the above premiums*

# AMERICAN MEDICAL ACCESS ASSOCIATION HOSPITAL/MEDICAL INDEMNITY PLAN

## COMMONLY ASKED QUESTIONS

### WHO IS ELIGIBLE FOR COVERAGE?

Any eligible individual and their dependents who become members of USA Savers Association. However, any dependents who are totally disabled on the proposed effective date will not be insured until the dependent ceases to be disabled. A dependent is totally disabled if they are unable to perform the majority of the normal activities of a person of like age who is in good health.

### WHO ARE ELIGIBLE DEPENDENTS?

- ◆ Member's spouse (under age 70)
- ◆ Member's unmarried children—natural, adopted or stepchildren up to age 21 (or up to age 23 if a full-time student)
- ◆ Children who are over the age of 21 who become physically or mental incapable of self-support prior to reaching age 21 and while covered under these plans

### WHEN SHOULD I ENROLL MY DEPENDENTS?

Eligible dependents must be enrolled within 31 days of the date the dependent becomes eligible (enrollment date of Member, birth or adoption).

### WHAT ARE THE MEDICAL UNDERWRITING REQUIREMENTS?

All individual and family members of USA Savers Association are automatically accepted unless any individual in the family is pregnant or in the process of adopting a child.

### WHERE IS THE PLAN AVAILABLE?

Please contact your representative for plans that are available in your area. Or, you can contact American Benefit Administrative Services, Inc. at (800) 736-7872 for a listing of approved states and/or a representative in your area.

### HOW DO I PAY FOR MY COVERAGE?

All premiums for this program are collected on either a direct debit basis or via credit card debit (*an additional 3% monthly processing fee will apply*).

### WHEN DOES COVERAGE BEGIN?

Eligible Members will be effective on the first day of the month following approval of the application and receipt of the first premium. Coverage is not effective on the date of the application. The effective date for the dependent of an enrolled Member will be the same as the Member's (unless the Member adds additional dependent coverage at a later time).

### WHEN DOES COVERAGE END?

An insured Member's coverage ends when the Member is no longer eligible, premiums are discontinued (subject to the grace period), when the policy terminates, or when the Member is no longer in good standing with USA Savers Association, whichever occurs first. Coverage on a dependent ends on the earliest date they no longer meet the definition of an eligible dependent or on the date the Member's coverage terminates, whichever occurs first.

### WHO FILES THE CLAIMS UNDER MY COVERAGE?

Either the Member or provider can file the claim with American Benefit Administrative Services, Inc. in Naperville, Illinois, as shown on the reverse side of the Member's I.D. card.

### CAN MEMBERS USE ANY HOSPITAL, DOCTOR OR PHARMACY?

Yes. Covered Members and dependents can use any hospital, doctor or pharmacy.

### ARE PRE-EXISTING CONDITIONS COVERED?

No benefits will be payable for expenses incurred as a result of a Pre-Existing Condition until the earlier of:

- a. the end of a continuous period of 12 months commencing on or after the covered person's effective date of coverage under these plans during all of which the covered person has received no medical advice or treatment in connection with such Pre-Existing Condition; or
- b. the end of a two-year period commencing on the covered person's effective date of coverage under this plan.

### WHAT IS A PRE-EXISTING CONDITION?

A Pre-Existing Condition is a disease, accident, sickness or physical condition for which a covered person: (a) had treatment; (b) incurred expense; (c) took medication; or (d) received a diagnosis or advice from a physician during the 12-month period immediately preceding the date coverage begins, including conditions which are related to such disease, accident, sickness or physical condition.

# AMERICAN MEDICAL ACCESS ASSOCIATION HOSPITAL/MEDICAL INDEMNITY PLAN

## PLAN LIMITATIONS AND EXCLUSIONS

***With respect to all of the insured health indemnity benefits provided under this plan, no benefit will be payable as the result of:***

1. Suicide or any attempt thereat, while sane or insane (in Missouri, the words "or insane" do not apply);
2. Any intentionally self-inflicted injury or sickness;
3. Rest care or rehabilitative care and treatment;
4. Cosmetic surgery or care or treatment solely for cosmetic purposes, or complications therefrom. This exclusion does not apply to cosmetic surgery resulting from a covered accident if initial treatment of the covered person is begun within 12 months of the date of the covered accident;
5. Immunization shots (except where required by law) and routine examinations such as: health exams, periodic check-ups, pre-marital exams, and routine physicals;
6. Routine newborn care, including routine nursery charges;
7. Voluntary abortion, except with respect to the insured or covered spouse: a) where such person's life would be endangered if the fetus were carried to term, or b) where medical complications have arisen from an abortion;
8. Pregnancy of a dependent child, unless required by law;
9. The treatment of: a) mental illness; b) functional or organic nervous disorder, regardless of cause; c) alcohol abuse; d) drug use, unless such drugs were taken on the advice of a physician and taken as prescribed, for more than 10 days in any calendar year, with respect to payment of the Daily In-Hospital Benefit;
10. Participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
11. Committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;
12. Participation in a contest of speed in power driven vehicles, parachuting, parasailing, bungee jumping or hang gliding;
13. Air travel, except; a) as a fare-paying passenger on a commercial airline on a regularly scheduled route; or b) as a passenger for transportation only and not as a pilot or crew member;
14. Any accident occurring as a result of the covered person being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the accident took place);
15. Sex changes;
16. Experimental treatments or surgery;
17. The reversal of tubal ligation and vasectomies;
18. Artificial insemination, in vitro fertilization, and test tube fertilization, including any related testing, medications, or physician's services, unless required by law;
19. Treatment of exogenous obesity or weight control;
20. An act of war, whether declared or undeclared, or while performing police duty as a member of any military or naval organization. This exclusion includes accident sustained or sickness contracted while in the service of any military, naval or air force of any country engaged in war. The company will refund the pro rata unearned premium for any such period the covered person is not covered;
21. Accident or sickness arising out of and in the course of any occupation for compensation, wage or profit, or expenses which are payable under Occupational Disease Law or similar law, whether or not application for such benefits has been made;
22. Pre-existing conditions, except as previously described; or
23. Air or ground ambulance service (except where required by law).

