

Flex Shield

Easy-to-use, affordable Limited Benefit Health Insurance coverage for you and your family

Flex Shield is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a member of Chartis Inc. Flex Shield is not basic health insurance or major medical coverage and is not designed as a substitute for basic health insurance or major medical coverage.



Why Flex Shield May Be Right for You

This broad, affordable limited benefit health insurance coverage was specifically designed for you if:

- You're not covered by employer-provided health care because of your job classification (part-time, temporary, etc.) or
- You want to supplement the coverage you receive at work.

Flex Shield can help provide coverage for yourself and your family through convenient contributions from your pay.

You'll also find this coverage takes the term easy-to-use to a new level—with no deductibles or copayments, streamlined claims processing and easy access to health care providers.

7 Reasons to Consider A&H Flex Shield Coverage For You and Your Family

1. **Broad benefits**—Your program offers a broad variety of accident and sickness-based coverages, such as hospitalization, outpatient and preventive care, and prescription drugs.
2. **First-dollar coverage**—Specific cash benefits are paid directly to you (unless you specify otherwise), without deductibles or copayments, in addition to any other insurance coverage you may have.
3. **Cash to spend as you need**—You decide how to spend the money you receive—for unreimbursed expenses, treatments, home help, travel or any other purpose. Benefits can also be paid directly to the provider.
4. **A Discounted Network to Enhance Your Coverage**—A discounted network of doctors and hospitals is available to help your benefit dollars go further. Beech Street, an exceptional preferred provider network, make reduced rates available from premier providers, with over 500,000 individual practitioners and over 80,000 facility locations, including more than 4,500 acute care hospitals around the US.
5. **Family Coverage Available**—You can insure your spouse and eligible dependent children.
6. **Simple enrollment**—You spend just a few minutes to complete a simple questionnaire and you're enrolled.
7. **Easy to afford, easy to pay**—You pay low group rates for coverage through convenient payroll deductions.
8. **Fast, responsive claims service**—When you need to use your coverage, you'll find knowledgeable professionals give you skilled help and fast claims processing.

Benefit Description

Outpatient Benefits

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.

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.

Outpatient Prescription Drug—Pays a lump sum benefit each time a prescription is filled or refilled; up to five (5) prescriptions per calendar year.

Inpatient Benefits

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.

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 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 and Insured Person is confined in and charged for an Intensive Care Unit.

Surgical—Pays a scheduled Surgical Benefit when an Insured Person undergoes a surgical procedure for treatment of Sickness of Injury.

Anesthesia—Pays an Anesthesia Benefit 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.

New York Specific Benefits

Ambulance—Pays a benefit if ambulance transportation to a medical facility is required due to a covered accident or sickness.

Diabetes Supplies, Equipment and Self Management—Pays a benefit if an Insured Person incurs expenses for diabetes supplies, equipment and self management education.

Mammogram Screening—Pays a \$100 benefit for a mammography screening in accordance with the Company's age and frequency limitations.

Cervical Cytology Screening—Pays a \$100 benefit for an annual cervical cytology screening for insureds 18 years or older. Such screening covers an annual pelvic exam collection and a pap smear and laboratory and diagnostic services provided in connection with examination and evaluating the Pap smear.

Prostate Cancer Screening—Pays a \$100 benefit for one annual standard diagnostic examination including, but not limited to a digital rectal examination.

Second Surgical Opinion—Pays a benefit for a second surgical opinion given prior to the Insured undergoing a covered surgical procedure.

Prosthesis—Pays a \$250 benefit if an Insured requires use of a Prosthetic Device due to a covered accident.

Second Medical Opinion for Cancer Diagnosis—Pays a \$100 benefit for a second medical opinion by an appropriate

specialist for a positive or negative diagnosis of cancer, a recurrence of cancer, or a recommendation of a course of treatment for cancer.

End of Life Care—Pays a \$25 daily benefit for up to 60 days if an Insured is diagnosed in any 12 consecutive month period with advanced cancer undergoes acute care treatment at a facility specializing in the treatment of terminally ill patients.

Home Health Care—Pays a \$25 benefit if an Insured is confined as an inpatient in a hospital and subsequently requires home health care. Up to 40 visits in any 12 consecutive month period.

Outpatient Chemical Abuse and Dependence Treatment—Pays a \$25 outpatient benefit for up to 60 visits per year if an Insured undergoes diagnosis and treatment of chemical dependence, including alcohol dependence and addiction. Inpatient benefits are payable on the same basis as for any other condition, subject to limitations on Detox and Rehab.

