

MED-SENSE GUARANTEED ASSOCIATION

Platinum Health Essential



Association Benefits provided by:

Distributed by:



This plan is not available in the states of AK, CT, GA, KS, MA, MD, ME, MI, MT, NC, ND, NH, NJ, NY, OR, RI, VT, or WA.
State options and benefits may vary.

Consider Platinum Health Essential if You:

Enjoy saving on everyday services and products like vitamins, travel and cell phone services.

Work for an employer that doesn't offer or has reduced employee health benefits

Need first dollar coverage to fill in the deductible and coinsurance gaps on a major medical plan

Want to supplement the coverage you have

Members of the Med-Sense Guaranteed Association Have Access to

A variety of health, travel, consumer and business discounts and services

Four insured benefit options with these outstanding features:

- Guaranteed Issue with members & their spouse's ages 18 through 64, and dependent children under age 26.
- In-Hospital Daily Indemnity - Choice of \$500, \$750, \$1,000 or \$1,500 per day per covered person per policy year
- Surgery, Anesthesia, Lab, X-Ray, Wellness, Emergency Room and Ambulance benefits
- Injury or Sickness Doctor office visits - Choice of \$65 or \$75 per visit benefit per insured per policy year
- \$2,000 Accidental Injury Medical Benefit
- \$10,000 Accidental Death and Dismemberment

US Citizenship is not required, only U.S. residency for 12 consecutive months

Choose any doctor or hospital in or out of the MultiPlan PPO Network*

RX Prescription Drug 4 Tier Discount Card with MedCare USA*



*Multiplan PPO Network and RX discount card provided by Med-Sense Guaranteed Association and not affiliated with United States Fire Insurance Company.

Med-Sense Guaranteed Association Lifestyle Benefits

The Med-Sense Guaranteed Association (MSGA), included with the Platinum Health Essential, is a not-for-profit organization that provides memberships to individuals. Members enjoy access to a variety of health, travel, consumer discounts and business services.

Combined with a collective buying power of the members, you can count on MSGA to continuously and aggressively seek out new discounts to add further value to memberships in the association. Services and discounts you will enjoy as a member may include a collection of the following:

- **ID Resolution Identity Theft Service**

ID Resolution, a leader in providing identity management services, offers every victim or suspected victim unlimited access to an assigned fraud specialist who will facilitate the resolution of virtually any identity related problem.

- **Gateway Medicaid**

In an emergency, getting vital health information to medical personnel quickly could be critical.

- **Vitamin Discount**

HealthFitLabs is an on-line/mail order company that sells only the highest-quality natural vitamins, nutritional supplements, and bath and personal care products.

- **LensCrafters Vision Club**

At LensCrafters, one hour service is just the beginning! Your member ID Card brings you your eligible family members special rates on all materials and services available at LensCrafters.

- **24-Hour Emergency Roadside Assistance**

Association Members can gain peace of mind on the road by registering for Emergency Roadside Assistance.

- **Travel Assistance Plan**

As a member, you receive the following services through the Travel Assistance Program when traveling more than one hundred (100) miles from your permanent residence.

- **HopTheShops.com**

Through a special arrangement with eGroupManager, you have preferred customer access to HopTheShops.com, a premium on-line shopping mall.

- **Savers Club® Book**

Everyday savings are right at your fingertips! With your membership, you can get a free copy of our popular Savers Club® Book, containing thousands of discounts.

- **Office Depot Office Supplies and Furniture**

Sign up for the Office Depot program and qualify for discounts off the list price on over 16,000 items. Members report they save an average of 30% when compared to their previous office supplies provider. Buy online from the discounted member web site, by phone or fax, or in the retail stores. There is FREE SHIPPING for members.

- **Discount Hearing Service**

Your source for discounts on quality hearing aids and accessories.

- **Floral Discount**

Your Association membership lets you send flowers anywhere in North America from the web site or by phone. As an association member, you will receive a 40-60% discount from most retail flower shop prices.

