



**FORTIS**

Solid partners, flexible solutions®

# Lower healthcare costs now... ...Build savings for the future

**The Health Savings Account, or HSA,** is the most innovative approach to healthcare financing in decades. It is a tax-favored savings account which allows funds to be accumulated tax-free to pay for current and future qualified healthcare expenses or supplement retirement.

- HSA's are:
- ★ **Tax-free** – contributions, withdrawals and interest *(better than a 401k plan)*
  - ★ **Flexible** – available to any size group and anyone can contribute *(employers and/or employees)*
  - ★ **Permanent** – federally approved program *(effective January 1, 2004)*
  - ★ **Portable** – employees own, manage and take funds with them  
*(The money belongs to the account holder whether the employer, the employee or both contribute.)*

HSA's work with a high deductible health insurance plan to provide:

- ★ **Premium Savings**
- ★ **Tax Advantages**
- ★ **Investment Opportunities**

## Tax Advantages for You and Your Employees

- ★ HSA contributions are either tax deductible or made with pre-tax dollars through a cafeteria plan
- ★ Earned interest is tax-free
- ★ Qualified disbursements are tax-free
- ★ Additional “catch-up” contributions are allowed for those age 55 and older *(\$500 in 2004)*

## Investment Opportunities for You and Your Employees

- ★ Unused funds earn interest and accumulate from year to year
- ★ An account holder has the option to invest unused funds in money markets funds, mutual funds, stocks and/or bonds
- ★ Accumulated funds may be used to supplement retirement income *(similar to a 401k plan)*

## Pick a FIC HSA Plan for Simplicity and Flexibility

**FIC** | Fortis Insurance Company **makes getting and owning a new, flexible HSA plan simple.**

### FIC HSA Plans for Small Businesses:

- ★ Provide premium **savings of up to 25% – even up to 50%** depending on the deductible selected
- ★ Are designed to offer **simple, cost-effective choices** to small business owners
- ★ Include an endorsed HSA administrator and **no separate monthly administrative fees**
- ★ Offer a **Multiple Medical Plan Option** so you can select an HSA for yourself and an HRA or copay plan for employees
- ★ Provide major medical protection and **peace of mind** from a company that has sold and serviced health insurance plans for over 110 years

# FIC HSA Plan Summary from FIC | Fortis Insurance Company

Your quick reference guide to FIC small group insurance plans designed for use with HSAs.

Clear Choice Plan Designs	
■ <b>Plan Types</b>	PPO Plans, Hospital-Only PPO Plans, Traditional Indemnity Plans
■ <b>Deductibles</b>	Single: \$2,000, \$2,500, \$3,000 or \$5,000 Family: \$4,000, \$5,000, \$6,000 or \$10,000 For the family deductible, the entire deductible must be satisfied before any benefits are paid.
■ <b>Rate of Payment</b>	100% (network)    70% (non-network)
■ <b>Lifetime Maximums</b>	\$2,000,000, \$5,000,000 or \$8,000,000

Clear Choice plans cover charges for health care services that are either medically necessary to treat a covered illness or injury – or are covered wellness services.

All covered services are subject to the plan’s deductible unless otherwise indicated in the Benefits Chart. With PPO plan types, covered services at a network provider are paid at 100% after the deductible. Covered services received from non-network providers are subject to the deductible, usual and customary charges and the non-network rate of payment. Variations are indicated in the Benefits Chart. Indemnity plans are subject to usual and customary charges.