Outpatient Mental, Nervous, or Emotional Disorders Treatment—Pays a \$25 outpatient benefit for up to 20 visits a year if an Insured visits a physician's office or other outpatient facility to undergo diagnosis and treatment of a mental, nervous or emotional disorder. Inpatient benefits are payable on the same basis as for any other condition for up to 30 days in any calendar year.

Ambulatory Surgical Center—Pays a \$50 benefit for up to four (4) visits per year to an Ambulatory Surgical Center due to a covered accident and sickness.

Sickness and Non-Occupational Accident Disability Income—Pays a weekly income benefit for each week up to the maximum benefit duration that an Insured remains totally disabled as result of a non-work related sickness or injury, [not available in Access plans or Bronze option of Enhanced plans]

Ambulatory Care—Pays a benefit amount if an Insured receives ambulatory care for a covered accident or sickness on an outpatient basis, [not available in Access plans or Bronze option of Enhanced plans]

New York Flex Shield Enhanced Plans

Benefits	Bronze	Silver	Gold	Frequency Limits
Outpatient Benefit Reimbursements				
Physician's Office Visits	\$50 reimbursement per visit	\$100 reimbursement per visit	\$150 reimbursement per visit	3 per Insured/year; 6 per family/year
Diagnostic X-ray and lab tests	\$50 reimbursement per test	\$100 reimbursement per test	\$150 reimbursement per test	3 per Insured/year; 6 per family/year
Health Screening	\$50 reimbursement per test	\$150 reimbursement per test	\$150 reimbursement per test	Up to 3 tests per Insured/year
Well Child Care	\$50 reimbursement per visit	\$100 reimbursement per visit	\$150 reimbursement per visit	Up to 6 visits/year
Emergency Room	\$50 reimbursement per visit	\$150 reimbursement per visit	\$150 reimbursement per visit	Up to 4 visits/year
Inpatient Benefit Reimbursements				
Hospital Admission	\$250 reimbursement per admission	\$750 reimbursement per admission	\$1,000 reimbursement per admission	
Daily Hospital Confinement	\$200 reimbursement per day	\$400 reimbursement per day	\$500 reimbursement per day	Up to first 30 days of confinement
Intensive Care Unit	\$250 reimbursement per day	\$750 reimbursement per day	\$750 reimbursement per day	Up to first 30 days of confinement
Surgery	100% of amount in schedule of operations	250% of amount in schedule of operations	300% of amount in schedule of operations	
Anesthesia	25% of amount in schedule of operations	50% of amount in schedule of operations	50% of amount in schedule of operations	
Prescription Drug Benefit Reimbursements				
Prescription Drug*	\$5 reimbursement per script	\$10 reimbursement per script	\$15 reimbursement per script	Up to 5 scripts/year

New York Specific Benefit Reimbursements

Benefits**	Bronze	Silver	Gold	Frequency Limits
Sickness & Non- Occupational Accident Disability Income	N/A	\$250/week; 7-day elimination period; 13 week duration	\$250/week; 7-day elimination period; 13 week duration	
Outpatient Ambulatory Care	N/A	\$150 reimbursement per visit	\$200 reimbursement per visit	Up to 4/year
Diabetes Supplies, Equipment and Self Management	\$100	\$250	\$250	1/year
Mammogram Screening	\$100 reimbursement per screening			Counts towards number of annual tests
Cervical Cytology Screening	\$100 reimbursement per screening			Counts towards number of annual tests
Prostate Cancer Screening	\$100 reimbursement per screening			Counts towards number of annual tests
Second Surgical Opinion	\$100 reimbursement per visit			2 visits/year
Prosthesis	\$250 reimbursement per covered accident			
Second Medical Option for Cancer Diagnosis	\$100 reimbursement per visit			
End of Life Care	\$25 reimbursement per day			60 days/year
Home Health Care	\$25 reimbursement per visit			40 visits/year
Chemical Abuse and Dependence Treatment	\$25 reimbursement per visit			Up to 60 visits/year
Outpatient Mental, Nervous or Emotional Disorders	\$25 reimbursement per visit			Up to 20 visits per year for mental health
Ambulatory Surgical Center Accidental Death	\$50 reimbursement per visit \$5,000			Up to 4 visits/year

* Coverage for Prescription Drugs will include coverage for enteral formulas for home use

** Maternity Care, Mastectomy Care, Chiropractic Care, Infertility, and Medical Conditions Leading to Infertility, and Recommended Experimental or Investigational Services are also provided on the same basis as any other conditions for services rendered by any other licensed practitioner. Please see the Policy for complete details of these coverages.