- **Carperks Buying Network**

This program allows association members to benefit from a National Corporate Pricing Program. The Carperks dealer network has agreed to sell automobiles for a price better than their best Internet price, resulting in a price hundreds of dollars lower than the sales price of the retail sales department.

- **Customized Web Services**

eGroupManager provides the advantage of Web site development and maintenance. Members receive a 20% discount on the following services: Custom Web Design; Evaluation and Re-Design of Current Sites; Web site Hosting; Consulting on Viability of Internet Projects; and Internet marketing.

- **UPS Express Delivery Services**

Improved program - featuring lower rates! Member discounts on UPS delivery services include 14-28% off Next Day Air®/Next Day Air® Saver Letter/Package and Worldwide ExpressSM.

- **Sprint-Wireless/Cellular and Mobile Broadband**

Members receive access to an average savings of 25%-35% compared to Sprint Competitors with a 19% program discount on most rate plans. Other programs are available as well such as Mobile Broadband discounts, savings are exclusive to new Sprint subscribers only.

- **GymAmerica.com**

As a member, you and your family receive special pricing at GymAmerica.com.

- **Hewlett-Packard Computer and Digital Equipment**

As a member, you receive discounts on HP notebooks, laptops, servers, printers, digital cameras, handhelds, point-of-sale (scanners, cash registers, etc.) and more.

- **Car Rental Discounts**

Take advantage of affordable auto rental from Avis®, Budget®, and Dollar® Rent a Car.

Disclaimer: These are association or life style discount services and are not affiliated with United States Fire Insurance Company or the Platinum Health Essential Limited Medical Indemnity Insurance. There are multiple memberships of the association; the listed benefits is a brief overview, not all benefits are included in every membership of the association.

Platinum Health Essential

Med-Sense Guaranteed Association Limited Medical Indemnity

Benefits Covered Per Person Per Policy Year		BASIC500	PLUS750	CHOICE1000	MAX1500
Waiting Periods	Accidental Injuries Sickness	None 30 Days	None 30 Days	None 30 Days	None 30 Days
Pre Existing Condition Provision*	Applies to the In-Hospital Daily Benefit, Surgery & Anesthesia	12/12	12/12	12/12	12/12
In Hospital Indemnity	Benefit Per Day Maximum Days Per Policy Year	\$500 31	\$750 31	\$1,000 31	\$1,500 31
Surgery	Inpatient Maximum Benefit Outpatient Maximum Benefit Maximum Benefit for ALL in-Patient and Outpatient Surgeries per Policy Year	\$1,000 \$1,000 1	\$1,500 \$750 1	\$3,000 \$1,500 1	See Surgical Schedule on Page 5 1
Anesthesia	Inpatient Maximum Benefit Outpatient Maximum Benefit Maximum Benefit for ALL in-Patient and Outpatient treatments per Policy Year	N/A N/A 1	\$225 \$150 1	\$450 \$200 1	See Surgical Schedule on Page 5 1
Doctor Office Visit (Injury or Sickness)	Indemnity Benefit Per Visit Maximum Visits Per Policy Year	\$65 5	\$65 5	\$65 5	\$75 5
Doctor Office Visit (Wellness)	Indemnity Benefit Per Visit Maximum Visits Per Policy Year	N/A	\$65 1	\$65 1	\$75 1
Diagnostics X-rays, Labs	Indemnity Benefit Per Visit Maximum Visits Per Policy Year	N/A	\$50 5	\$50 5	\$75 5
Emergency Room Visits	Indemnity Benefit Per Visit Maximum Visits Per Policy Year	\$50 1	\$50 1	\$50 1	\$50 1
Ambulance	Indemnity 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 Medical Treatment and Supplies Per Injury	\$2,000 2 \$100	\$2,000 2 \$100	\$2,000 2 \$100	\$2,000 2 \$100
Accidental Death and Dismemberment	Death benefit is listed. Dismemberment benefit is specific to the type of loss and is payable as a percentage of the death benefit. 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

*Pre existing conditions exclusions

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 limited medical indemnity benefits. This applies only to Hospital semi-private room, Hospital ICU/CCU, Surgery and Anesthesia Benefit.