*All covered services are subject to the deductible unless otherwise indicated.*

Clear Choice Benefits	
■ <b>Wellness Services</b> Routine physical exam, well-child care to age 16, immunizations  EKGs, Treadmill, Proctosigmoidoscopy	<b>PPO Plans</b> – No separate dollar maximum <i>Non-network:</i> Not covered
	<b>Hospital-Only PPO and Indemnity Plans</b> Maximum benefit of \$250 per person per calendar year
	<b>PPO Plans</b> <i>Network:</i> Covered at 100% – no deductible – subject to contract schedule <i>Non-network:</i> Not covered <b>Hospital-Only PPO and Indemnity Plans</b> – Subject to \$250 wellness maximum
Outpatient preventive x-ray and lab tests	<b>PPO Plans</b> <i>Network and non-network:</i> Subject to deductible, then paid at 100%
■ <b>Physician Services</b>	Diagnosis and treatment including surgery and anesthesia
■ <b>Emergency Treatment</b>	<b>PPO and Hospital-Only PPO Plan Types</b> <i>Network and non-network:</i> Subject to deductible, then paid at 100%
■ <b>Emergency Ambulance</b>	Ground or air ambulance services to the nearest hospital that can treat the illness or injury <b>PPO and Hospital-Only PPO Plan Types</b> <i>Network and non-network:</i> Subject to deductible, then paid at 100%
■ <b>Outpatient Prescription Drugs</b>	A preferred pricing card is used at time of purchase. A discount may be given on covered prescription drugs when filled at a network pharmacy. The network pharmacy electronically reports paid covered expenses to Fortis Insurance Company, which are then applied to the deductible. Once the deductible is satisfied, the insured is reimbursed for the prescription.
■ <b>Outpatient X-ray and Lab Tests</b>	<b>PPO and Hospital-Only PPO Plan Types</b> <i>Network and non-network:</i> Subject to deductible, then paid at 100%
■ <b>Maternity</b>	Vaginal and medically necessary cesarean section deliveries, prenatal and post-partum care and amniocentesis Optional for groups of 3-9 – included for groups of 2 and 10 or more

## Clear Choice Benefits

<p>■ <b>Hospital Services</b></p>	<p>Inpatient: semi-private room and board, intensive care, special care units, x-ray and lab procedures, ancillary hospital services</p> <p>Outpatient: services provided by a hospital, medical center or ambulatory surgical center</p>
<p>■ <b>Transplants</b></p>	<p>Kidney, cornea and skin transplants (Type 1) covered same as any other illness</p> <p>Heart, lungs, heart/lung, liver, kidney/pancreas and bone marrow transplants (Type 2) covered as follows:</p> <ul style="list-style-type: none"> <li>– Designated Transplant Facility – Paid up to maximum plan benefit</li> <li>– Non-designated Transplant Facility (<i>network</i>) – Paid up to a maximum of \$100,000 per organ</li> <li>– Non-designated Transplant Facility (<i>non-network</i>) – Subject to non-network rate of payment and \$100,000 per organ maximum</li> </ul>
<p>■ <b>Rehabilitation</b></p>	<p>Inpatient: up to 30 days per person per calendar year</p> <p><b>PPO and Hospital-Only PPO Plan Types</b>  <i>Network and non-network:</i> Subject to deductible, then paid at 100%</p> <p>Outpatient: up to 60 visits per person per calendar year</p> <p>Back/Spine/Neck: up to 20 visits per person per calendar year</p>
<p>■ <b>Home Health Care</b></p>	<p>Up to 160 hours per person per calendar year</p> <p><i>Network and non-network:</i> Subject to deductible, then paid at 100%</p>
<p>■ <b>Skilled Nursing Facility</b></p>	<p>Up to 30 days per person per calendar year</p> <p><b>PPO and Hospital-Only PPO Plan Types</b>  <i>Network and non-network:</i> Subject to deductible, then paid at 100%</p>
<p>■ <b>Hospice</b></p>	<p>Inpatient or outpatient services</p> <p><i>Network and non-network:</i> Subject to deductible, then paid at 100%</p>
<p>■ <b>Supplies and Equipment</b></p>	<p>Oxygen, whole blood and blood components, casts, splints, trusses, crutches, orthopedic braces, prosthetic devices, non-motorized wheelchair</p> <p><b>PPO and Hospital-Only PPO Plan Types</b>  <i>Network and non-network:</i> Subject to deductible, then paid at 100%</p>
<p>■ <b>Temporomandibular Joint Dysfunction (TMJ)</b></p>	<p>\$1,000 lifetime maximum</p>
<p>■ <b>Mental Illness, Nervous Disorders and Substance Abuse</b></p>	<p>Inpatient: covered at 50% up to \$5,000 per year for all providers</p> <p>Outpatient: covered at 50% up to \$1,000 per year for all providers</p> <p>\$5,000 combined maximum covered benefit per person per calendar year for all inpatient and outpatient treatment.</p>
<p>■ <b>Family Protection Package</b></p> <p>Survivor Benefit</p> <p>Dependent Life</p>	<p>Additional protection for dependents at no additional cost</p> <p>If covered employee dies, the premium for surviving dependents is waived for up to one year.</p> <p>Life coverage is included for all dependents as follows:</p> <ul style="list-style-type: none"> <li>– \$2,500 for spouse</li> <li>– \$1,000 for dependent children age 6 months and older</li> <li>– \$100 for dependent children age 15 days to 6 months</li> </ul>
<p>■ <b>Accident Medical Expense Option</b></p>	<p>First-dollar coverage – up to the selected benefit amount – for treatment of an accidental injury received within 90 days of the accident</p>
<p>■ <b>Additional Options</b></p>	<p>Employee Choice Program, Life, Dental and Short Term Disability Insurance</p>

