



Health Protector

High Deductible Buffer Plan

**A limited hospital admission &
confinement family benefit plan**

HEALTH PROTECTOR High Deductible Buffer Plan

Group limited hospital admission & confinement indemnity insurance

In today's distressing health insurance market many employers have been forced to make hard decisions about how they provide health benefits to their employees. Rather than terminate their plans or severely restrict their eligibility criteria, many organizations are opting to restructure their plans with a high deductible design. The financial advantages of such a plan for the employer can, however, put employees in a daunting financial position. The **High Deductible Buffer Plan** is designed to help employees deal with the financial exposure of a hospitalization by offsetting the out-of-pocket costs associated with a hospital admission and confinement.



COVERAGE FEATURES:

- No health questions are asked and no health underwriting is required.
- No pre-existing condition exclusions (except for maternity expenses incurred during the first nine months of coverage).
- Coverage available to employees who work at least 15 hours per week and have at least 30 days of active service with their current employer. Spouse and children's coverage is also available.
- Indemnity benefits are paid regardless of any other medical coverage employees may have.

STANDARD POLICY BENEFITS:

Initial Hospital Confinement Benefit is paid when a covered person is first admitted to a hospital per Plan Year.

Additional Hospital Confinement Benefit is paid for the 2nd through the 4th days of any Hospital Confinement during a Plan Year.

The following conditions must be met:

- *The hospital stay is a direct result, from no other causes, of injuries or illness sustained in a covered accident or sickness; and*
- *The hospital stay begins within 7 days of a covered accident or sickness and lasts for at least 24 hours.*

Note: The Maximum Benefit under this Plan is four days per Plan Year. In other words, there may be multiple hospital admissions/confinements during the Plan Year, up to a maximum of four days in total for each covered person.

Plan	Initial Hospital Confinement Benefit	Additional Hospital Confinement Benefit		
\$1,500 Plan:	\$ 750	\$ 250 per day for Days 2-4		
\$2,500 Plan:	\$ 1,000	\$ 500 per day for Days 2-4		
\$5,000 Plan:	\$ 2,000	\$ 1,000 per day for Days 2-4		
Monthly Premium Rates	\$1,500 Plan	\$2,500 Plan	\$5,000 Plan	
Employee	\$14	\$24	\$ 48	
Employee + Spouse	\$32	\$53	\$106	
Employee + Child(ren)	\$24	\$41	\$ 81	
Family	\$43	\$70	\$141	

All premiums are paid monthly through payroll deduction. Employer contribution plans are allowed.

OPTIONAL BENEFITS:

An employer may elect to have any of the following benefits available to their employees. An additional premium will apply for each benefit selected.

Emergency Room Visits. A \$250 benefit paid for an emergency room visit for either an accident or a sickness. One visit per covered person per Plan Year.

Outpatient Surgery. A \$250 benefit paid for one outpatient surgery per covered person per Plan Year. Also, if anesthesia is required for the surgery, it pays a \$62.50 Anesthesia benefit.

Ambulance. A \$250 benefit paid for ambulance transportation to a hospital for either an injury or a sickness. One trip per covered person per Plan Year.

PREMIUMS FOR OPTIONAL BENEFITS

Monthly Premium Rates	Ambulance	Emergency Room	Outpatient Surgery
Employee	\$ 3	\$10	\$ 7
Employee + Spouse	\$ 7	\$22	\$18
Employee + Child(ren)	\$ 6	\$17	\$12
Family	\$ 9	\$30	\$22

This information is a brief description of the important features of the insurance plan underwritten by ACE American Insurance Company under Policy Form Number AH-18088. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in the state in which the policy is delivered. The policy is subject to the laws of the state

in which it is issued. Coverage may not be available in all states or certain terms may be different if required by law.

Coverage is subject to the Company's determination that trade or economic sanctions or regulations do not prohibit them from binding coverage.

