

EXCLUSIONS

Pre-Existing conditions exclusion

Conditions existing up to 12 months prior to effective date of coverage are not covered for 12 months following the effective date of the covered person's insurance. This applies only to hospital semi-private room, Hospital ICU/CCU, Surgery and Anesthesia Benefits.

GENERAL EXCLUSIONS

Benefits will not be paid for charges or loss caused by or resulting from any of the following:

1. Suicide or any intentionally self-inflicted injury;
2. Any drug, narcotic, gas or fumes, or chemical substance voluntarily taken, administered, absorbed or inhaled Unless prescribed by, and taken according to the directions of a doctor (accidental ingestion of poisonous substance is not excluded);
3. Commission, or attempt to commit a felony;
4. Participation in a riot or insurrection;
5. Driving under the influence of a controlled substance, unless administered on the advice of a doctor;
6. Driving while intoxicated (determined by the laws in the jurisdiction of the geographical area where the loss occurs;
7. Declared or undeclared war or act of war;
8. Nuclear reaction or the release of nuclear energy. This exclusion will not apply if the loss is sustained within 180 days of the initial accident and:
 - The loss was caused by fire, heat, explosion, or other physical trauma which was a result of the release of nuclear energy; and
 - The covered person was is 25-mile radius of the site of the release either at the time of the release, or within 24-hours of the start of the release, or occurs while he/she is in the state where the original Certificate was issued.
9. Routine health checkups or immunizations for Covered Person aged 6 and older; expenses for allergies, allergy serum or allergy testing, unless specifically provided for in this Certificate;
10. Surgery to correct vision or hearing, eyeglasses, contact lenses and hearing aids, braces, appliances, or examinations or prescriptions;
11. Dental care, X-rays, or treatment other than injury to sound, natural teeth and gums resulting from an accidental injury and rendered within six months of the injury;
12. Spinal manipulations and manual manipulative treatment or therapy;
13. Weight loss or modification and complications arising from, including surgery and other form of treatment for the purpose of weight loss or modification;
14. Rest cures or custodial care, or treatment of sleep disorders;

15. Treatment, services, or supplies received outside of the United States except for acute sickness or injury sustained during the first thirty days of travel outside U.S.;
16. Normal pregnancy or childbirth, except for complications of pregnancy;
17. Any drug, treatment, or procedure that either promotes or prevents conception or childbirth regardless of what drug, treatment, or procedure was originally prescribed or intended for;
18. Treatment of temporomandibular joint (TMJ) disorders involving the installation of crowns, pontics, bridges or abutments, or the installation, maintenance or removal of orthodontic or occlusal appliances or equilibration therapy;
19. Cosmetic surgery. The following types of reconstructive surgery are not excluded:
 - On an injured part of the body following trauma, infection, or other disease of the involved part;
 - Of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or on a non-diseased breast to restore and achieve symmetry between two breasts following a covered mastectomy;
20. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotics devices, dentures, partial dentures, braces, or fixed or removable bridges;
21. Treatment or removal of warts, boils, skin blemishes or birthmarks, bunions, acne, corns, calluses, the cutting and trimming of toenails, care for flat feet, fallen arches or chronic foot strain;
22. Personal items such as television, telephone, lotions, shampoos, extra beds, meals for guests, take home items, or other items for comfort and convenience;
23. Treatment of mental or nervous disorders, or alcohol or substance abuse; Prescription medicines;
24. Prescription medicines;
25. Any injury that is caused by flight or travel in or upon:
 - An aircraft or other craft designed for navigation above or beyond the earth's atmosphere except as a fare-paying passenger;
 - An ultra light, hang-gliding, parachuting or bungy-cord jumping;
 - A snowmobile;
 - Any two or three wheeled motor vehicle;
 - Any off-road motorized vehicle not requiring licensing as a motor vehicle;
 - Any watercraft or other craft designed for water use above or beneath the water; except as a fare-paying passenger;