***In addition to the Plan Limitations and Exclusions outlined above, the following are not covered under the Outpatient Physician Office Visit Benefit and the Outpatient Diagnostic X-Ray and Laboratory Benefit:***

1. Visits made, examinations given, or x-rays or laboratory tests performed as an in-patient while confined to a Hospital;
2. Routine eye examinations or fitting of glasses;
3. Fitting of hearing aids;
4. Dental examinations or dental care other than expenses resulting from accidental injury; and
5. Benefits which are provided under any other part of this Plan.

***In addition to the Plan Limitations and Exclusions for all coverages, the following are not covered under the Outpatient Prescription Drug Indemnity Benefit:***

1. Drugs and medicines which may be lawfully obtained without a Physician's prescription, except insulin;
2. Therapeutic devices or appliances. This includes hypodermic needles, syringes, support garments and other non-medical items;
3. Drugs labeled "Caution - limited by Federal Law to investigational use" or experimental drugs;
4. Drugs, medicines or insulin, in whole or in part, used by or administered to a covered person while confined in a Hospital, rest home, sanatorium, extended care facility, convalescent hospital, nursing home or similar institution;
5. Immunization agents, biological sera, blood or blood plasma; or
6. Contraceptive materials, devices or medications or infertility medication, except where required by law.

### **Pre-Existing Condition Limitation**

No benefits will be payable for expenses incurred as a result of a Pre-Existing Condition until the earlier of:

- a. the end of a continuous period of 12 months commencing on or after the covered person's effective date of coverage under these plans during all of which the covered person has received no medical advice or treatment in connection with such Pre-Existing Condition; or
- b. the end of a two-year period commencing on the covered person's effective date of coverage under this plan.

A Pre-Existing Condition is a disease, accident, sickness or physical condition for which a covered person: (a) had treatment; (b) incurred expense; (c) took medication; or (d) received a diagnosis or advice from a physician during the 12-month period immediately preceding the date coverage begins, including conditions which are related to such disease, accident, sickness or physical condition.



# Silver Plan MEMBERSHIP BENEFITS

## PRESCRIPTION DRUG PROGRAM

### **Neighborhood Pharmacies<sup>1</sup>:**

Members save from 10%-60% off the retail price of most brand name and generic medications at more than 48,000 pharmacies nationwide. Members have the selection and convenience of an open-formulary plan.

### **Mail Order Pharmacy:**

Members save an average of 10% below AARP pricing when purchasing long-term, maintenance medications prescribed to treat on-going ailments such as arthritis, heart disease and high cholesterol. The mail order prescription price is guaranteed to be \$5 less than the lowest competitive price quote from a local pharmacy provided the brand or generic drug costs \$10 or more. There are never dispensing or postage fees added except for "rush" deliveries.

## 24 HOUR NURSE HOTLINE

24 hour access to a Registered Nurse to answer any question on family health issues in many languages.

## VIP HEALTH & WELLNESS

### **Vitamins:**

Members receive 10% discounts off already low prices for vitamins, nutritional supplements, low-carb merchandise and personal care products.

### **Diabetic Supplies:**

There are many different plans to choose from based on testing requirements. Plans are designed for everyday testing. Plans are priced from \$29.99/month to \$169.99/month, which is 60% off the average competitors' retail prices. Save an additional 15% off on any single order items including test strips, lancets, lancing device, and more. Toll-free ordering, regular shipments and convenient home delivery on all diabetic supplies. Free shipping on supplies when plan option is selected.

## HEARING AID PROGRAM

Members enjoy access to a variety of hearing programs providing hearing aid discounts of 37%-58% off of the Manufacturer's Suggested Retail Price (MSRP) in retail locations nationwide. Members receive a free hearing screening and 15% savings on over 70 models of hearing aids at 1,300 Beltone locations nationwide.

## DURABLE MEDICAL SUPPLIES & EQUIPMENT

Discounts on medical supplies and equipment through our network of providers.

## NEWSLETTERS

Periodic newsletters for members only with consumer and health related articles.

### • **This plan is NOT insurance.**

- Discount Medical Plan Organization:  
New Benefits, Ltd., 14240 Proton Rd., Dallas, TX 75244. (800) 800-7616.  
www.locateproviders.com
- The American Medical Access Plan is not available in: CA, CT, HI, NJ, NY, IN, ID, MD, MN, MT, OR, SD, WA, WV.

<sup>1</sup>Pharmacy discounts are Not insurance, and are Not intended as a substitute for insurance.