RATE INDICATIONS

Voluntary	100% Voluntary Rates	Bronze	Silver	Gold	
	Employee Only	\$80	\$173	\$215	
	Employee + Spouse	\$157	\$333	\$433	
	Employee + Children	\$173	\$374	\$467	
	Employee + Family	\$243	\$520	\$664	
Employer Contribution	25 - 49% Employer Contribution	Bronze	Silver	Gold	
	Employee Only	\$73	\$159	\$201	
	Employee + Spouse	\$144	\$305	\$403	
	Employee + Children	\$159	\$344	\$433	
	Employee + Family	\$223	\$477	\$613	
	50 - 99% Employer Contribution	Bronze	Silver	Gold	
	Employee Only	\$70	\$152	\$193	
	Employee + Spouse	\$137	\$291	\$387	
	Employee + Children	\$159	\$344	\$416	
	Employee + Family	\$223	\$477	\$589	
	100% Employer Contribution	Bronze	Silver	Gold	
	Employee Only	\$67	\$145	\$170	
	Employee + Spouse	\$131	\$279	\$341	
Employee + Children	\$144	\$313	\$362		
Employee + Family	\$202	\$434	\$512		

Flex Shield is not traditional comprehensive health insurance and should not be considered a substitute for comprehensive health insurance or major medical coverage. Benefits and coverages may vary by state.

This is only a brief description of the coverage(s) available. The Policies will 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 N2000) shall govern. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa. Certain coverages may not be available in every state.

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Individual Enrollment Form for Group Accident & Sickness Indemnity Insurance

Underwritten by:

NATIONAL FIRE INSURANCE COMPANY OF PITTSBURG, PA (Herein called the Company)
Executive offices: 70 Pine Street • New York, NY 10270 • 212-770-7000
Effective Date of Plan _____

Group Name: _____

Applicant's Name:

First Middle Last

Applicants Address:

Street City

State Zip

Daytime Phone Number: Social Security #:

Gender: Male Female Date of Birth: _____

Marital Status Single Married Widowed Divorced Other mm/dd/yy

Coverage Options Applicant only Applicant & spouse
 Applicant & child(ren) Applicant and Family

(Write spouse's and/or children's names in space below)

First Name	Last Name	MI	Date of Birth mm/dd/yy	SS#	Gender
Spouse					<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent					<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent					<input type="checkbox"/> Male <input type="checkbox"/> Female
Dependent					<input type="checkbox"/> Male <input type="checkbox"/> Female

AUTHORIZATION

By signing below, I and the individuals named herein are eligible for insurance. I understand that this is not basic health insurance or major medical coverage and it is not intended as a substitute for basic health insurance or major medical coverage and that the coverage will not begin until the effective date shown in the coverage document. By signing below, I acknowledge that I have read, understand, and agree to the terms and conditions of coverage as they have been presented to me.

Applicant's Signature _____ Date _____

Employer Signature _____ Date _____

Limitations and Exclusions

Limited Benefit Health Insurance

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 autoeroticism.
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 intoxicants while operating any vehicle or means of transportation or conveyance.
6. the Insured Person's being under the influence of drugs unless taken under the advice of and as specified by a Physician.
7. the Insured Person's commission of or attempt to commit a felony.
8. services and supplies that 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.
9. dental treatment unless due to an Injury.
10. 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 necessary as a result of a congenital birth defect; or for breast reconstruction following mastectomy.
11. any Injury or Sickness covered under any state or federal Workers Compensation, Employers Liability law or similar law.
12. services and supplies that are not due to an Injury or Sickness except as specifically provided.
13. mental or nervous disorders or substance abuse.
14. 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.
15. driving any taxi for wage, compensation or profit.
16. mountaineering using ropes and/or other equipment; parachuting; or hang gliding.
17. custodial care or rest.

Frequently Asked Questions

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

A: Yes, pre-existing conditions are covered.

Q: Will I receive an ID card?

A: Yes, a personalized and “wallet-friendly” ID card are sent to each enrollee. The fulfillment kit also contains phone numbers, Web links and information on how to use all the benefits included in your Flex Shield program.

Q: Can I use any doctor or hospital with the Flex Shield plan?

A: Yes, you may go to any doctor or hospital. However, you can receive substantial discounts for covered medical visits when you visit a participating provider in the nationwide network included with your plan.

Q: Regarding the Limited Benefit Health Insurance benefit, is there a copayment amount? Is there a deductible?

A: There are NO copayments or deductibles associated with Flex Shield.

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: When can I begin using my prescription drug card and other discount benefits?

A: You may begin using your benefits on your effective date of coverage, subject to the terms and conditions of the plan you choose. The effective date of coverage always falls on the first day of the month.

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

A: Yes, maternity is covered as any other condition; conception must be after the effective date of the plan.



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