26. Any accidental injury where the covered person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program);
27. Services, treatment, or loss:
 - Rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
 - Payable by any automobile insurance policy without regard to fault (unless prohibited by state law);
 - Which a covered person would not have to pay if he/she did not have insurance;
 - Provided by a doctor, nurse, or any other person who is employed or retained by a covered person or who is a member of a covered person's immediate family;
 - Covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
 - Injury or sickness sustained while on active duty in the armed forces of any country (does not include Reserve or National Guard duty for training).
28. Elective treatment or surgery and treatment, procedures, products or services that are experimental or investigative. Experimental or investigative means a drug, device, or medical treatment or procedure that:
 - Cannot lawfully be marketed without approval of the United States Food and Drug Administration and approval for marketing has not been given at the time of being furnished;
 - Has Reliable Evidence indicating it is the subject of ongoing clinical trials or is under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or as compared with the standard means of treatments or diagnosis; or
 - Has Reliable Evidence indicating that the consensus of opinion among experts is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, efficacy, or its efficacy as compared with the standard means of treatment of diagnosis

Submit enrollment form to:
Health Insurance Innovations
218 East Bearss Ave.
Suite 325
Tampa, Florida 33613
sales@hii-corp.com
OR
Fax to (877) 376-5832

***This brochure is a brief description of the Health Essential benefits for members of the Med Sense Guaranteed Association. The exact provisions are contained in the Master Policy issued to the Med Sense Guaranteed Association. The master Policy shall control in the event of any conflict between the Policy and this Brochure.**

***This is limited indemnity coverage. It is not major medical coverage and it is not intended to replace other major medical coverage.**



Health Essential

Affordable Healthcare Solutions

Med Sense Guaranteed Association benefits, plus Limited Benefit Medical Insurance featuring:

- Guaranteed Issue—subject to state availability
- PPO network for maximum savings
- Lifetime maximum up to \$1,000,000
- Choice of Daily in-hospital benefits up to \$1,500 per day
- Surgery and Anesthesia benefits
- Doctor office visits
- Accidental injury benefits
- Emergency room coverage
- 4-Tier Discount Rx Card

Plus association membership benefits!

Underwritten By: United States Fire Insurance Company, part of Crum & Forster Group, Rated "A" by A.M. Best

Sponsored By:



Med Sense Guaranteed Association

Who is Med Sense Guaranteed Association?

Med Sense is a Not-For-Profit Illinois corporation. Through your membership in MSGA, you will enjoy discounts on a variety of Health and Travel services.

What are the Association Membership Features?

Emergency Medical Information Card

Wallet size card provides personal medical information in case of an emergency.

GlobalFit Fitness Program

To help improve member health and well-being you and your family can take advantage of discounts at 1,500 top fitness clubs nationwide.

Vitamin Discount

Nutritional R&D provides a complete line of quality vitamins, nutritional supplements, herbal remedies and health food products at discount prices.

GymAmerica.com

You and your family receive special pricing on the all-in-one interactive toolkit for a personalized diet and exercise program designed specifically for you.

Car Rental Discounts

Take advantage of affordable auto rental rates from Alamo, Avis, Hertz and National.

Gulliver's Travel Service

Features competitive pricing and great service for airfare, tours and cruises.

Frequently Asked Questions...

Who is eligible to apply for membership?

Health Essential provides both Membership benefits and Insurance benefits available to individuals from age 18 through age 64 with coverage terminating the day you turn 65.

Membership is not available in: CT, KS, MD, ME, NJ, VT and WA.

How do I pay for my membership?

You can pay for your initial month and every month thereafter by MasterCard and Visa. Also, as authorized at the time of your application, your Monthly Payments shall be paid through an automatic draft of a checking or savings account by an ACH transaction. By agreeing to make your monthly payment through either ACH transaction or automatic debit transaction to your credit card, you waive the right to any future notice of the transfer of funds via either an ACH transaction or automatic debit to your credit card. The bank draft or debit shall occur on the same date of each month as your Initial Monthly Payment and should be referred to herein as your monthly due date. Please go to our online quoting tool at www.Healthessentialonline.com

Are there any waiting periods for insurance benefits?

There are no waiting periods for accidental injuries, however there is a 30 day waiting period for sickness. There are no additional insurance waiting periods.

Are there any waiting periods for non insurance Association benefits?

There are no waiting periods. You can begin saving once your payment is accepted and approved.

When does my coverage begin?

Once your payment is processed and approved your coverage is available 12:01am the next day.