Exceptions and Limitations

WHAT'S NOT COVERED

We will not pay benefits for any loss or Injury that is caused by or results from:

- Intentionally self-inflicted injury, suicide, or attempted suicide.
- War or any act of war, whether declared or not.
- Active duty service in the military, naval, or air force of any country or international organization.
- Piloting, serving as a crew member, or riding in any aircraft except as a fare-paying passenger on a regularly scheduled or charter airline.
- Injuries or loss that happen while the covered person is committing or attempting to commit a felony.
- Commission of or active participation in a riot or insurrection.
- Bungee-cord jumping, parachuting, skydiving, parasailing, hang gliding.
- Travel in or on any on-road and off-road motorized vehicle not requiring licensing as a motor vehicle
- An accident if the covered person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, except while participation in a Driver's Education program.
- Travel in any aircraft owned, leased, or controlled by the Policyholder if used as the Policyholder wishes for more than ten (10) straight days, or for more than fifteen (15) days in any year.
- Injuries or losses that happen while the covered person is legally intoxicated (as determined by the laws of the jurisdiction in which the Injury occurred), while under the influence of any drug unless administered under the advice and consent of a doctor.
- Repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration.
- Cosmetic surgery, except for reconstructive surgery needed as the result of an injury or sickness.
- Experimental or investigational drugs, services, supplies or any procedure held to be experimental or investigatory by us at the time the procedure is done. For the purposes of this exclusion, "Experimental or investigational" means medical services, supplies or treatments provided or performed in a special setting for research purposes, under a treatment protocol or as part of a clinical trial (Phase I, II or III). The covered service will also be considered experimental or investigational if the covered person is required to sign a consent form that indicates the proposed treatment or procedure is part of a scientific study or medical research to determine its effectiveness or safety. Medical treatment, that is not considered standard treatment by the majority of the medical community or by Medicare, Medicaid or any other government financed programs or the National Cancer Institute regarding malignancies, will be considered Experimental or Investigational. A drug, device or biological product is considered experimental or

Investigational if it does not have FDA approval or approval under an interim step in the FDA process, i.e., an investigational device exemption or an investigational new drug exemption.

- Injury to a covered person resulting from that covered person's willful violation of the Policyholder's rules or regulations. Willful violation includes, but is not limited to:
 - Working without protective clothing, helmets, gloves, etc., that are required by the Policyholder's rules or regulations.
 - Competing in a racing vehicle that is in violation of the Policyholder's rules or regulations.
- Pregnancy or childbirth unless conception occurs while coverage is in force under the policy.
- Elective abortion. Elective abortion means an abortion for any reason other than to preserve the life of the female upon whom the abortion is performed.
- Mental and nervous disorders (except as provided in the policy).
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including complications.
- Sexual reassignment surgery, sexual transformation surgery, sexual transgendering surgery.
- Services related to sterilization, reversal of a vasectomy or tubal ligation; in vitro fertilization and diagnostic treatment of infertility or other problems related to the inability to conceive a child, unless such infertility is a result of a covered Injury or Sickness.
- Treatment or services provided by a private duty nurse, unless provided for in the Policy.
- Organ or tissue transplants and related services.
- Personal comfort or convenience items.
- Rest or custodial cures.
- Hearing aids.
- Radial keratotomy.
- Treatment by a family member or member of the Covered Person's household.
- Routine dental care and treatment, except for treatment of Injury as specified in the Policy.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

This is not comprehensive or major medical insurance — but it does provide limited indemnity hospitalization benefits for your employees and their dependents. It is not designed to replace, provide or modify major medical insurance.

This plan of insurance is underwritten by ACE American Insurance Company.

This Plan is marketed by the Worksite Solutions division of Combined Insurance Company of America, a part of The ACE Group of Companies. ACE USA is the U.S. domestic operating division of ACE Limited. Insurance products and services are provided by the U.S. insurance underwriting companies and not by ACE Limited.