# Limitations and Exclusions Summary

## Pretreatment Review

When a covered person needs inpatient treatment or outpatient surgery, he/she must call a health representative to receive authorization. The toll-free telephone number appears on the insurance ID card. If authorization is not received, a penalty of 25% of the charge, up to \$1,000 could be applied.\* There is no coverage for Type 2 transplant cases that are not authorized. Pretreatment review is not a guarantee of coverage.

## Pre-existing Conditions

A pre-existing condition is a condition, regardless of cause, for which medical advice, diagnosis, care or treatment was recommended or received during the six months prior to the enrollment/effective date. A condition is considered pre-existing whether or not it is disclosed on the enrollment form. Pre-existing conditions are not covered for 12 months, unless continuity of coverage or takeover provisions apply.

## Takeover Provisions

If Clear Choice is replacing an existing group major medical plan, those employees covered by the prior plan receive base plan deductible and pre-existing conditions limitation credit.

## Continuity of Coverage

If one or more of your employees had prior creditable/qualifying coverage through a plan other than your group plan, credit towards the pre-existing conditions waiting period is given for the time covered under that prior plan, provided there has not been a break in coverage of 63 or more consecutive days (excluding any waiting period).

## Clear Choice does not provide benefits for:

Treatment not listed in the Covered Medical Services section; routine hearing care; routine vision care; glasses; contact lenses, vision therapy; surgery to correct vision; routine foot care or orthotics; dental care not related to an injury; jaw alignment conditions or malformations; cosmetic services; experimental treatment; complications of an excluded service; charges by a health care practitioner who is an immediate family member (you, your spouse, children, brothers, sisters, parents and their spouses) or who resides with a covered person; charges for which a covered person is not liable; charges reimbursable by Medicare, Worker's Compensation, automobile carriers; expenses for which other coverage is available; behavioral modification; smoking cessation; weight reduction; sexual dysfunction; sex transformation; educational testing or training; infertility; genetic testing; surrogate pregnancy; growth treatment; sterilization reversal; elective abortions; custodial care; private nurse; masseuse; phone consultations; over-the-counter products; vitamins; herbal medicines, services performed outside of the United States (except for emergency treatment), illness or injury caused by war, commission of crime, attempted suicide or self-inflicted injury.

\* If the out-of-pocket maximum has been reached, pretreatment review penalties do not apply.

This form is designed to provide information regarding the subject matter covered. It is provided with the understanding that Fortis Insurance Company and its subsidiaries are not engaged in rendering tax or legal advice. If tax or legal advice is required, seek the services of a competent professional. The summary does not include benefit variations due to state mandates. Refer to the certificate of insurance for complete information on benefits, limitations and exclusions. In the event that there are discrepancies with the information in this form, the terms and conditions of the coverage documents will govern. Health insurance coverage is underwritten and issued by Fortis Insurance Company, a Fortis Health member company, Milwaukee, WI.