Do I have to use a Beech Street PPO Network provider?

Members under this plan may choose to be treated within or outside of the Beech Street Network. Beech Street consists of hospitals, physicians, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates. As part of your Membership plan, an arrangement has been negotiated with the Beech Street Network to treat insured individuals for a reduced fee over the customer fees of non-Network Providers. Reimbursement rates will vary according to the source of care as described in your Plan Benefits. In order to use the services of a participating provider, you must present the Identification Card that is provided to you upon purchase of your plan and payment of the membership retail cost. To determine which providers are in the Beech Street Network, call 800 432-1776 or go online to www.beechstreet.com.

Certificate of Coverage

If you are applying online, your fulfillment package and ID card is available immediately after you complete your purchase and your payment is approved. If you are applying by paper enrollment form, your membership handbook and identification cards will arrive in the same package via U.S. Mail within 3-5 business days after payment is received and approved.

What are the Insured Plan Benefit Highlights?

Hospital Indemnity

Up to \$1,500 per day and 31 day maximum

Members have coverage provided for hospital charges and general nursing services when confined to a hospital during injury or sickness. Members receive payment for all covered and paid charges, not to exceed the plan maximum amounts.

Surgery

Inpatient up to \$10,000

Outpatient up to \$10,000

One (1) allowable Surgery per policy period

Coverage is provided (up to the plan maximums) when a covered procedure is performed in an Outpatient Surgery facility or while confined to a hospital for the use of the operating and recovery room, including the doctor's charges for post surgery. Benefits are

also provided for medical services and supplies used in the performance of surgery (e.g., cast, diagnostic services, medicines, etc.).

For the \$10,000 surgery benefit in the HealthChoiceMax plan design, a schedule is used to determine the amount of reimbursement. Refer to this schedule in your fulfillment packet that is provided when you purchase your plan.

Anesthesia

Inpatient up to 15% of surgery benefit

Outpatient up to \$1,500

When a covered procedure is performed under this plan, coverage is also provided for anesthesia when its administered during such surgery up to the plan maximum.

Doctor Office Visits (Injury or Illness)

Up to \$75 per visit up to 5 visits per year

Coverage is provided for medically necessary office visits to a licensed physician due to an injury or sickness. This benefit includes coverage provided for newborn well-care, routine health examinations and immunizations for children age five and under—up to the plan maximum with covered visits limited to (1) one doctor visit per day.

Doctor Office Visits (Wellness)

Up to \$75 per visit

Members may also receive payment to cover paid charges for an annual wellness exam, up to the plan maximum as long as the services are performed by a licensed physician.

Diagnostics X-rays, Labs

Max benefit per year up to \$75 and up to 5 Visits

Diagnostics X-rays, Labs and other diagnostic tests ordered or performed by a licensed physician are covered up to the plan maximum, including the services of radiologist or radiology group and for services of a pathologist or pathology group for interpretation of diagnostic tests or studies that are medically necessary due to an injury or sickness.

Accidental Injury

If a member is injured in a covered accident and receives treatment from a licensed physician within 30-days, covered charges are paid – up to the plan maximum.

Emergency Room (ER)

Maximum Benefit Per Visit up to \$50

Maximum Visit Per Policy Year up to 1

Coverage is provided for medically necessary treatment by a doctor in a hospital ER for medical sickness emergencies. Medical emergency: Sudden onset of a medical condition for which immediate treatment at the nearest available facility. The condition must be one that manifests itself by acute symptoms that are sufficiently severe that, without immediate medical attention, could reasonably be expected to result in:

- Placing the health of the covered person in serious jeopardy;
- Serious impairment of bodily functions; or Serious dysfunction of any bodily organ or part. Emergency room treatment for a non-emergency of sickness is not payable under this benefit.

Ambulance

Maximum Benefit Per Visit up to \$50

Maximum Visit Per Policy Year up to 1

When a licensed professional (air or ground) ambulance is needed for transportation to or from a hospital, our members for paid charges— up to the plan maximum—if such a trip results in (or resulted from) a hospital confinement.

Accidental Death and Dismemberment

Benefit amount up to \$10,000

In the event of a tragic accident in which death or dismemberment occurs, our valued members have piece of mind that there is protection available in that time of need.