Disclaimer

THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE. Coverage is not provided for members age 65 or over, coverage will terminate at the end of the monthly billing cycle prior to turning age 65. Members can be enrolled only once. Duplicate or multiple memberships, including Limited Medical Indemnity Insurance underwritten by United States Fire Insurance Company, is not allowed. Changes to coverage underwritten by United States Fire Insurance Company, is not allowed. Changes to coverage underwritten by United States Fire Insurance Company can only be made if the change is in result of a qualifying life event. A qualifying life event means marriage, divorce, the death of your spouse, or the birth or adoption of a child. If coverage is cancelled, persons may not re-enroll in coverage with United States Fire Insurance Company until six months after their termination date.

Surgical Schedule for MAX 1500

SURGICAL PROCEDURE	REIMBURSEMENT		
	CPT Code	Surgical	Anesth.
ABDOMEN			
Appendectomy	44950	\$1,250	\$313
Removal of gallbladder	47600	\$2,500	\$625
Total Gastrectomy	43620	\$4,250	\$1,063
Gastrotomy	43500	\$1,250	\$313
Laparotomy, exploratory	20102	\$1,250	\$313
AMPUTATION			
Amputation of upper arm	24920	\$1,250	\$313
Amputation of finger/thumb	26951	\$1,250	\$313
Amputation of leg at hip	27295	\$2,500	\$625
Amputation of lower leg	27880	\$2,500	\$625
Amputation of toe	28820	\$1,250	\$313
BREAST			
Removal of breast	19182	\$1,250	\$313
Removal of breast lesion	19120	\$1,250	\$313
Breast reconstruction	19350	\$2,500	\$625
CHEST			
Exploratory Thoracotomy	32100	\$2,500	\$625
Bronchoscopy (esophagoscopy)	31641	\$500	\$125
Esophagectomy	43124	\$4,250	\$1,063
Lung, removal of or portion of (Lobectomy)	32520	\$2,500	\$625
Valvotomy or commissurotomy, closed	33471	\$2,500	\$625
Aortic, Mitral, or Tricuspid Valvuloplasty, open with bypass	33403	\$4,250	\$1,063
Tetralogy of Fallot with Bypass	33697	\$4,250	\$1,063
Double valve procedure replacement and or repair	33400	\$4,250	\$1,063
DISLOCATION, REDUCTION OF			
Treat ankle dislocation	27840	\$500	\$125
Treat clavicle dislocation	23520	\$500	\$125
Treat elbow dislocation	24640	\$500	\$125
Treat hip dislocation	27256	\$500	\$125
Reset dislocated jaw	21485	\$1,250	\$313
Treat shoulder dislocation	23655	\$500	\$125
Treat wrist dislocation	25660	\$1,250	\$313
Treat knee dislocation	27557	\$2,500	\$625
ARTHROTOMY			
Ankle arthroscopy/surgery	29895	\$1,250	\$313
Elbow arthroscopy/surgery	29838	\$1,250	\$313
Hip arthroscopy/surgery	29863	\$1,250	\$313
Knee arthroscopy/surgery	29883	\$2,500	\$625
Shoulder arthroscopy/surgery	29807	\$2,500	\$625
EAR, NOSE, THROAT			
Fenestration	69840	\$2,500	\$625
Mastoidectomy-single	69502	\$2,500	\$625
Extensive mastoid surgery	69511	\$2,500	\$625
Adnoideotomy (independent procedure)	42835	\$500	\$125
Sinusotomy, frontal, external simple (Trefphine)	31070	\$1,250	\$313
Submucous resection of nasal septum (septectomy)	58560	\$1,250	\$313
Laryngectomy, without neck dissection	31585	\$1,250	\$313
Tonsillectomy, w/ or w/out adenoidectomy-under age 18	42825	\$500	\$125
Tonsillectomy, w/ or w/out adenoidectomy-18 and over	42826	\$500	\$125
Tracheotomy (independent procedure)	31500	\$500	\$125
EYE			
Cataract, operation for intracapsular, extracapsular unilateral	66982	\$2,500	\$625
Repair detached retina	67107	\$2,500	\$625
Removal of eye	65110	\$2,500	\$625
FRACTURE, TREATMENT OF			
Treatment of ankle fracture	28430	\$500	\$125
Treat finger fracture, each	26720	\$500	\$125
Treatment of nose fracture	21315	\$500	\$125
Treat fracture radius & ulna	25560	\$500	\$125
Treatment of fibula fracture	27781	\$1,250	\$313
GENITO_URINARY TRACT			
Cervix amputation (cervicectomy)	57530	\$500	\$125
Circumcision Newborn Clamp	54150	\$500	\$125
Dilation & Curettage (non-Puerperal)	58120	\$500	\$125
Partial hysterectomy	58180	\$2,500	\$625
Total hysterectomy	58150	\$2,500	\$625
Vaginal hysterectomy	58260	\$2,500	\$625
Kidney -Nephropexy	50065	\$2,500	\$625

