



Solid partners, flexible solutions™

The Benefits You Want
at a Price You Can Afford



Value Plan

*Health Plans for
Individuals and Families*

from Fortis Insurance Company
a Fortis Health member company

Value Plan

The Value Plan offers the benefits that are most important to you.



From the first-dollar optional benefits to the discounts on services offered by our large network of physicians and hospitals, you'll soon see and feel the *value* of the Value Plan. And, this plan is designed to be offered to you at a **reduced premium!**

Trust the Tradition

Fortis Insurance Company is a Fortis Health member company, and part of a long and stable company tradition. In fact, we're **number one in the Individual Medical and Short Term markets** in the United States, based on market share.*

Fortis Health is the right choice to help individuals, families and small businesses with their health insurance needs. Our size gives us the clout to provide you with more choice in hospitals and networks.

With more than one million customers and more than 100 years of experience and strong industry ratings, we've got a sizable tradition you can depend on.

* Source: A.M. Best Data, 1998; Life Association News survey, March 1999 issue. Based on national companies in the commercial market.

Plan Highlights

Lifetime Maximum Benefit

- \$2 million or \$6 million

Wellness Benefit

Includes routine physical exams, immunizations, lab tests, Pap smears, mammograms and PSAs.

- Available after the plan has been in force one year
- Subject to deductible and coinsurance
- \$500 calendar year maximum per person¹

Prescription Drugs

If you choose brand when generic is available, you pay the difference between the two.

- \$100, \$250 or \$500 deductible
- \$10 copay for generic
- \$25 copay + 50% coinsurance for brand

Hospital Services

- \$500 inpatient facility access fee
- \$250 outpatient surgical facility access fee
- Then subject to deductible and coinsurance

Doctor Office Copay (DOC) Option

Optional in all states except IA, IN, NE, PA and IL ZIP code areas 609-629, where it's included, In TX, only available with a prescription drug deductible of \$500.

- \$25 copay per network office visit for up to **two visits** per person per calendar year; first \$100 lab and x-ray paid at 100%
- Additional charges subject to deductible and coinsurance

Accident Medical Expense (AME) Option

A first-dollar benefit covering injuries resulting from an accident.

- \$300, \$500 or \$1,000 per person per injury
- This benefit is paid before any copays or access fees are applied

Plans and options are not available in all states. Check software for availability.

¹The \$500 maximum does not apply to routine Pap smears, mammograms and PSA tests.

Copays and access fees do not apply toward your deductible or out-of-pocket maximums.

This brochure contains highlights and general information for Value Plan. Please see your insurance contract for complete details on benefits, limitations and exclusions.

Plan Details

Plan Deductible <i>You pay this annual amount before benefits are paid.</i>	<ul style="list-style-type: none"> Individual: \$500, \$1,000 or \$2,000 Family: three times the individual plan deductible²
Non-network Deductible <i>If you go out of network, you pay \$1,000 plus the plan deductible before benefits are paid. (\$500 + Plan deductible with a \$500 plan deductible in TX)</i>	<ul style="list-style-type: none"> Individual: \$1,000 (\$500 with the \$500 plan deductible in TX) + plan deductible Family: three times the individual non-network deductible²
Network Coinsurance <i>This is the percentage of covered medical expenses Fortis Health pays after the deductible is met.</i>	<ul style="list-style-type: none"> 50% (60% in Texas)
Non-network Coinsurance <i>If you go out of network, this is the percentage of covered medical expenses Fortis Health pays after the deductibles are met.</i>	<ul style="list-style-type: none"> 30% (50% in Texas)
Network Out-of-pocket Coinsurance Maximum <i>This is the maximum annual amount you pay in coinsurance before Fortis Health pays 100%.</i>	<ul style="list-style-type: none"> Individual: \$1,250 (\$1,000 or \$2,000 in Texas) or \$2,500 Family: \$2,500 (\$2,000 or \$4,000 in Texas) or \$5,000
Non-network Out-of-pocket Coinsurance Maximum <i>If you go out of network, this is the maximum annual amount you pay in coinsurance before Fortis Health pays 100%.</i>	<ul style="list-style-type: none"> Individual: \$10,000 Family: \$20,000