Additional Plan Benefits (Included with all Health Essential Plans)

Vision Discount

EyeBenefits offers significant savings to members and their families with a network of highly qualified eye care professionals. EyeBenefits Nationwide Provider Network includes over 12,000 optical retail stores and LASIK locations. The EyeBenefits network includes private practices, regional and national retail chain optical locations and LASIK Centers.

4-Tier Discount Rx Card

Save on prescription costs in over 50,000 pharmacies nationwide. With this formulary program you pay up to \$10 for Generic Drugs; or up to \$20 or \$50 for Brand Name and Select Generic Drugs; or a special discount off the retail cost of Brand Name Drugs.

Administered by:
ADMINISTRATIVE CONCEPTS, INC.
994 Old Eagle School Road, Suite 1005
Wayne, PA 19087-1802
800-964-7096

Health Essential Plans

The Following Insurance Benefits are Underwritten by: United States Fire Insurance Company

Benefits Outline (4 Plan Options)	BASIC500	PLUS750	CHOICE1000	MAX1500
Policy Limits Maximum Yearly Limit Lifetime Maximum	N/A \$1,000,000	N/A \$1,000,000	N/A \$1,000,000	N/A \$1,000,000
Waiting Periods Accidental Injuries Sickness	None 30 Days	None 30 Days	None 30 Days	None 30 Days
Pre-existing conditions Applies to hospital semi-private room, Hospital ICU/CCU, surgery and anesthesia benefits only. Conditions existing up to 12 months prior to effective date of coverage are not covered for 12 months following effective date of coverage.	12/12	12/12	12/12	12/12
Hospital Indemnity Maximum Amount Per Day Maximum Stays Per Policy Year Pre-X	\$500 31 Days 12/12	\$750 31 Days 12/12	\$1,000 31 Days 12/12	\$1,500 31 Days 12/12
Surgery Inpatient Outpatient One (1) Allowable Surgery Per Policy Period	\$1,000 \$1,000	\$1,500 \$750	\$3,000 \$1,500	\$10,000 \$10,000
Anesthesia Inpatient Outpatient Maximum Per Policy Year	N/A	\$225 \$150 1	\$450 \$200 1	15% of surgery to maximum of: \$1,500 \$1,500 1
Doctor Office Visits (Injury or Illness) Maximum Per Visit Maximum Visits Per Policy Year	\$25 5	\$50 5	\$50 5	\$75 5
Doctor Office Visits (Wellness) Maximum Per Visit Maximum Visits Per Policy Year	N/A	\$50 1	\$50 1	\$75 1
Diagnostics X-rays, Labs Maximum Benefit Per Visit Maximum Visits Per Policy Year	N/A	\$50 5	\$50 5	\$75 5
Emergency Room Visits Maximum Benefit Per Visit Maximum Visits Per Policy Year	\$50 1	\$50 1	\$50 1	\$50 1
Ambulance Maximum Benefit Per Visit Maximum Visits Per Policy Year	\$50 1	\$50 1	\$50 1	\$50 1
Accidental Injury Maximum Benefit Amount Per Injury Maximum Number of Injuries Per Year Deductible per Accident	\$2,000 2 \$100	\$2,000 2 \$100	\$2,000 2 \$100	\$2,000 2 \$100
Accidental Death and Dismemberment Principal Amount Covered Spouse Covered Dependent	\$10,000 \$5,000 \$2,500	\$10,000 \$5,000 \$2,500	\$10,000 \$5,000 \$2,500	\$10,000 \$5,000 \$2,500

The Following Additional Plan Benefits are Discount Benefits and Included in all Plan Options

Advance Benefits Prescription Discount Drug Card (included with all Health Essential Plans)

The Four Tier prescription program will allow you to purchase selected generic drugs for a payment of \$10 or less. You will save money on other generic and brand drugs and Advance Benefits will GUARANTEE the lowest price available at the network pharmacy of your choice. The convenient mail order option will maximize your savings.

EyeBenefits Discount Vision Card (included with all Health Essential Plans)

EyeBenefits offers significant savings to members and their families with a network of highly qualified eye care professionals. EyeBenefits Nationwide Provider Network includes over 12,000 optical retail stores and Lasik locations. The EyeBenefits network includes private practices, regional and national retail chain optical locations and LASIK Centers.