SURGICAL PROCEDURE	REIMBURSEMENT		
		Surgical	Anesth.
GENITO_URINARY TRACT Continued			
Kidney transplant, unilateral or bilateral, recipient with nephrectomy	50630	\$4,250	\$1,063
Ureterotomy	50978	\$1,250	\$313
Cystotomy	51065	\$1,250	\$313
Prostate, removal of (Prostatectomy)	52601	\$1,250	\$313
Surgical exposure, prostate	55860	\$2,500	\$625
Extensive prostate surgery	55810	\$2,500	\$625
Removal of epididymis	54860	\$1,250	\$313
Cyctocele, operation for anterior colporrhaphy	57260	\$1,250	\$313
Rectocele operation for posterior colporrhaphy	57250	\$500	\$125
Rectocele and cystocele A&P colporrhaphy	45560	\$1,250	\$313
GOITRE			
Adenoma or benign tumor of thyroid excecion	60210	\$1,250	\$313
Thyroidectomy	60240	\$2,500	\$625
HERNIA			
Repair Inguinal- unilateral	49500	\$500	\$125
Repair Umbilical-under age 5	49582	\$1,250	\$313
Repair Umbilical-over age 5	49587	\$1,250	\$313
Repair Ventral (incisional)	49560	\$1,250	\$313
Repair Femoral	49555	\$1,250	\$313
Repair Epigastric	49570	\$500	\$125
LIGAMENTS AND TENDONS			
Revise lower leg tendons	27686	\$1,250	\$313
Repair hand tendon	26410	\$1,250	\$313
Repair finger/hand tendon	26350	\$2,500	\$625
Transplant hand tendon	26480	\$2,500	\$625
PILONIDAL CYST OR SINUS			
Removal of pilonidal lesion	11770	\$500	\$125
Drainage of pilonidal cyst	10080	\$500	\$125
RECTUM			
Fissure (Fissurectomy) cutting operation for (Independent Procedure)	46942	\$500	\$125
Incise external hemorrhoid	46083	\$500	\$125
Destruction of hemorrhoids	46936	\$500	\$125
Hemorrhoidectomy and Fistulotomy or Fistulectomy	46262	\$1,250	\$313
Papillectomy, single tag (independent procedure)	46220	\$500	\$125
SKULL			
Osteoplastic craniotomy (other than operation for brain tumor)	61322	\$4,250	\$1,063
Trefphine	61250	\$1,250	\$313
Hemispherectomy	61543	\$4,250	\$1,063
SPINE OR SPINAL CORD			
Laminectomy	63295	\$500	\$125
Spinal cord tumor operation	63278	\$2,500	\$625
TUMOR			
Remove tumor of arm/elbow	24077	\$2,500	\$625
Remove tumor, neck/chest	21557	\$1,250	\$313
VARICOSE VEINS			
Revision of leg vein	37780	\$500	\$125
TRANSPLANT & PARTIAL ORGAN REMOVAL			
Lung Transplant	32851	\$5,000	\$1,250
Lung Transplant with bypass	32852	\$5,000	\$1,250
Heart and Lung Transplant	33935	\$5,000	\$1,250
Liver Transplant	47136	\$5,000	\$1,250
Liver - partial removal	47120	\$5,000	\$1,250
Pancreas - partial removal	48140	\$5,000	\$1,250

For surgical procedures not listed, the benefit amount will be determined based on a percentage of a fixed relative value scale. The percentage used will be the same percentage as used in determining the benefit amount for the listed procedures.