Covered Services

Lab and X-ray	<ul style="list-style-type: none"> Screening for covered illness or injury
Emergency Room	<ul style="list-style-type: none"> \$75 access fee (waived if you are admitted to the hospital), then deductible and coinsurance Covered emergency services are always paid at network coinsurance levels
Ground/Air Ambulance	<ul style="list-style-type: none"> Emergency transportation to the nearest hospital equipped to provide appropriate care
Physician	<ul style="list-style-type: none"> Diagnosis and treatment for covered illness or injury, including surgery and anesthesia
Hospital	<ul style="list-style-type: none"> The hospital semiprivate room rate and covered ancillary charges Intensive Care Unit services have no special limit
Organ Transplants	<ul style="list-style-type: none"> Up to the lifetime maximum benefit at a designated provider or a \$100,000 lifetime maximum per transplant at a non-designated provider (in Texas: \$250,000 per transplant lifetime maximum at either a designated or a non-designated provider) Kidney, cornea and skin transplants are covered as any other illness
Complications of Pregnancy	<ul style="list-style-type: none"> Complications of pregnancy as defined in the contract are covered as any other illness
Rehabilitation	<ul style="list-style-type: none"> Inpatient: paid at 100% with a 180-day calendar year maximum Outpatient: occupational, physical and speech therapies, and cardiac rehabilitation with a \$3,000 calendar year maximum
Supplies and Equipment	<ul style="list-style-type: none"> Whole blood, prosthetic devices, crutches, basic hospital bed, nonmotorized wheelchair, braces, oxygen, apnea monitor, but not repair or replacement of equipment
Outpatient Treatment of Back/Spine/Neck	<ul style="list-style-type: none"> Covered as any other illness with a \$750 calendar year maximum (non-surgical)
Home Health Care	<ul style="list-style-type: none"> Paid at 100% with a 160-hour calendar year maximum
Hospice Care	<ul style="list-style-type: none"> Inpatient or home care paid at 100% with no limit
Skilled Nursing Facility	<ul style="list-style-type: none"> Paid at 100% with a 30-day calendar year maximum
Dental Injury	<ul style="list-style-type: none"> Treatment for injury to sound teeth if the treatment begins within 90 days of the injury and is completed within 180 days of the injury
TMJ/CMJ	<ul style="list-style-type: none"> Covered as any other illness with a \$1,000 lifetime maximum
Sterilization	<ul style="list-style-type: none"> \$500 benefit after you have been insured by the plan for one year

² Family deductibles can be met collectively by three or more family members.

Dependents are covered through age 18, or age 23 if a full-time student.

All covered charges are subject to 1) deductible and coinsurance and 2) reasonable and customary charges.

Any medical procedure may be subject to clinical audit for determination of medical necessity. For catastrophic or chronic illnesses or injuries, we provide you with the option of working with our RN Case Manager who will assist you in obtaining appropriate, cost-effective care.

Exclusions Summary

The Value Plan does not provide benefits for:

- Illness or injury caused by war, commission of crime, attempted suicide, influence of illegal substance.
- Routine hearing care, routine vision care, vision therapy, surgery to correct vision, routine foot care, or foot orthotics.
- Cosmetic services.
- Charges by a health care practitioner or medical provider who is an immediate family member. Immediate family members are you, your spouse, your children, brothers, sisters, parents, their spouses and anyone with whom legal guardianship has been established.
- Custodial care.
- Charges reimbursable by Medicare, worker's compensation, automobile carriers.
- Growth hormone stimulation treatment.
- Dental care not related to a dental injury.
- Any treatment for correction of malocclusion, protrusion, hypoplasia or hyperplasia of the jaws.
- Charges for educational testing or training, vocational or work hardening programs, transitional living, or services provided through a school system.
- Infertility.
- Maternity and routine nursery charges unless you have a maternity rider.
- Genetic testing, counseling and services.
- Charges for sex transformation, and treatment of sexual dysfunction or inadequacy.
- Over-the-counter products.
- Contraceptive drugs or devices.
- Treatment of "quality of life" or "lifestyle" concerns including but not limited to: smoking cessation; obesity; hair loss; sexual function, dysfunction, inadequacy or desire; or cognitive enhancement.
- Treatment used to improve memory or to slow the normal process of aging.
- Telemedicine.
- Mental illness or substance abuse.