Beech Street PPO Network Provider

Persons insured under this plan may choose to be treated within or outside of the Beech Street Network. Beech Street consists of hospitals, physicians, and other health care providers organized into a network for the purpose of delivering quality health care at affordable rates.

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Submit Enrollment Form to:
Health Insurance Innovations - 218 East Bearss Ave. Suite 325, Tampa, Florida Phone (877) 376-5821 Fax (877) 376-5832

ASSOCIATION MEMBERSHIP ENROLLMENT ACKNOWLEDGEMENT I hereby enroll for membership in the Med Sense Guaranteed Association (MSGA). As a member of MSGA, I understand that I will be able to access membership products, benefits and services. I acknowledge that member benefits are subject to change without notice.

A. Complete the following information about yourself:

_____/_____/_____
 Applicant Name Sex (M or F) Age Date of Birth

 Address

 City State Zip

 Email Phone Signature

B. Complete the following information about the Eligible Family Members you want enrolled:

_____/_____/_____
 Spouse's Name Sex (M or F) Age Date of Birth

_____/_____/_____
 Child Name (through age 18 unless a full time student) Sex (M or F) Age Date of Birth

_____/_____/_____
 Child Name (through age 18 unless a full time student) Sex (M or F) Age Date of Birth

_____/_____/_____
 Child Name (through age 18 unless a full time student) Sex (M or F) Age Date of Birth

C. Complete the following Beneficiary information for AD&D coverage:

 Name of Beneficiary Relationship

 Name of Contingent Beneficiary Relationship

D. Select Your Plan and Monthly Cost (Check one)

	<u>BASIC500</u>	<u>PLUS750</u>	<u>CHOICE1000</u>	<u>MAX1500</u>
Individual	\$ 79.50	\$149.50	\$199.50	\$259.50
Individual plus one	\$173.29	\$299.50	\$399.50	\$561.84
Family	\$227.65	\$399.50	\$499.50	\$699.50
Add monthly administration fee	\$ 12.50	\$ 12.50	\$ 12.50	\$ 12.50
One time enrollment fee	\$ 25.00	\$ 25.00	\$ 25.00	\$ 25.00
TOTAL AMOUNT DUE	\$ _____	\$ _____	\$ _____	\$ _____

*Monthly cost include Med Sense Guaranteed Association, discount RX benefits and discount vision benefit fees of \$9.25 for individual, \$14.95 for individual plus one and \$19.25 for a family. These are not insurance benefits nor are they affiliated with United States Fire Insurance Company.

E. Credit Card Authorization: Indicate type of card below: VISA MasterCard

_____/_____/_____
 Account Number Expiration Date CCV# Print Accountholders Name (As it appears on the card.)

 Address City State Zip Code

 Signature of Cardholder Date Signature of Applicant Date

F. ACH Transaction:

NAME: _____

Bank Name: _____ Address: _____

Check Number: _____

Accounting Number: _____ Routing Number: _____

Account Class Checking Savings Type of Account Personal Business

Note: Attach a voided check from you checking or savings account to this brochure .

_____/_____/_____
 Signature of Account Holder Date

G. Agent Information National Benefits Consultants

COMPANY: _____ AGENT NAME: _____ EMAIL: _____

AGENT CODE: _____ SIGNATURE: _____

MGA/GA: _____ CODE: _____

I am signing up for an automatic payment plan. I agree Administrative Concepts, Inc. or its authorized agent may automatically debit my bank account or Credit Card for the amount due on or after the payment date. I can cancel this automatic payment at any time by calling or writing to Administrative Concepts, Inc. or its authorized agent. I agree that Administrative Concepts, Inc. or my financial institution can cancel automatic payment for my account for any reason, at any time, with or without prior notice to me. I understand that \$25.00 will be charged for each transaction rejected for insufficient funds. I acknowledge that the origination of these debits to my account must comply with U.S. laws. I agree that this agreement remains in effect until canceled by Administrative Concepts, Inc. my financial institution or me. I have a copy of this agreement and I know I can also contact Administrative Concepts, Inc. or its agent for a copy.

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