USFIC General Exclusions and Limitations

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 a 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. "Intoxicated" will have the meaning 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. However, this exclusion will not apply if the loss is sustained within 180-days of the initial incident and:
 - a. The loss was caused by fire, heat, explosion or other physical trauma which was a result of the release of nuclear energy; and
 - b. The Covered Person was within a 25-mile radius of the site of the release either: (i) At the time of the release; or (ii) Within 24-hours of the start of the release; or (iii) Occurs while he is in the issue state of this Certificate;
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 therefore;
11. Dental care, x-rays, or treatment other than Injury to sound, natural teeth and gums resulting from an accidental Injury and rendered within 6-months of the Injury;
12. Spinal manipulations and manual manipulative treatment or therapy;
13. Weight loss or modification and complications arising therefrom, including surgery and any 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 U.S. except for acute Sickness or Injury sustained during the first 30-days of travel outside the 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 the drug, treatment, or procedure was originally prescribed or intended for;
18. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
19. 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;
20. Cosmetic surgery. This Exclusion does not apply to reconstructive surgery:
 - a. Blood or Blood plasma, except for charges by a Hospital for the processing or administration of blood;
 - b. Of a congenital disease or anomaly of a covered dependent newborn or adopted infant; or
 - c. On a non-diseased breast to restore and achieve symmetry between two breasts following a covered Mastectomy;
21. The repair or replacement of existing artificial limbs, orthopedic braces, or orthotic devices; dentures, partial dentures, braces or fixed or removable bridges;
22. Treatment or removal of warts, moles, 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;
23. Personal items such as television, telephone, lotions, shampoos, extra beds, meals for guests, take home items, or other items for comfort and convenience;
24. Treatment of Mental or Nervous Disorders, or alcohol or substance abuse, unless specifically provided for under this Certificate; AHC-27330
25. Prescription medicines, unless specifically provided for under this Certificate;
26. Any Injury that is caused by flight or travel in, or upon:
 - a. An aircraft or other, craft designed for navigation above or beyond the earth's atmosphere except as a fare-paying passenger;
 - b. An ultra light, hang-gliding, parachuting or bungi-cord jumping
 - c. A snowmobile
 - d. Any two or three wheeled motor vehicle;
 - e. Any off-road motorized vehicle not requiring licensing as a motor vehicle;
 - f. Any watercraft or other craft designed for water use above or beneath the water, except as a fare paying passenger;
27. 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;
28. Services, treatment or loss:
 - a. Rendered in any Veterans Administration or Federal Hospital, except if there is a legal obligation to pay;
 - b. Payable by any automobile insurance policy without regard to fault. (Does not apply in any state where prohibited);
 - c. Which a Covered Person would not have to pay if he did not have insurance;
 - d. 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;
 - e. Covered by state or federal worker's compensation, employers liability, occupational disease law, or similar laws;
 - f. Injury or Sickness sustained while on active duty in the armed forces of any country. This does not include Reserve or National Guard duty for training. Upon receipt of proof of service, we will refund any unearned premium paid on a pro rate basis;
29. Hemorrhoids, tonsils, adenoids, middle ear disorders, any disease or disorder of the reproductive organs unless the loss is incurred at least 6-months after the Covered Person becomes insured under this Certificate;
30. 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:
 - a. 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;
 - b. 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 its efficacy as compared with the standard means of treatments or diagnosis; or
 - c. 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 or diagnosis. "Reliable Evidence" means (i) published reports and articles in authoritative medical and scientific literature; (ii) the written protocol(s) of the treating facility or the protocols of another facility studying substantially the same drug, device, medical treatment or procedure; or (iii) the written informed consent used by the treating facility or by another facility studying substantially the same drug, device, or medical treatment or procedure.