Additional Information

Preauthorization

When you need inpatient treatment or certain outpatient procedures, you must obtain preauthorization. If you do not obtain a preauthorization, you can incur a penalty of 25% of the charge, up to \$1,000. There is no coverage for transplants which are not authorized.

Conversion Privilege

A spouse or dependent whose coverage expires under a Fortis Insurance Company plan because he/she is no longer eligible may obtain a similar plan without evidence of insurability.

Waiting Periods on Certain Conditions

Benefits for certain conditions are payable after the waiting period listed here: tonsils/adenoids—3 months; sterilization—12 months; hernia (except strangulated or incarcerated hernia)—6 months; bunionectomy—6 months; varicose veins—6 months; hemorrhoids—6 months.

The waiting period is waived when this plan is replacing other similar in-force coverage.

Pre-existing Conditions

A pre-existing condition is an illness or injury and related complications not fully disclosed on the enrollment form or application. A condition is considered pre-existing if, during the 12-month period immediately prior to your effective date, you received medical treatment, diagnosis, consultation, or took prescription drugs for this condition; or if medical advice, diagnosis, care or treatment was recommended.

The Value Plan does not pay benefits for charges incurred due to a pre-existing condition, as defined in the contract, until the covered person has been continuously insured under this plan for 12 months. After this 12-month period, benefits will be paid for a pre-existing condition, unless the condition has been specifically excluded from coverage.

This brochure is not all inclusive. Please review our contract because it provides a complete list of benefits, limitations, and exclusions. Check the State Variation for state-specific requirements.

Value Plan — Options

Doctor Office Copay (DOC)

When you add the DOC option, your \$25 copay is all you pay for each of two office visits for illness or injury per person, per calendar year. In addition, the first \$100 of covered outpatient lab and x-ray per person, per calendar year is paid at 100%.

Eligible office visit services are limited to history, examination, diagnosis and allergy shots. In-office surgeries, MRIs/CT scans, allergy testing and wellness services are covered subject to deductible and coinsurance, but are not eligible for DOC option benefits.

Fortis Health Dental and Vision Card

There's no need to pay full price on dental and vision services when you have the Dental and Vision Card. *It's a discount program, not an insurance product.* When you present this card to a dental or vision provider who participates in this program, you receive

- discounts of up to 60% off dental services, including preventive, restorative, orthodontic and cosmetic services and
- discounts of 10% to 60% off eyewear, including eyeglasses, contact lenses and sunglasses.

See the *Plan Summary* included with your proposal for more information on benefits and provider networks in your area.

Accident Medical Expense (AME)

Get \$300, \$500 or \$1,000 benefits in the event of an accident – your covered medical expenses are paid right away before deductible, coinsurance, copays or access fees apply!

Benefits are available for each accident occurrence for charges incurred within 90 days of the accident.



Life Insurance

Complete one application – get health and life coverage!

You choose the benefit level and decide who's covered. The coverage is available until age 63½ for you and your spouse. Choose a benefit level (available at \$10,000 increments) within the applicable range.

- \$10,000 to \$100,000 between ages 21 and 40
- \$10,000 to \$50,000 between ages 41 and 50
- \$10,000 to \$30,000 between ages 51 and 63½

If you and your spouse are covered, your dependents are eligible for coverage as well.

- \$10,000 for dependents ages 1 to 23
- \$2,000 for dependents under 1 year of age

Maternity

- Prenatal care
- Routine delivery services
- Routine inpatient newborn services
- Coverage for hyperemesis gravidarum, pre-eclampsia, eclampsia, premature labor, and placenta previa

Routine maternity services are covered the same as any other medical service – there's no separate deductible or lifetime maximum. There is a nine-month waiting period – if conception should occur during the first 270 days of coverage, the pregnancy will not be covered.

Optional coverages are available for an additional cost.
Not all options are available in all states.



FORTIS

Solid partners, flexible solutions™

A Powerful Force Working For You

Fortis Health provides solutions for customers' health care needs by offering a wide array of individual, small group and specialty health insurance products. Specialty products include college student insurance and a market-leading short term medical plan. Fortis Health includes health insurance products underwritten and issued by Fortis Benefits Insurance Company, Fortis Insurance Company and John Alden Life Insurance Company. Fortis Health is based in Milwaukee, WI.

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