

HealthAssure

Plans
Starting at
Less than
\$100/month

Affordable Healthcare Solutions

HealthAssure Plans Include:

Insurance Benefits

- Guaranteed Issue – Subject to State Availability
- Lifetime Maximum up to \$1,000,000
- Doctor Office Visits
- Choice of Daily In-Hospital Benefits up to \$1,500 per Day
- Surgery and Anesthesia Benefits
- Accidental Injury Benefits

Association Discount Benefits

- Vision and Prescription Cards
- 24 Hour Nurseline
- PPO Network



Marketed by:
The Benefit Source Inc.

WEB Enrollment: Go to <http://TBSinsurance.myternian.com>
PAPER Enrollment: Fax to 866-530-0221

ternian 
Insurance Group
Licensed Insurance Agent

Underwritten by: United States Fire Insurance Company, part of Crum & Forster Group, Rated "A" by A.M. Best. (2008 Edition)
This is limited indemnity medical coverage. It is not major medical and it is not intended to replace other major medical coverage.

Frequently Asked Questions...

Who is eligible to apply for membership?

Thanks to Med Sense Guarantee Association, HealthAssure 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, NY, VT and AK.

How do I pay for my membership?

You can pay for your initial month and every month thereafter by MasterCard, Visa and Discover credit or debit cards. By agreeing to make your monthly payment through automatic debit transaction to your credit or debit card, you waive the right to any future notice of the transfer of funds via automatic debit to your credit or debit card. The debit shall occur on the 20th of each month after the month following your Initial Monthly Payment and should be referred to herein as your monthly due date. To update your payment card information, please sign in to your online account at www.myternian.com

Are there any waiting periods for the 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 after your coverage begins.

When does my coverage begin?

Once your payment is processed and approved your coverage is available the 1st day of the month following enrollment.

Do I have to use a Galaxy Health PPO Network provider?

(The PPO Network is not affiliated with United States Fire Insurance Company and it is offered through the association.)

Members under this plan may choose to be treated within or outside of the Galaxy Health Network. Galaxy Health 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 Galaxy Health 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 Galaxy Health Network, call 800.975.3322 or sign in to your online account at www.myternian.com.

Certificate of Coverage

Your fulfillment package and temporary ID card are available immediately after you complete your purchase and your payment is approved online. Your permanent ID card will be mailed the following morning via U.S. Mail and should arrive within 5 business days after payment is received and approved. You can also request a paper copy of your fulfillment package to arrive within 5 business days after the request has been made.

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 it is administered during such surgery up to the plan maximum.

Doctor Office Visits (Injury or Illness)

Up to \$75 with a \$25 lump sum or \$20 co-pay 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)

\$20 co-pay per visit

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

Diagnostic X-Rays and Labs

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

Diagnostic 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 a 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

Max benefit per injury up to \$2,000, up to 2 per year

Deductible per accident is \$100

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 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 Non-Insurance Plan Benefits

(Included with all HealthAssure 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.

Prescription Drug Savings Program

With ScriptSave® you enjoy instant savings on brand name and generic medications at over 53,000 participating pharmacies. Savings average 22%, with potential savings of up to 50% (based on national program savings data).

DoctorNavigator

With DoctorNavigator, you have access to an online portal where you can compare prices that physicians charge for office visit procedures and the cost of brand name and generic prescriptions before services are received.



“With HealthAssure, you can get affordable coverage for you and your family, without medical questionnaires.”

File photo.

HealthAssure Plans

The following limited indemnity medical benefits are underwritten by United States Fire Insurance Company:

Benefits Outline (5 Plan Options)		I	II	III	IV	V
Monthly Rates	Individual Only	\$89.53	\$126.20	\$189.79	\$242.76	\$293.84
	Individual +1	\$181.82	\$258.22	\$390.77	\$501.16	\$607.57
	Family	\$237.29	\$337.46	\$500.61	\$642.29	\$778.86
Policy Limits	Maximum Yearly Limit	N/A	N/A	N/A	N/A	N/A
	Lifetime Maximum	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Waiting Periods	Accidental Injuries	None	None	None	None	None
	Sickness	30 Days	30 Days	30 Days	30 Days	30 Days
Pre-existing Conditions *		12/12	12/12	12/12	12/12	12/12
Hospital Indemnity	Maximum Amount Per Day	\$500	\$500	\$750	\$1,000	\$1,500
	Minimum Stays Per Policy Year	31	31	31	31	31
	Pre-X	12/12	12/12	12/12	12/12	12/12
Surgery	Inpatient	\$1,000	\$1,000	\$1,500	\$3,000	\$10,000
	Outpatient	\$1,000	\$1,000	\$750	\$1,500	\$10,000
	Allowable Surgery Per Policy Period	1	1	1	1	1
	Surgical Schedule Applicable	NO	NO	NO	NO	YES
Anesthesia	Inpatient			\$225	\$450	\$1,500
	Outpatient	N/A	N/A	\$150	\$200	\$1,500
	Maximum Treatments Per Year			1	1	1
	Percentage of Surgery			15%	15%	15%
Doctor Office Visits (Injury or Illness)	Maximum Per Visit	\$25 Lump Sum	\$20 Co-pay	\$20 Co-pay	\$20 Co-pay	\$20 Co-pay
	Maximum Visits Per Policy Year	5	5	5	5	5
Doctor Office Visits (Wellness)	Maximum Per Visit	N/A	N/A	\$20	\$20	\$20
	Maximum Visits Per Policy Year			1	1	1
Diagnostics, X-Rays, Labs	Maximum Benefit Per Visit	N/A	N/A	\$50	\$50	\$75
	Maximum Visits Per Policy Year			5	5	5
Emergency Room Visits	Maximum Benefit Per Visit	\$50	\$50	\$50	\$50	\$50
	Maximum Visits Per Policy Year	1	1	1	1	1
Ambulance	Maximum Benefit Per Visit	\$50	\$50	\$50	\$50	\$50
	Maximum Trips Per Policy Year	1	1	1	1	1
Accidental Injury	Maximum Amount Per Injury	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000
	Minimum # of Injuries Per Year	2	2	2	2	2
	Deductible Per Accident	\$100	\$100	\$100	\$100	\$100
AD&D	Principal Amount	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
	Covered Spouse	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
	Covered Dependent	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500

*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.

Value-added services are included with HealthAssure Plans. These services are not insurance and are not provided by United States Fire Insurance Company.	
Doctor Navigator PPO Network Prescription Discount Card	A healthcare savings program with online price comparison tools for physician services and prescription drugs. Access to PPO Network discounts at participating Galaxy Health Network physicians and hospitals. Save on brand name and generic prescription drugs at participating ScriptSave pharmacies.
Care24	A toll-free, 24/7/365 nurseline which provides an immediate and reliable source for non-emergency health information and confidential medical counseling.
Discount Vision Card	EyeBenefits offer 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.

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 Additional Association Membership Features?

Emergency Medical Information Card

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

Global Fit 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.

GymAmerican.com

You and your family receive special pricing on the all-in-one interactive tool kit 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.

Pre-Existing Conditions Limitation

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 Limitations and 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 child birth regardless of what 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. 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;
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, 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;
25. Prescription medicines;
26. 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 bungi-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;
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 (except in a Driver's Education Program);
28. 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;
29. 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).
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:
 - 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.

Administered by:

Administrative Concepts, Inc.
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Wayne, PA 19087-1802

Underwritten by United States Fire Insurance Company

*This is a brief description of the HealthAssure 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 of any conflict between the Policy and this benefit description.

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