* May vary by state

Added Value of the Platinum Health Essential

The following services and discounts are also included with the Membership

Multiplan PPO Network Providers*



Platinum Health Essential also provides access to one of the nations largest Preferred Provider Organizations. Members under this plan may choose to be treated within or outside the Multiplan Network. By using a network provider, members receive significant discounts on their medical care costs. More information about the Multiplan Network can be found at www.MultiPlan.com Network is not affiliated with or provided by United Fire Insurance Company.

MedCare USA Prescription Discount Card*



4-tier and 100% of discounted price at participating pharmacies. Because it is a discount program there are no claim forms, no re-imbursement procedures, no pre-existing condition exclusions, no waiting periods, no deductible, no benefit maximums. Members save an average of 15% off retail price on many brand name prescription drugs and 54% off retail price on many generic prescription drugs. This card is accepted at over 53,000 pharmacies throughout the United States, including most chains and independent pharmacies.

OUTLOOK Vision Discounts*



Offers significant savings for the entire family on eyeglasses, contact lenses, LASIK surgery and eye exams at select locations where approved. Providers conveniently located throughout all 50 states. Most leading retail centers are included in the OUTLOOK Vision network and offer discounts from 10% to 50%. Discounts are given at point of purchase, no limits, no restrictions and no paperwork.

*Multiplan PPO, MedCare USA Prescription Discount Card and Outlook Vision are not affiliated with United States Fire Insurance or the Platinum Health Essential Limited Medical Indemnity Insurance.

Additional Information

Platinum Health Essential provides both membership benefits and limited medical indemnity benefits available to individuals from age 18 through age 64 with coverage terminating the day you turn 65. The Health Essential Plan series is available in all states except: AK, CT, GA, KS, MA, MD, ME, MI, MT, NC, ND, NH, NJ, NY, OR, RI, WA, or VT. State options and benefits may vary. There are plans available in NJ and NY, but they have different benefits, rates and the sales distribution is restricted.

There are no waiting periods for accidental injuries or wellness benefits however there is a 30 day waiting period for sickness. There are no waiting periods for uninsured association benefits and discounts. You can begin saving once your payment is accepted and approved.

Once your payment is processed and approved your coverage is available 12:01 am the next day or your selected date no longer than 30 days from your enrollment date.

Members under this plan may choose to be treated within or outside of the MultiPlan PPO Network. MultiPlan 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 MultiPlan PPO 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 MultiPlan PPO Network, call 888-342-7427 or go online to www.multiplan.com. Network not affiliated with or provided by United States Fire Insurance Company.

SATISFACTION GUARANTEE: If for any reason you are not satisfied with your purchase, you may return the Certificate of Coverage to us within 10-days after you receive it. Upon receipt, we will refund any premium paid and the Certificate will be deemed void, just as though it had never been issued.

The member's fulfillment package and ID card is available online immediately after purchase is completed. Membership handbook and identification cards will arrive via U.S. Mail within 5-10 business days after payment is received and approved.

Individuals considering membership in the Med-Sense Guaranteed Association for plans that include the Limited Medical Indemnity/Hospital Indemnity benefits should check with their state Pre-existing Condition Insurance Plan before enrolling to determine the potential impact of their eligibility.

IMPORTANT NOTICE:

This is a brief description of the Platinum Health Essential benefits for members of the Med-Sense Guaranteed Association. The exact benefit and policy provisions are contained in the Master Policy issued to the Med-Sense Guaranteed Association. The Master Policy shall control in the event any conflict between the Policy and this benefit description. Exclusions, limitations, and benefits may vary by state.

Platinum

Health Essential

Limited Medical Indemnity Insurance



Claims Processing by:

Co-ordinated Benefit Plans (CBP)
P.O. Box 20594
Tampa, FL 33622-0594

Limited Medical Indemnity

Benefits Underwritten By:

United States Fire Insurance Company
Part of Crum & Foster Group,
Rated "A" by A.M. Best 2010

Exclusively Distributed By:



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